

Stress Management In Police



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CHAPTER 1

STRESS MANAGEMENT : CONCEPT AND MODELS

1.0. INTRODUCTION

Over the past two decades, all over the world, there has been a growing belief in all sectors of employment that the experience of STRESS AT WORK has undesirable consequences for the health of individuals and their organisations. In USA, the estimated life-time prevalence rate of various stress induced psychological disorders is reported to be 32%. In Japan, KAROSHI, i.e. 'death from overwork' is said to kill some 30,000 workers every year. In India, the prevalence of serious mental disorders is about 1-2% and that of less serious mental disorders is about 5-10%. However, there is a growing evidence about much greater prevalence of stress in Indian working population as casual factor for all psychosomatic illnesses in general and mental disorders in particular. Self destructive behaviours such as smoking, intoxication, work avoidance, failed relationships and suicide also result. Of the 779,000 people who lost their own lives in 1993, over 87,000 were Indians.

Studies in the developed societies have identified which jobs put the most stress on workers. For example in USA, Air Traffic Controllers are graded as the most stressful occupation, doctors, lawyers and police officers routinely top suicide list; secretaries are most stressed out due to work over-load; whereas police officers, lawyers, innercity teachers and journalists suffer most stress due to role conflict. Such studies have been,

unfortunately, deficient in India. Therefore, surveys of both general population and specific professional groups towards identifying the nature, effects and management of occupational stress is a fast emerging area of research for Indian investigators.

Frued compared the psyche to a tea kettle and stress to the pressure building up inside the kettle when it is heated. According to him, if the pressure is properly vented or expressed all goes well. If not, it will build up and may cause a person to explode in the form of anxiety, anger, depression, sexual impotence and a host of other psychosomatic ailments including ulcers, migraine headaches, diabetes and heart diseases.

Stress

Stress is defined as a response to a :

- perceived threat, challenge, or change.
- a physical and psychological response to any demand.
- a state of psychological and physical arousal.

Every human being has to deal with stress. Life without stress is impossible. While being most known for its negative affects, stress also has a positive side. It motivates us, challenges us, and helps us change when change is needed (even if we don't want to change). Overcoming stress can provide personal rewards, such as feelings of competence, strength and even elation.

There are obviously different levels of stress, from minor to moderate and moderate to severe.

Stress can be :

- acute (short-lived)
- chronic (experienced over a long period of time)
- accumulative (from a variety of sources over a period of time)
- delayed (buried internally for a period of time, resurfacing later in life)

Stress carries with it certain physical and psychological effects that occur at a level equivalent to the type of stress, and the level at which it is encountered. These physical and psychological effects are involuntary, meaning it is a natural uncontrollable physical and psychological reaction to an event(s) by our mind and body.

A Few Definitions

" A generalized arousal of the psycho-physiological systems, which if prolonged can fatigue or damage the systems to the point of malfunction or disease."

- Ruben

"The body's non specific response to any demand placed on it, which may ultimately lead to the diseases of adaptation". - Selye(1956)

Stress is defined as " A particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being".

" A non specific physiological and psychological response to events which are perceived as a threat to one's well being, and are thus handled ineffectively, and stressors are basically, events, situations or changes one encounters either in his work life or his personal life". - Klarreich (1990)

1.2. APPROACHES TO THE CONCEPTUALIZATION OF STRESS

It has been concluded in several different reviews of the stress literature that there are essentially three different but overlapping approaches to the study of stress (Appley and Trumbull, 1967; Cox, 1978; Haslam 1994).

- *Engineering Model*
- *Physiological Model*
- *Psychological Model*

The engineering and the physiological models are obvious among the earlier theories of stress, while the psychological model characterizes more contemporary theory. Over the past few years, there is a growing consensus around the adequacy and utility of the psychological approach to stress.

1.2.1. Engineering Model

The engineering approach has treated stress as a 'STIMULUS CHARACTERISTIC' of the person's environment, usually conceived in terms of the load or level of demand placed on the individual, or some

aversive (threatening) or noxious (unpleasant) element of that environment. The stimulus is treated as a property of the work environment which is usually objectively measurable. According to this model, the environmental stimulus is said to produce a strain reaction could on occasions prove to be irreversible and damaging. (Cox and Mackay, 1981; Sutherland and cooper, 1990).

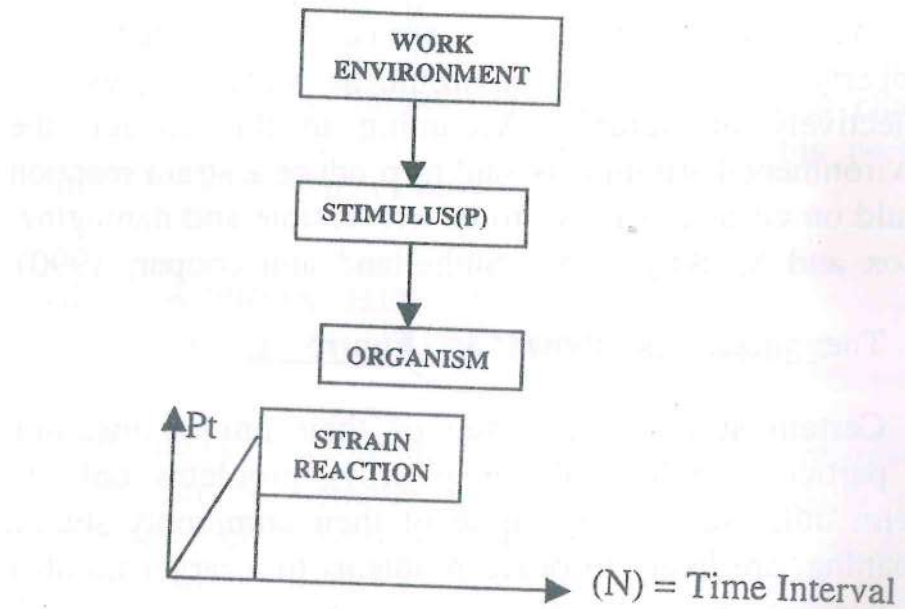
The model is shown in **Figure 1**.

