Effect of Occupational Stress on General Mental Health among Police Officers

Ms. Rubi Singh

Assistant Professor (Psychology), Department of Psychology, Banasthali Vidyapith, Tonk, Rajasthan, India-304022 E-Mail- rubis.maharanicollege@gmail.com

Abstract:-

In today's time where globalization and technology changes many work conditions still police officers have same job nature, demands and working environment which is directly affect their mental health. . Occupational Stress can be best explained in terms of discrepancy between the demands of the workplace and employees' capability to complete these demands. Job related multiple stressors somehow can affect mental, biological, interpersonal and occupational relationships of police officers. Thus this research paper emphasizes upon relationship between the occupational stress and general mental health among police officers. For fulfilling the objective 60 respondents of 25 to 50 years were selected using purposive sampling technique. Psychological tests Occupational Stress Inventory Revised Edition (OSI-R) by Osipow, S.H., 1998 and General Health Questionnaire (GHQ-28) by Goldberg D., 1988 was administered to all the participants to study the variables. The data was coded and the test scores were obtained to summarize the data through inferential and descriptive statistical techniques. Results found that police officers having the occupational stress face many kinds of mental health problems.

Keywords: Mental Health, Occupational Stress, Working Environment, Police Officers

Occupational stress explained in the terms of the response people may have when presented with work demands and work pressures that are not matched to their knowledge and abilities and which challenge their ability to cope (WHO, 2003). Occupational Stress defined in the terms of inability to cope with work demands i.e. there is a discrepancy between the demands of workplace environment and capability to fulfill these demands on time.

A lot of studies have identified services of Police as one of the most psychologically stressful and critical profession in the world (Govender, 2008; Kayal, 2004). The job of Police officers is very difficult and most stressful in comparison to other duties because the main concern of their responsibility is safety and security. A large number of researches have shown that policing is one of the most stressful occupations as they are always exposed to occupational, organizational, and personal stressors (Paton and Violanti, 1999; (Anshel, 2000; Harpold and Feemaster, 2002; RoK, 2009) and it is noted that work-related factors are the main source of stress for police officers. They are involve in protecting and defending the general population and have to continuously focus on the observation and prevention of crime and criminals. Proper functioning of police service is essential for maintenance of peace, provision of security, and imposition of a country's law. In Britain, law enforcement

Page | 804

is accomplished by police officers serving in regional police forces within one of these jurisdictions (UK Home Office, 2012). They face many challenges and unpleasant experiences in maintaining public orders. Conventionally, police appraisal has been largely assessed in terms of statistics such as crime rates and more recently community satisfaction (Daads and Schiede, 2000). Even this is not enough for them as they have many special responsibilities such as civil law enforcement, counter the terroristic attacks, maintaining the traffic system, child security, anti corruption, emergency service and investigate the crime techniques involve in rape, murder, fraud and so on. The duties and responsibilities of the police service are; maintenance of law and order, prevention and detection of crime, provide security, protect life and property and support victims of crime and disorder (National Police Service Act, 2011). As result of their efforts to maintain the law and order on duty and off duty they face many physical and psychological health related problems. Ongoro and Oloko, (2015) investigate that police officers in Migori experience occupational stress described by prolonged working hours, terrible accidents scenes and lack of privacy. They referred this to inadequate housing, lack of communication procedures, not proper functioning of staff development procedures which results into devastating effects such as anxiety, depression and anger. In India, health professionals and related authorities also shown their concern that Occupational stress has negatively affect the mental and physical health of police officers. Various studies examine the existing relationship between job stress and personality variables among police officers and constables and results revealed that a majority of the policemen are hard working and conscientious. However, police officers job leads to mental stagnation, psychological fatigue, growth of personality in one direction, brutalizing working conditions, task pressures, lack of proper training and professional as well as personal obligations which produce anxiety and mild to severe stress. As a result police officers face different kinds of psychological disorders such as anxiety disorder, panic disorder, phobia, obsessive-compulsive disorder (OCD), post traumatic stress disorder (PTSD), mood disorder, major depression, persistent depressive disorder and so on. Pienaar (2006) studied that most of the police officers in South African do not perform their work because of fatigue and stress.

Objective

The major objective of the research was to investigate the effects of occupational stress on general mental health among police officers.

Hypotheses

The Occupational stress is expected to correlate with General Mental Health.

There will be significant relationship between Occupational Stress and Mental health. As mental health is affected by occupational stress.

Methods

Tools

Occupational Stress Inventory Revised Edition (OSI-R) developed and constructed by Osipow, S.H. (1998).

General Health Questionnaire (GHQ-28) developed and constructed by David Goldberg (1988).

Description of the Tools

Occupational Stress Inventory, (OSI-R) (Osipow, S.H. 1998) - The revised version of OSI-R assesses three distinct dimensions of occupational adjustment i.e. occupational stress, psychological strain, and coping resources. This test have 140 items which are divided in the Occupational Role Questionnaire divided into 6 scales, 10 items per scale, the Personal Strain Questionnaire divided in 4 Scales, 10 items per scale and the Personal Resources Questionnaire distributed in 4 scales, 10 items per scale. The test-retest reliability was considered less than .50 and all the correlation relationship between two administrations was significant at the .01 level. The next reliability estimate based on internal consistency analysis with the normative sample. The alpha coefficients for OSI-R total questionnaire scores were .88. Validity of this scale of the 17 correlation coefficients was equal to or greater than .63 and all were in the .60 to .69 range.

Occupational Roles Questionnaire (ORQ) have categorized into six sub-scale i.e. Role overload (RO) explained as not feeling well learned or expert for the job at hand, needing more help and working under tight time limitations. Role Insufficiency (RI) report that their career is not very progressing and has little future. Role Ambiguity (RA) they appear not to know where to begin on new projects and assignments even experience ambiguous demands from supervisors they report no clear sense of what they should do to "get ahead". Role boundary (RB) explains that they can report not feeling conceited of what they do or maybe not having a stake in the enterprise. Responsibility (R) reveals worried that others will not perform well. They also sought out for leadership and many times have to respond to others' problems. They may also report lack of good relationships with people at work or feel burden from working with angry or difficult employees. Physical Environment (PE) also may report having an inconsistent work schedule or feeling personally obscure. Personal Strain Questionnaire (PSQ) has four sub-scales which is divided in 10 items i.e. Vocational Strain (VS) they may complain making errors in their work or having accident. They also may express that the quality of their work is distressing; face concentration problems and absenteeism may be present. Psychological Strain (PSY) this may complain about little things, responding badly in daily situations, and having no sense of humor. Interpersonal Strain (IS) it includes quarrels or excessive dependency on family members, lifez partners and friends. They may also report wanting to withdraw and have time alone or not having enough time to spend with family and friends. Physical Strain (PHS) has regular worries about their health as well as well as a number of physical symptoms such as cold, heart palpitation, aches and pains, stomach-aches, and erratic eating habits and so on. They may report unintended weight change, overuse of alcohol, and interruption in sleeping patterns. Also may report feeling lethargic or apathetic.

Personal Resources Questionnaire (PRQ) also distributed in four scales i.e. Recreation (RE), they take favor of the recreational time coming to them and engage in a variety of tasks that they find soothing and satisfying. Self- Care (SS) they regularly exercise, have sleeping patterns of 8 hours per day, are very particular about their diet, practices relaxation techniques and avoid harmful substances such as alcohol, drugs, tobacco

and coffee. Social Support (SS) they may report strong feelings that there is at least one person in their life they can count on, one who values and loves them. Rational/Cognitive Coping (RC) they have a systematic approach to solving problems and challenges, think through the results of their choices and are also capable to identify important aspects of problems they encountered. They also may report being able to re-examine and reorganize their work pattern. They put their work and job out of their mind when they return their home and feel that there are other jobs besides the present one that they can do.