Certain stimuli, by virtue of their unique meaning to particular individuals, may prove problems only to them; other stimuli, by virtue of their commonly shared meaning, are likely to prove problems to a larger number of persons. For example, the effects of noise on task performance are not simple functions of loudness or frequency of noise but are subject both to its nature and to individual differences and context effects. Noise levels, which are normally disruptive, may help maintain task performance when subjects are tired and fatigued (Broadbent 1971); while even higher levels of music may be freely chosen in social and leisure situations (Cox, 1978).

The perception of strong cognitive as well as situational stimuli in the overall stress process has been studied. It is found that risks of occupational stress cannot be adequately explained by the nature of stimuli alone and are strongly determined by group and cultural biases.

1.2.2. Physiological Model

The physiological approach to the study of stress received its initial impetus from the work of Selye (1956) who defined stress as a state manifested by a specific syndrome which consists of all the non-specific



(Pt) = THRESHOLD OF TOLERANCE

$P > P_t$ Beyond threshold of tolerance

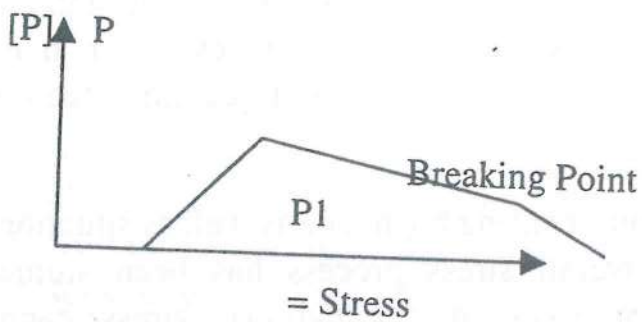


FIGURE 1 = ENGINEERING MODEL OF STRESS

changes within the biological system that occur when organism is challenged by aversive or noxious stimuli. The non-specific changes are the physiological reactions which are triphasic.

- Initial alarm stage (sympathetic - adrenal medullary activation)
- Stage of resistance (adrenal cortical activation)
- Final stage of exhaustion (terminal reactivation of the sympathetic adrenal medullary system)

The immediate and short term advantages bestowed by physiological response to stress e.g., energy mobilisation for an active behavioural response may give way to the long term disadvantages like increased risk of certain stress related diseases.

The model is shown in **Figure 2.**

Certain noxious stimuli do not produce the stress response in the entirety, for example, heat. There is also evidence that the stress response syndrome is not non-specific. Cox (1978) showed the differentiation in the response of catecholamines under stressful situations of the work environment, whereas, Nonradrenaline activation was related to the physical activity inherent in the various tasks and to the constraints and frustrations present. Adrenaline activation was more related to feelings of efforts and stress.

Like the engineering model, the physiological model of stress also suffers from the limitations set by a relatively simple stimulus response paradigm. These models treat the person as a passive vehicle for translating the stimulus characteristic of the work environment