General Health Questionnaire (GHQ-28) by David Goldberg (1988) - The GHQ-28 is one of the prominent diagnosis and screening tool available to measure psychological well-being and catch possible psychiatric morbidity. GHQ-28 categorize in four Subscales that is somatic symptoms, Anxiety & Insomnia, Social Dysfunction and Severe Depression. A lot of studies have find out reliability and validity of the GHQ-28 in various clinical settings. Test-retest reliability has to be high 0.78 to 0.90 (Robinson and Price 1982). General Health Questionnaire (GHQ) have four subscales i.e. Somatic Symptoms, few of the principal components analyses of the GHQ-60 have isolated specific components of somatic complaints. Anxiety and Insomnia In many of the studies, several items tapping a dimension of anxiety are included within the first factor. It is worthy of note, however, specific anxiety factor has been isolated, it account for a small proportion of the variance, or appears low in the hierarchy of factors. Social dysfunction Items reflecting social performance (21-30 in the GHQ-60) load on the first factor in only three studies of the GHQ-60. In one of these Worsley, Walters and wood's (1978) (study in Australian gynaecology patients) the first factor consisted exclusively of these and was named 'poor performance'. Severe Depression, Anxiety and/or sleep related items are included in the depression factor. The most notable example of this is Goldberg et al.(1976) study using the GHQ-30 in primary care attendees in the USA: the authors noted that both rotated and not rotated solutions have been examined up to the 7 factor solution there is no solution which produces anxiety items on one dimension and depression items on anther.

Sample

The sample were consist 60 (male) Delhi police officers using by purposive sampling method, ranging in age from 25 to 50 years old.

Results & Discussions

Table-1.1 characteristics of the sample

Characteristics		Frequency	%
	N	60	100
Sex	Male	60	100.0
Religion	Hindu	60	100.0
Age	Up to 30 Years	12	20.0
	31 to 40 Years	16	26.7
	41 to 50 Years	17	28.3
	51 Years and above	15	25.0
Education	10th	11	18.3
	12th	13	21.7
	Graduation	33	55.0
	Post-Graduation	3	5.0
Married	Married	60	100.0
Occupational & Designation	Constable	35	58.3
	ASI(Assistant sub-Inspector)	17	28.33
	SI(Sub-Inspector)	8	13.33
Area	Rural	15	25.0
	Urban	45	75.0

The results in table no. 1.1 show that all the participants (100%) were male and belonging to Hindu religion. Data reveals that 20.0% (12) respondents are up to 30 years, 26.7% (16) respondents are between the 31 to 40 years, 28.3% (17) respondents are between the 41 to 50 years and 25.0%(15) respondents are between the 51 years and above are taken.

In this table results shows that 18.3%(11) of the police officers had 10th Standard education level, 21.7%(13) had senior secondary(12th) education level, most of the respondents 55.0% (33) had completed their graduation level while the remaining 5.0%(3) were completed their masters degree. The analysis of this table indicates that most of the respondents were holders of higher education. This table reveals that all the police officers were married and had their families. This Table shows that the maximum respondents are constable i.e. 35(58.3%) while ASI, 17(28.33%) and the

remaining respondents belongs to SI i.e. 8(13.33%). This table reveals that most of the police officers 45(75.0) were lived in cities and while remaining 15(25.0%) are in the locality of rural or village area.

Table 1.2 Stress Indicators

		Frequency	%
RO (Role Overload)	No Stress	3	5.0
	Normal Range	45	75.0
	Maladaptive Stress and Strain	11	18.3
	Debilitating Strain	1	1.7
RI(Role Insufficiency)	No Stress		
	Normal Range	47	78.3
	Maladaptive Stress and Strain	11	18.3
	Debilitating Strain	2	3.3
RA (Role Ambiguity)	Normal Range	22	36.7
	Maladaptive Stress and Strain	23	38.3
	Debilitating Strain	15	25.0
RB(Role Boundary)	Normal Range	35	58.3
	Maladaptive Stress and Strain	19	31.7
	Debilitating Strain	6	10.0
R(Responsibility)	Normal Range	36	60.0
	Maladaptive Stress and Strain	20	33.3
	Debilitating Strain	4	6.7
PE(Physical Environment)	Normal Range	15	25.0
	Maladaptive Stress and Strain	18	30.0
	Debilitating Strain	27	45.0
VS(Vocational Strain)	No Stress	4	6.7
	Normal Range	37	61.7
	Maladaptive Stress and Strain	13	21.7