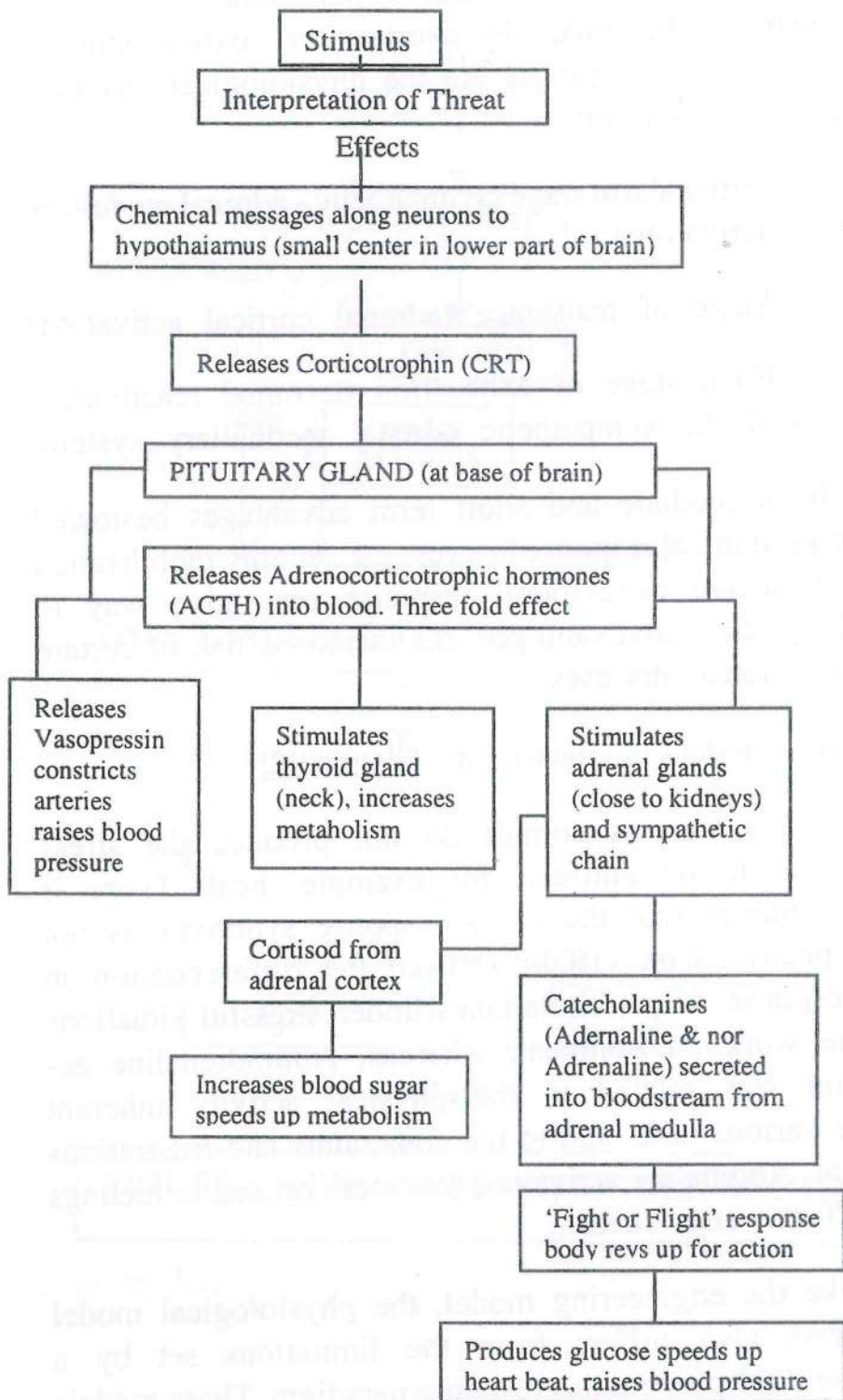


FIGURE 2 : PHYSIOLOGICAL MODEL OF STRESS

into psychological and physiological response parameters. They largely ignore individual differences of a psychological nature and the perceptual and cognitive processes which might underpin them. (Sutherland and cooper 1990).

1.2.3. Psychological Model

The development of psychological model has been, to some extent, an attempt to overcome the criticism leveled at the earlier approaches. The approach emphasizes upon the mind or psyche, which is usually defined as the part of the person consisting of the thoughts and the feelings. Stress is conceptualized in terms of the dynamic interaction between the persons and their work environment which can be inferred from:

- the existence of problematic person - environment interactions;
- the problems of cognition (thinking), emotion (feeling) or willing which may in turn be responsible for the problematic person
- environmental interactions.

In this model, the experience of stress is perceived to be psychological in nature, however, its antecedents and outcomes are not restricted to any particular domain- psychological or otherwise.

Variants of the psychological approach dominate contemporary stress theory, and among them two distinct types can be identified:

- the interactional; based upon the problematic person-environment interactions and;

- the transactional : based upon the problems of cognition and emotion.

1.2.4. Interactional Theories of stress

Person-Environment Fit Theory of French suggests that stress is likely to occur when there is a lack of "FIT" i.e.,

- the degree to which an employees attitudes and abilities meet the demands of the job;

and/or

- the extent to which the job environment meets the workers' needs, and in particular the extent to which the individuals are permitted and encouraged to use their knowledge and skills in the job setting.

Below-cited two clear distinctions are made in this theory;

- between objective reality and subjective perceptions: and
- between environmental variables (E) and person variables (P). Given this simple 2x2 configuration of PXE interaction, lack of fit can actually occur in the following different ways:-
 - lack of subjective person- environment fit: how personnel see their work situation.
 - lack of objective person - environment fit : how does work environment affect the personnel.
 - lack of fit between the objective and subjective environments assessment.

Each of the ways appears to challenge the personnel health.)

The 2X2 matrix of PXE interaction is shown in **Figure 3.**

Job Demands/Decision Latitude Theory of Karasck (1979) suggests that employees in jobs are perceived to have both low decision latitude and under a synergistic effect of true interaction. Karasck defined 'Decision Latitude' as "the working individual's potentive control over his task and his conduct during the working day" and job demands as "the psychological stressors involved in accomplishing the workload."

Later researches have proved that decision latitude and job demands are independent factors and their effects in causing stress are additive (Payne and Fletcher 1983). Whether perceived job demands and decision latitude combine additively or synergistically, Karasek's work has established that they are important factors in determining occupational stress.

1.2.5. Transactional Theories of Stress

Transactional theories of stress (such as propounded by Cox and Mackay, 1981 in the United Kingdom) focus on the cognitive processes and emotional reactions underpinning individuals interactions with their environment. The STRESS is inherent in the on-going process of person-environment interaction, while individuals make appraisals of that interaction, attempting to cope with and sometimes failing to cope with the problems that arise. Appraisal is a conscious process of realization that individual is having difficulty in coping with demands and threats to his well-being, and