	Debilitating strain	6	10.0
PSY (Psychological Strain)	Normal Range	27	45.0
	Maladaptive Stress and Strain	22	36.7
	Debilitating Strain	11	18.3
IS (Interpersonal Strain)	No stress	3	5.0
	Normal Range	25	41.7
	Maladaptive Strain and Strain	28	46.7
	Debilitating Strain	4	6.7
PHS (Physical Strain)	No Stress	14	23.3
	Normal Range	31	51.7
	Maladaptive Strain and Strain	10	16.7
	Debilitating Strain	5	8.3
SC (Self-Care)	Mild Coping Resources	14	23.3
	Average Coping Resources	37	61.7
	Strong Coping Resources	9	15.0
SS(Social Support)	Mild Coping Resources	28	46.7
	Average Coping Resources	15	25.0
	Strong Coping Resources	17	28.3
RC (Rational Cognitive Coping)	Mild Coping Resources	3	5.0
	Average Coping Resources	10	16.7
	Strong Coping Resources	47	78.3
RE(Recreation)	Lack of Coping Resources	60	100.0

The above table indicates that in role overload factor people have responded more in normal range (75.0%) and less to debilitating strain (1.7%). In role insufficiency factor people are falling more normal range (18.3%) and less in debilitating strain (3.3%). Factor role ambiguity- people are ranging high in maladaptive stress and strain (38.3%) and low in debilitating strain (25.0%). Factor role boundary- people have responded more in normal range (58.3%) and less to debilitating strain (10.0%). Factor responsibility- people are ranging high in normal range (60.0%) and low in debilitating strain (6.7%). Factor physical environment- people have responded more

in debilitating strain (45.0%) and less to normal range (25.0%). Factor vocational strain- people are ranging high in normal range (61.7%) and low in no stress (6.7%). Factor psychological strain- people are responded normal range (45.0%) and less to debilitating strain (18.3%). Factor interpersonal strain- people are ranging high in normal range (41.7%) and low in no stress (5.0%). Factor interpersonal strain- people are responded more in normal range (51.7%) and less to debilitating strain (8.3%). Factor self-care people are ranging high in average coping resources (61.7%) and low in strong coping resources (15.0%). Factor social-support people are responded more in mild coping resources (46.7%) and less to average coping resources (28.3%). Factor rational cognitive coping- people are ranging high in strong coping resources (78.3%) and low in mild coping resources (5.0%).

Table 1.3 General Mental Health Indicator-

		Frequency	%
A (Somatic Symptoms)	Healthy	15	25.0
	Mild Distress	38	63.3
	Moderate Distress	5	8.3
	High Distress	2	3.3
B (Anxiety / Insomnia)	No Anxiety	21	35.0
	Mild Anxiety	29	48.3
	Moderate Anxiety	8	13.3
	High Anxiety	2	3.3
C (Social Depression)	No Social Depression	23	38.3
	Mild Social Depression	33	55.0
	Moderate Social Depression		5.0
	High Social Depression	1	1.7
D (Severe Depression)	No Depression `	40	66.7
	Mild Depression	18	30.0
	Moderate Depression	2	3.3

From the above table we can conclude that in factor A somatic symptoms people range more in mild distress (63.3%) and less in high distress (3.3%). Factor B anxiety insomnia- people are ranging high in mild anxiety (48.3%) and low in high anxiety (3.3%). Factor C social depression- people have responded more too mild social depression (55.0%) and less in moderate social (5.0%). Factor D severe depression- people have responded more to no depression (66.7%) and less in moderate depression (3.3%).

Table 1.4 Descriptive Statistics

	N	Range	Minimum	Maximum	Mean		Std. Deviation	Variance
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic
RO Score	60	25.00	16.00	41.00	26.2833	.68441	5.30140	28.105
RI Score	60	19.00	23.00	42.00	29.5000	.53599	4.15178	17.237
RA Score	60	30.00	15.00	45.00	28.4667	.82252	6.37119	40.592
RB Score	60	24.00	19.00	43.00	27.7000	.72809	5.63975	31.807
R Score	60	27.00	18.00	45.00	30.6000	.76624	5.93524	35.227
PE Score	60	27.00	11.00	38.00	27.0167	1.04678	8.10836	65.745
VS Score	60	23.00	14.00	37.00	23.6000	.78229	6.05959	36.719
PSY Score	60	25.00	13.00	38.00	24.7000	.94130	7.29128	53.163
IS Score	60	33.00	11.00	44.00	26.2500	.74811	5.79487	33.581
RE Score	60	29.00	11.00	40.00	26.6667	.83350	6.45628	41.684
SC Score	60	22.00	16.00	38.00	25.1667	.82241	6.37039	40.582
SS Score	60	23.00	19.00	42.00	28.6000	.89544	6.93603	48.108
RC Score	60	22.00	18.00	40.00	33.2500	.65726	5.09112	25.919
PHS Score	60	29.00	11.00	40.00	22.3333	1.06263	8.23112	67.751
Valid N (list wise)	60							

Descriptive Statistics

	N	Range	Minimum	Maximum	Mean	Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic
Score of A Scale	60	20.00	1.00	21.00	5.3833	3.26300
Score of B scale	60	17.00	.00	17.00	5.6833	3.36226
Score of C scale	60	14.00	1.00	15.00	4.5167	2.67754
Score of D Scale	60	11.00	.00	11.00	3.2667	2.62237
Valid N (list wise)	60					

The table 1.4 descriptive statistical values of general health Somatic Symptoms- mean of the somatic symptoms 5.3833, range is 20.0, maximum is 21.00, minimum is 1.0, and Std. Deviation is 3.26300. Anxiety Insomnia- mean of the anxiety insomnia 5.3833, range is 17.00, maximum is 17.00, minimum is .00, and Std. Deviation is .3.36226. Social depression- mean of the social depression 4.5167 range is 14.00,

maximum is 15.00, minimum is 1.00, and Std. Deviation is. 2.67754. Severe Depression- mean of the severe depression 3.2667, rang is 11.00, maximum is 11.00, minimum is .00, and Std. Deviation is .2.62237.

Table 1.5 Correlation among Stress Indicators and General Mental Health Indicators.

	RO	RI	RA	RB	R	PE	VS	PSY	IS	RE	SC	SS	RC	PHS	A	B	C	D
RO	1	-.007	.103	.359**	.565**	.374**	.497**	.455**	.466**	-.026	.067	.149	-.006	.295*	.333**	.359**	.305*	.179
RI		1	.113	.066	-.130	.106	.125	.188	-.058	-.263*	-.376**	-.398**	-.424**	.106	.063	.067	.377**	.286*
RA			1	.452**	.062	.290*	.489**	.587**	.263*	.146	.224	.151	-.108	.500**	-.042	.083	.197	.015
RB				1	.332**	.655**	.472**	.560**	.363**	.018	.436**	.444**	.048	.337**	.343**	.371**	.457**	.291*
R					1	.421**	.295*	.244	.609**	-.099	.235	.347**	.256*	.126	.118	.259*	.211	.248
PE						1	.418**	.507**	.413**	-.218	.291*	.310*	.073	.384**	.052	.164	.537**	.149
VS							1	.785**	.520**	-.123	.031	.037	-.327*	.701**	.314*	.315*	.347**	.151
PSY								1	.476**	-.120	.025	.010	-.256*	.778**	.129	.225	.340**	.108
IS									1	.053	.181	.249	.046	.402**	.158	.359**	.244	.120
RE										1	.356**	.302*	.154	-.136	.103	-.044	-.395**	-.160
SC											1	.972**	.443**	-.020	.181	.300*	.007	-.138
SS												1	.521**	-.094	.203	.311*	.042	-.087
RC													1	-.305*	-.218	-.232	-.134	-.081
PHS														1	.063	.061	.164	-.005
A															1	.736**	.179	.243
B																1	.442**	.165
C																	1	.378**
D																		1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 1.5 signifies the correlation between Occupational Stress and Mental health among police officers. The Occupational Stress Inventory has three main domains- Occupational Role Questionnaire (ORQ), Personal strain questionnaire (PSQ), and Personal Resources Questionnaire (PRQ). Statistical data reveals that Factor (RO) Role Overload of domain Occupational Role Questionnaire is positively correlated with Role Boundary at .359** (significant at the 0.01 level), Responsibility at .565**(significant at the 0.01 level), Physical Environment at .374** (significant at the 0.01 level), Vocational Strain at .497** (Significant at the 0.01 level), Psychological Strain at .455**(significant at the 0.01 level), Interpersonal strain at .466** (significant at the 0.01), and physical strain at .295* (significant at the 0.05 level).