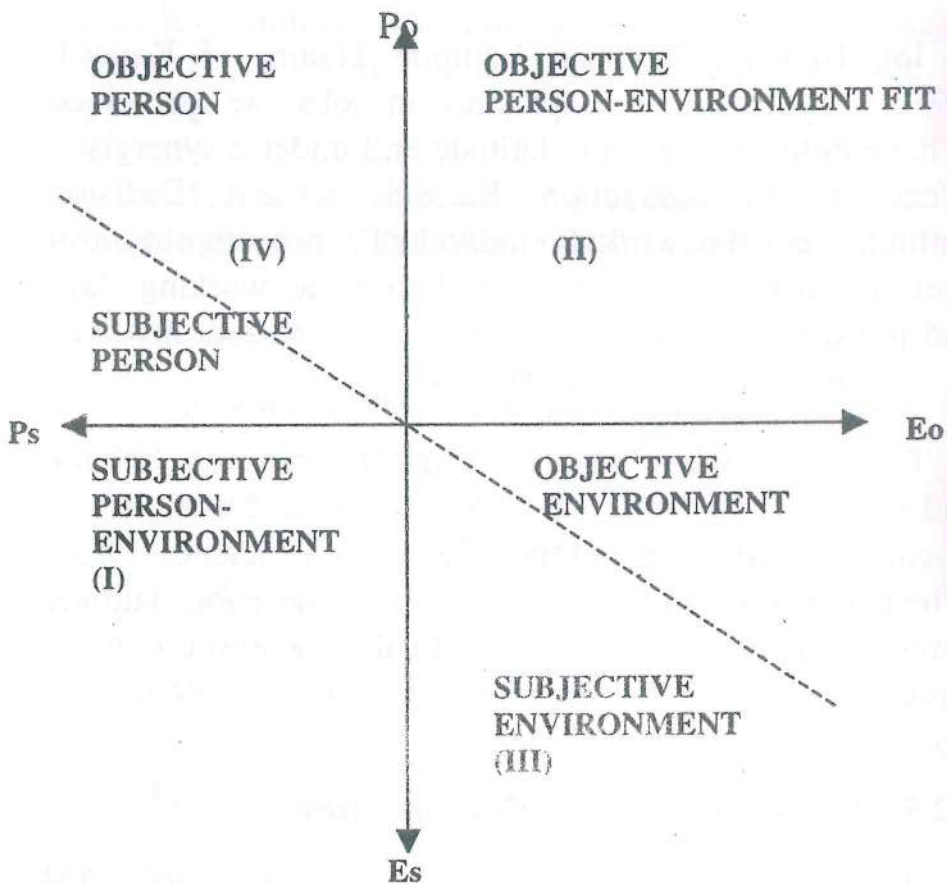


FIGURE 3 : 2X2 MATRIX OF P-E FIT

second that coping is important and the difficulty in coping worries or depresses him.

Cox (1978) described the stress process in a five-stage model;

Stage I: Environment as source of demands.

Stage II: Individual perception with respect to coping.

Stage III: Psychological and physiological changes.

Stage IV: Consequences of coping.

Stage V: General feedback.

The model is depicted in **Figure 4.**

1.2.6. Consensus Model on the Concept of Stress

There is a growing consensus on the definition of stress as a psychological state with cognitive and emotional components, and on its effects to the health of both individual employees and their organisations. The stress state is perceived as a conscious state but the level of awareness of the problem varies with the development of that state. Parts of the stress process are the relationships between the objective work environment and the employees' perceptions of work.

Several overview models have been offered as summaries of the stress process, the most notable is that of Cooper (1986). This simple **STRESSOR -STRAIN MODEL** is presented in **Figure 5.** The explanation of some terms used in this model is as under:

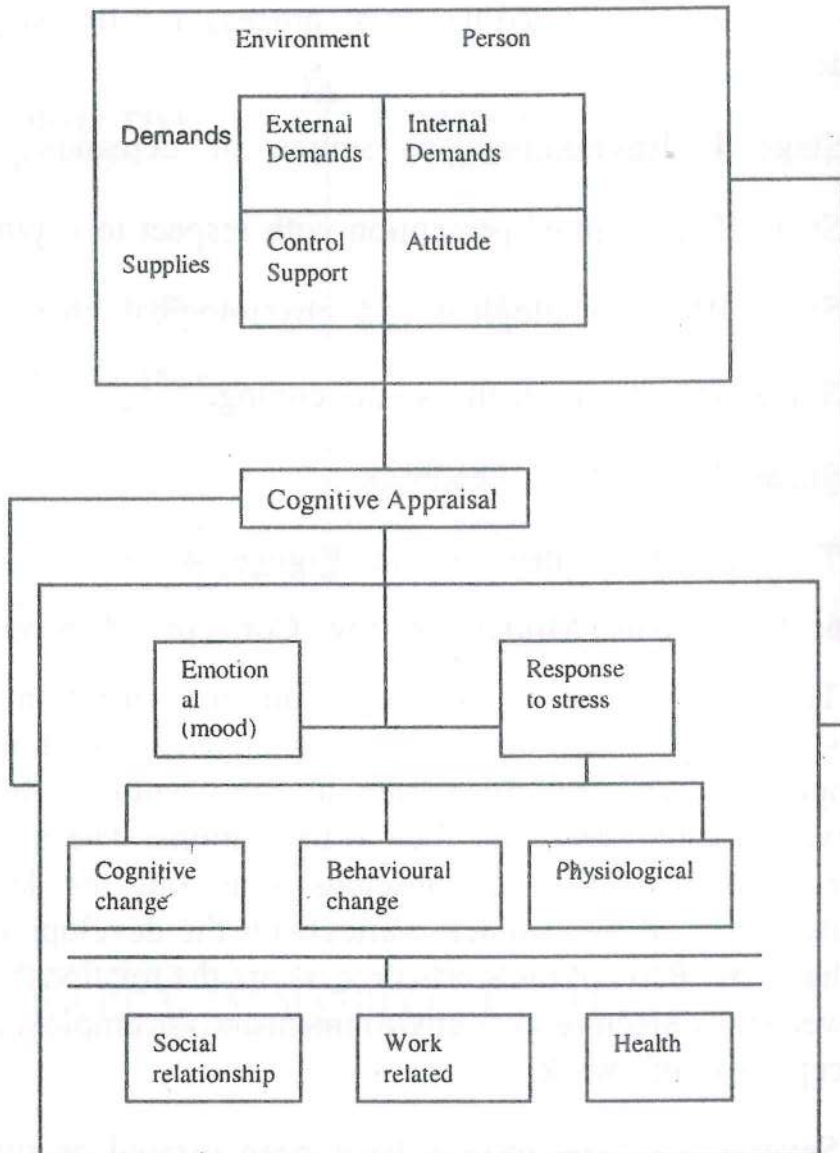


FIGURE 4 : TRANSACTIONAL MODEL OF OCCUPATIONAL

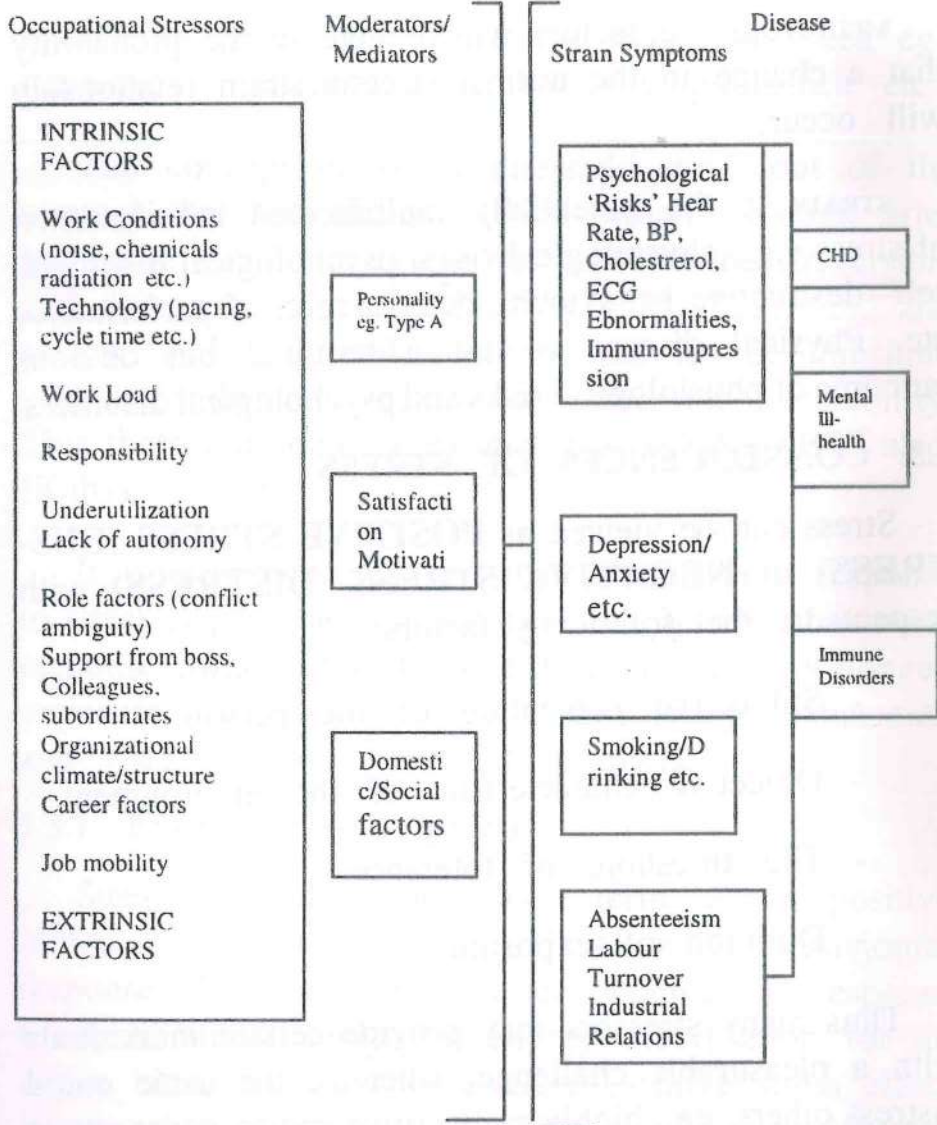


FIGURE 5 : STRESSOR – STRAIN MODEL

OCCUPATIONAL STRESSORS are factors in the work environment which increase the probability of strain reactions.

MEDIATORS are factors which increase the probability that a change in the normal stressor-strain relationship will occur.

STRAIN is the potentially multifaceted manifestation of stress e.g., physiological risks, psychological disorders, self-destructive behaviours, deterioration of performance etc. Physical disease is just a terminal but obvious outcome of physiological risks and psychological disorders.

1.3. CONSEQUENCES OF STRESS

Stress can be viewed as **POSITIVE STRESS (EUSTRESS)** or **NEGATIVE STRESS (DISTRESS)** with respect to the following factors:

- Subjective perception of the person.
- Objective characteristic of the environment.
- The threshold of tolerance.
- Duration of exposure.

Thus many stressors may provide certain individuals with a pleasurable challenge, whereas, the same could distress others: eg., highly competitive sports, adventurous stunts etc., or, stimuli which are normally distressful may be perceived as stimulants (eustress) depending upon situational biases: e.g., high noise levels (music) used by public career drivers.

Certain stimuli are objectively distressful to human machine: e.g., interference with circadian rhythm by

shift-work, or sustained postural requirements such as prolonged sitting by executives, standing by traffic police constables, motion by long route drivers etc. On the other hand a large number of stimuli could not be distressing, unless their objective reality is tested eg., handling of unlawful assemblies by policemen etc.

The concept of stress threshold grew out of the concept that the strain reaction which although after reversible could, on occasions, prove to be irreversible and damaging (Cox and Mackay 1985, Sutherland and cooper 1990). Individual differences in the threshold account for difference in stress resistance and vulnerability. This threshold could be evaluated as **HARDINESS** also. (Kabasa, 1979)

It is an established fact that physiological response to stress is positive in acute stage i.e., active behavioural response towards **FIGHT OR FLIGHT**; however, prolonged exposure may result in negative effects e.g., exhaustion and risks of stress induced disorders.

1.3.1. Positive Stress Effects

Stress, immediate and short term, exerts positive effects to a certain optimum level active behavioural response. The secretion of catecholamines, in response to acute stress, results in energy mobilisation for an active behavioural response. Such positive stress effect is crucial for management of crisis situations, natural or manmade; e.g., handling of sudden riots by police personnel.

Higher energy expenditure: It is correlated life style, cardiovascular health and longevity (Poffenbager 1984) as well as higher work satisfaction and lower social stress, neuroticism and subjective work stress.