 Role Overload is Positively Correlated with General Health Questionnaire factor correlated with Somatic symptoms at .333** (significant at the 0.01 level), Anxiety and insomnia at .359** (significant at the 0.01 level), Social dysfunction at .305* (significant at the 0.05 level). The statistics reveals that Role overload is significantly correlated with the factors of in role boundary, responsibility, physical environment, vocational strain, psychological strain, interpersonal strain, physical strain this indicate that role overload negatively affect the general mental health of police officers. (RI) Role Insufficiency is negatively correlated with recreation at -.263* (significant at the 0.05 level), Self-Care at -.376** (Significant at the 0.01 level), Social Support -.398** (significant at the 0.01 level), Rational Cognitive Coping at -.424** (Significant at the 0.01 level).

Role Insufficiency (RI) is positively correlated with General Health Factor Social dysfunction at .377** (Significant at the 0.01 level), Severe depression at .286* (Significant at the 0.05 level).The statistics reveals that Role insufficiency is significantly correlate with the factors of recreation, self-care, social support, rational cognitive coping and this indicate that role insufficiency negative effect the general mental health of police officers.

 Role Ambiguity (RA) Correlated with Role Boundary at .452** (Significant at the 0.01 level), Physical environment at .290* (Significant at the 0.05 level), Vocational strain .489** (Significant at the 0.01 level), Physical strain .587** (Significant at the 0.01 level), Interpersonal strain .263* (Significant at the 0.05 level) and Physical strain .500** (Significant at the 0.01 level). Role Boundary (RB) correlated with Responsibility at .332** (Significant at the 0.01 level), Physical environment .655** (Significant at the 0.01 level), Vocational strain .472** (Significant at the 0.01 level), Psychological strain .560** (Significant at the 0.01 level), Interpersonal strain .363** (Significant at the 0.01 level),Self-care .436** (Significant at the 0.01 level),Social support .444** (Significant at the 0.01 level),and Physical strain .337** (Significant at the 0.01 level). Role boundary (RB) is positively correlated with general health factor at Somatic symptoms .343** (Significant at the 0.01level), Anxiety and insomnia .371** (Significant at the 0.01 level), Social dysfunction .457** (Significant at the 0.01 level), and severe depression .291* (Significant at the 0.05 level). The statistics reveals that role boundary is significantly correlated with the factors of in responsibility, physical environment, vocational strain, psychological strain, interpersonal strain, self-care, social support, of G.M.H. This indicates that role insufficiency negatively affect the general mental health of police officers. Responsibility (R) is positively correlated with Physical environment .421** (Significant at the 0.01 level), Vocational strain .295* (Significant at the 0.05 level), Interpersonal strain .609** (significant at the 0.01 level), social support at .347** (significant at the 0.01 level) and rational cognitive coping at .256* (significant at the 0.01 level). Responsibility (R) is positively correlated with general health factor anxiety and insomnia at .259* (significant at the 0.05 level). The statistics reveals that responsibility is significantly correlate with the factors of in physical environment, vocational strain, interpersonal strain, social support, rational cognitive coping of G.M.H. This indicates that responsibility negatively affect the general mental health