Positive mental health benefits: It has been established that absence of work as stressor, e.g., unemployment and retirement from work are associated with increased risk of psychological dysfunction. (Kasl 1980)

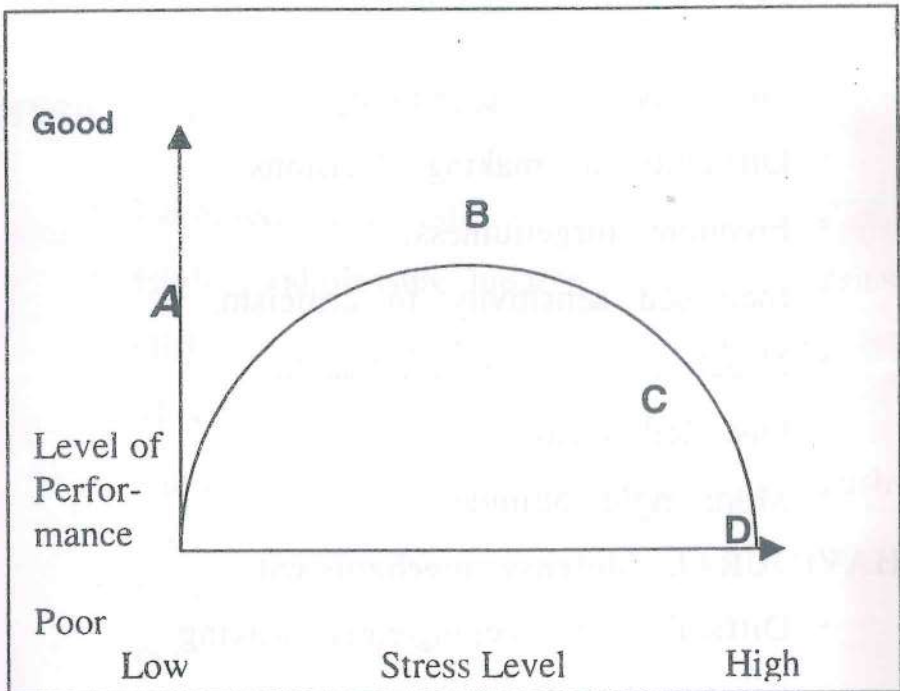
Stimulation for peak performance: Human performance behaves according to Starlings Law - as the strain increases to an optimum range. The coping mechanisms become overstretched and performance falls". This fact is graphically presented in **Figure 6**. (POWELL 1992)

1.3.2. Negative Stress Effects

Negative stress is perceived as threatening by the individual experiencing it, whether it is on account of his physical/psychological inadequacies or on account of his being subjected to stress for prolonged periods. Negative stress will impair the reflexes and adversely affect the performance of an individual. Chronic accumulated stress can have devastating physical and emotional outcomes. Following is an inventory of negative effects of stress [modified from T.Powell (1992) and Cox (1978)]:

EMOTIONAL (affect and feelings)

- Anxiety (nervousness, tension, phobias, panics).
- Depression (sadness, lowered self esteem, apathy, fatigue).
- Guilt and shame (projection, poor self-assessment).
- Moodiness (negative mood swings, problem focussing attitude).
- Loneliness (social isolation, selective inattention).



Point A

Can cope but may be understimulated

Point B

Optimal level of stress. The person is doing his or her best work.

Point C

As stress level increases, performance is impaired.

Point D

As stress level increases, performance deteriorates and disintegrates

FIGURE 6 : METHUISH'S GRAPH

COGNITIVE (thought process)

- Difficulty in concentrating.
- Difficulty in making decisions.
- Frequent forgetfulness.
- Increased sensitivity to criticism.
- Negative self critical thoughts.
- Distorted ideas.
- More rigid attitude.

BEHAVIOURAL (defense mechanisms)

- Difficulty in sleeping/early waking.
- Emotional outbursts/aggression.
- Excessive eating/loss of appetite.
- Excessive drinking and smoking.
- Accident proneness/trembling.
- Avoidance of situations.
- Inactivity.

ORGANISATIONAL (poor health of the organisation)

- Absenteeism.
- Poor industrial relations.
- High labour turn-out rates.
- High accident rates.

- Poor productivity.
- Job dissatisfaction.

PHYSICAL (physiological risks)

- Increased heart rate.
- High blood pressure due to narrowing of arteries.
- Difficulty in breathing, hyperventilation.
- Muscle contraction (aches, pains).
- Autonomic discharge (hot and cold spells, blushing, sweating).
- Numbness and tingling sensation.
- Dilation of pupil.
- Frequent urination.
- Increased blood glucose level.
- Increased blood triglyceride level/cholesterol.
- Increased blood and urine catecholamine and corticosteroid levels
- ECG abnormalities (heart dysfunctioning)
- Decreased immunity against diseases.

HEALTH IMPAIRMENT (of the individual)

Cardiovascular system	:	Coronary heart disease. etc.
Central nervous system	:	* Strokes. * Migraine Headaches.

Respiratory system	:	* Asthma. * Allergic flareups
Gastrointestinal system	:	* Peptic ulcers. * Nausea. * Colitis.
Genitourinary system	:	* Impotence/ amenorrhoea.
Immunological	:	* Skin rashes, allergic flare ups.
Autonomic nervous system	:	* Diarrhoea. * Fatigue.
Psychiatric	:	* Psychoses.

1.3.3. Terminal Consequences of Stress : Neuroticism & Burnout

NEUROTICISM is suffering from psychoneurosis as a result of failure of coping mechanisms. Anxiety neurosis is the most common form of psychoneurosis which can be described as a state of fear manifested with a feeling of inner tension and unpleasant anticipation alongwith somatic symptoms such as sweating, trembling and increased pulse rate. The development of anxiety depends upon two factors.

i) The amount of stress the person is under:

Whether a single major problem eg., exposure to a novel situation; or more likely, a number of smaller problems e.g., maladjustments at the place of work, which all add up to a large amount of stress.

ii) The personality structure of the individual:

Type 'A' personalities characterised by sustained drive towards poorly defined goals, preoccupation with deadlines, competitiveness and desire for advancement and achievement, mental and behavioural alertness or aggressiveness, chronic haste and impatience are more prone to body's arousal responses and take longer time to calm down. Anxiety is normal healthy reaction but it becomes neurosis when it interferes with performance or activities of everyday life **Figure 7** shows the summary sheet of anxiety neurosis.

BURNOUT The term burnout was derived from the concept of a rocket which having exhausted its fuel is useless but continues to circulate in space. The analogy implies a stage of NO RETURN, unless active stress management (REFUELING) is done. (Freudenberger, 1974) The factors involved in the individuals experience of burn-out depend on the interaction between the environment and personal factors i.e. perceived demands of relentless work-related stress and the cognitive appraisal of the demands in the light of the personal coping resources (Lazarus and Folkman, 1984).

Haslam (1994) has proposed a 4 stage model for relationship between stress arousal and performance.

(Shown in **Figure 8**):

Stage 1: RUST-OUT - Stress is low; inadequate performance, boredom, lack of commitment and motivation, apathy etc.

Stage 2: HEALTH & WELLBEING - increasing levels of stress, up to a limit with optimal to maximal performance.

Stage 3: STRESS SYNDROME - Stress in excess to optimal level with diminished performance and accompanying signs and symptoms of stress.

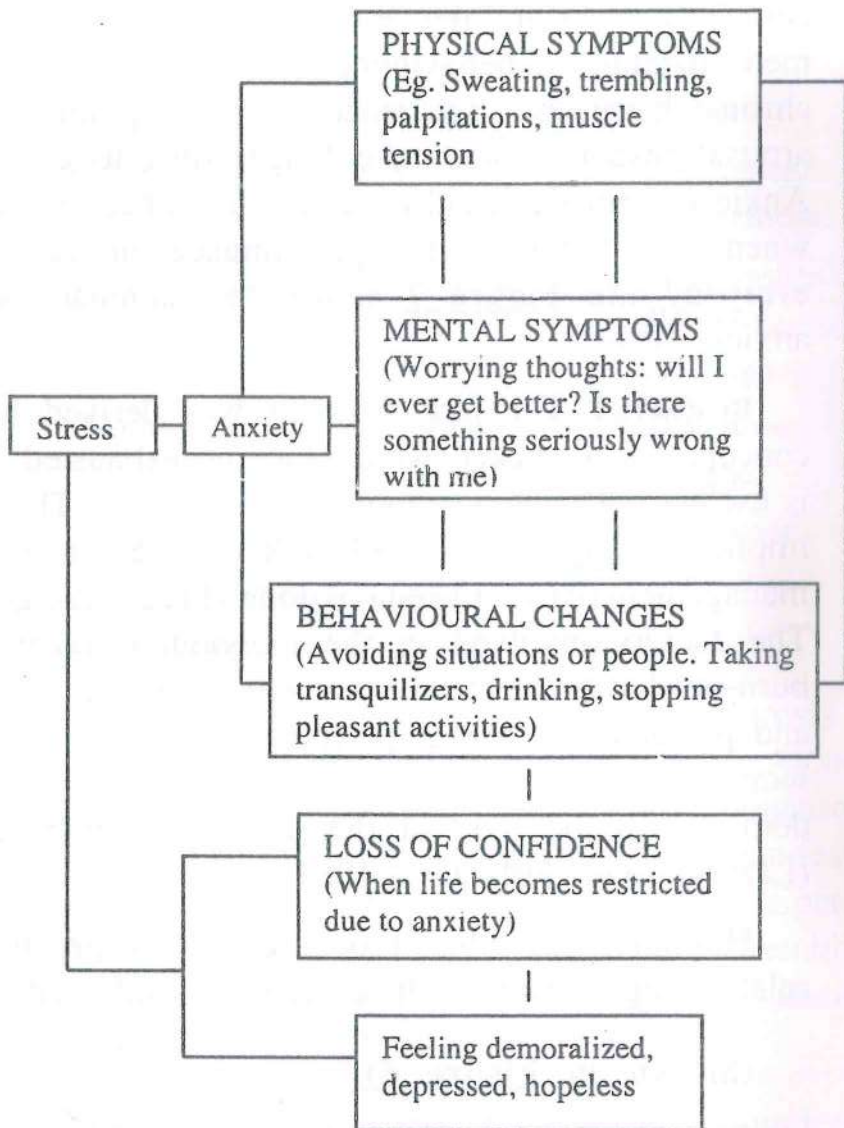
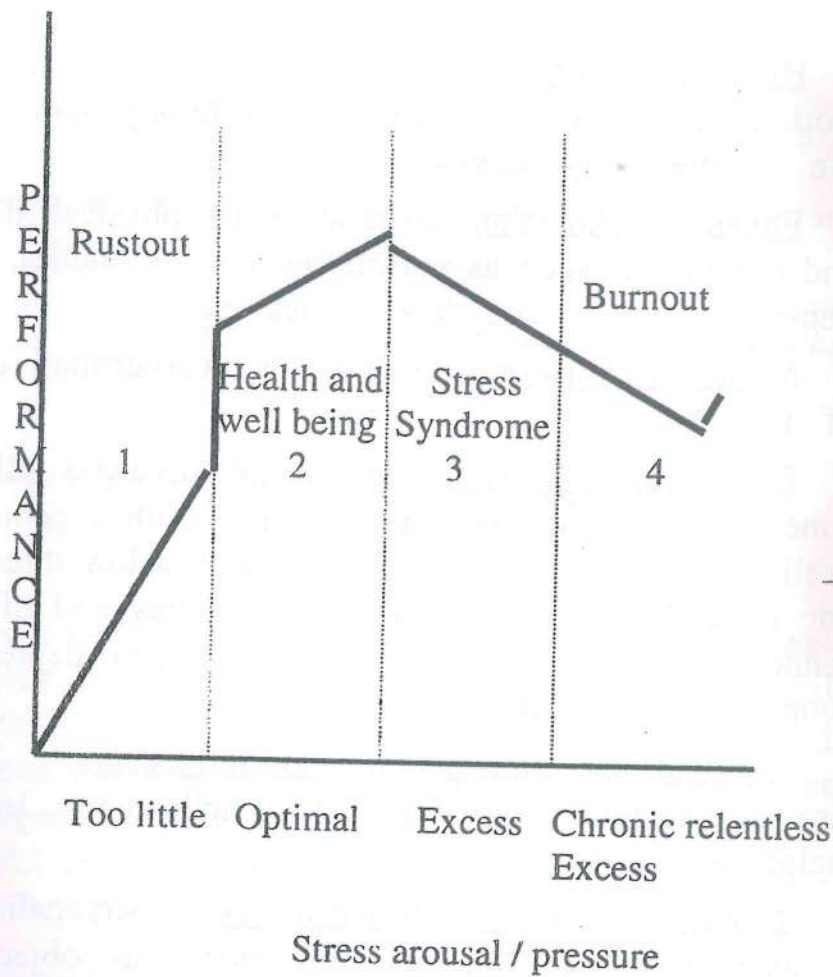