of police officers. Physical environment (PE) is positively correlated with vocational strain at .418** (significant at the 0.01 level), Psychological strain at .507** (significant at the 0.01 level), Interpersonal strain at .413** (significant at the 0.01 level), Self- care at .291* (significant at the 0.05 level), Social support at .310* (significant at the 0.05 level), and physical strain at .384** (significant at the 0.01 level). Physical environment (PE) is positively correlated with general health factor social dysfunction at .537** (significant at the 0.01 level). The statistics reveals that physical environment is significantly correlates with the factors of in vocational stain, psychological stain, interpersonal stain, self-care, social support, physical strain of G.M.H. This indicate that responsibility negatively affect the general mental health of police officers. Vocational strain (VS) of domain personal strain questionnaire is positively and negatively correlated with psychological strain at .785** (significant at the 0.01 level), interpersonal strain at .520** (significant at 0.01 level), negatively correlate with rational cognitive coping at -.327* (significant at the 0.05 level), and physical strain .701** (significant at the 0.01 level).Vocational strain (VS) is positively correlated with general health factor with somatic symptoms at .314* (significant at the 0.05 level), anxiety and insomnia at .315* (significant at the 0.05 level), and social dysfunction at .347** (significant at the0.01 level). The statistics reveals that vocational strain is significantly correlates with the factors of psychological strain, interpersonal strain, rational cognitive coping, and physical strain of G.M.H. This indicates that responsibility negatively affect the general mental health of police officers. Psychological strain is positively and negatively correlated with interpersonal strain at .476** (significant at the 0.01 level), rational cognitive coping at -.256* (significant at the 0.05 level) and physical strain at .778** (significant at the 0.01 level). Psychological strain (PS) is positively correlated with general health factor social dysfunction at .340** (significant at the 0.01 level). This statistics reveals that psychological strain is significantly correlates with the factors of interpersonal strain, rational cognitive coping, and physical strain of G.M.H. This indicates that responsibility negative effect the general mental health of police officers. Interpersonal strain (IS) is positively correlated with general health factor with anxiety and insomnia at .359** (significant at the 0.01 level). This statistics reveals that interpersonal strain is significantly correlate with the factors of in, physical strain of G.M.H. This indicates that responsibility negative effect the general mental health of police officers. Recreation (RE) of domain personal resources questionnaire is positively correlated with self-care at .356** (significant at the 0.01 level), and social support at .302* (significant at the 0.05 level). Recreation (RE) is negatively correlated with general health factor (c) social dysfunction at -.395* (significant at the 0.05 level). This statistics reveals that recreation is significantly correlated with the factors of self-care, social support, of G.M.H. This indicates that responsibility negatively affect the general mental health of police officers. Self-care (SC) is positively correlated with social support at .972** (significant at the 0.01 level) and rational cognitive coping at .443** (significant at the 0.01 level). Self-care (SC) is positively correlated with general health factor B anxiety and insomnia at .300*(significant at the 0.05 level). This statistics reveals that self-care is significantly

correlate with the factors of social support, rational cognitive coping, of G.M.H. This indicates that responsibility negative effect the general mental health of police officers. Social support (SS) is positively correlated with rational cognitive coping at .521** (significant at the 0.01 level). Social support (SS) is positively correlated with general health factor B anxiety and insomnia at .311* (significant at the 0.05 level). This statistics reveals that social support is significantly correlated with the factors of in rational cognitive coping, of G.M.H. This indicates that responsibility negative effect the general mental health of police officers. Rational cognitive coping negatively correlated with physical strain at -.305* (significant at the 0.05 level). Somatic symptoms are positively correlated with anxiety and insomnia at .736** (significant at 0.01 levels). Anxiety and insomnia is positively correlated with social dysfunction at .442** (significant at the 0.01 level). Social dysfunction (SD) is positively correlated with severe depression at .378** (significant at the 0.01 level).

Conclusion:

The major objective of this study was to know the relationship between occupational stress and general mental health among police officers and also aimed to assess the job stress and job satisfaction.

　　　To conclude, on the basis of the major findings of this research we found that most of the police officers having the occupational stress face mental health problems. Occupational stress related factors directly affect the General Mental Health Factors i.e. anxiety and insomnia, severe depression, somatic symptoms and social dysfunction. So keeping these results in our view we can say that occupational stress negatively affect mental health of police officers. Still we need more exploration in this area to understand the job difficulties and demands and their effect on mental health so that we can enhance the life quality and well-being of Police Officers.

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