FIGURE 7 : SUMMARY SHEET OF ANXIETY NEUORSIS



**FIGURE 8 : EFFECT OF STRESS AROUSAL /
PRESSURE ON PERFORMANCE (AFTER
HASLAM D.. 1994)**

Stage 4: BURN-OUT - extreme relentless stress where the performance declines steeply, accompanied by physical, mental and emotional exhaustion and negative attitude.

Following are the symptoms and signs of burn-out:

Hurry and worry: declined sense of humour, more work involvement at the expense of family and social life in the early stages.

Physical exhaustion: experience of physical illness and complaints such as muscle tension, headaches, dyspepsia, insomnia and lower back pain.

Mental exhaustion: distorted or uncontrolled chain of thoughts.

Emotional exhaustion: feeling of tiredness all the time inspite of adequate sleep, couple with a persistent feeling of emptiness, mood swings with a low threshold for irritability directed towards colleagues and clients, tendency to blame others and at its extreme depression with suicidal ideation.

Loss of job satisfaction and self-esteem: There are lowered feeling of personal accomplishments, learned helplessness and defensive coping.

Negative attitude to self and others: Depersonalization - leading to the treatment of people as objects.

Increasing social withdrawal and isolation.

Self medication/drug dependence - use of benzodiazepines/caffenisim/increase in alcohol consumption.

Burnout is an insidious process. Unless the individual has a high degree of awareness, it is difficult to detect burn-out early. Burnout inventories are useful tools in its early detection.

CHAPTER 2

WORK STRESS IN POLICE PERSONNEL

In this Chapter, an attempt has been made to:

- *communicate the sources of stress in the occupation of police personnel.*
- *present a review of literature and research studies in the area of stress in police.*

2.1. SOURCES OF STRESS IN THE OCCUPATION OF POLICE PERSONNEL

The psychosocial hazards of work, which are experienced as stressful and/or otherwise carry the potential for harm for a police officer, can be conveniently discussed under nine different characteristics of job, work environment and organisation of police. These are based on the "stressful characteristics of work" - consensus table proposed by Tom Cox (Research Report no. 61/1993).

* ORGANISATIONAL FUNCTION & CULTURE:

- Poor task environment and lack of definition of objectives; e.g., more emphasis on routine tasks,
- Poor problem solving environment: e.g., with reference to investigation of sensational and controversial cases,

- Poor developmental environment : e.g., lack of further training, acquisition of newer technology etc.
- Poor communication :e.g., long chain of command.
- Non supportive culture: e.g., poor personnel policies.

*** ROLE IN ORGANISATION:**

- Role ambiguity : lack of rewards no matter how well one may perform.
- Role conflict.
- High responsibility for people : e.g., petitions by public.

*** CAREER DEVELOPMENT:**

- Career stagnation: promotion lag - career ceiling
- Status incongruity.
- Poor status.
- Poor pay.
- Job insecurity and redundancy : Threats of transfer by way of punishment.
- Low social value to work: public apathy to police and the negative police image.

*** DECISION-CONTROL :**

- Low participation in decision making: tight hierarchy, rules and regulations.
- Lack of control over work: e.g., inability to redress the genuine grievances of subordinates.

- Little decision making in work: lack of scope for free expression.

*** INTERPERSONAL RELATIONSHIPS AT WORK:**

- Social or physical isolation : round the clock duties.
- Poor relationships with superiors: poor leadership or personal incompatibility.
- Interpersonal conflict and violence : personal incompatibility to deal with peers and subordinates.
- Lack of social support : e.g., from public in detection, prevention, investigation of crime; coordination with other departments/sections.

*** HOME/WORK INTERFACE:**

- Conflicting demands : neglect of family and social obligations due to pressures of work.
- Low support at home: non-professional spouse, marital incompatibility.
- Lack of provisions : residential facilities, schooling of children.

*** TASK DESIGN:**

- High uncertainty in work: e.g., investigation into property offences.
- Lack of variety: boredom in routine duties.
- Fragmented work : plethora of records.
- Role insufficiency : underutilization of capabilities.

- Continual exposure to groups : political interference; trade unions, students etc., frequent law and order problems, unlawful assemblies; riot situations.

*** WORK LOAD/WORK PLACE (Quantitative and Qualitative)**

- Lack of control over pacing : command and control from above.
- Work overload : especially with increasing crime rate, VIP security etc.
- High levels of pacing : pressure to show results under inadequate facilities, newer modus operandi of criminals, increases in quantitative workload due to difficulty in detection and investigation.

*** WORK SCHEDULE**

- Long and inflexible work schedule : wearing of uniform for long hours.
- Shift working : no fixed sleeping hours.
- Unpredictable work hours : due to unforeseen developments everyday.

2.2. REVIEW OF RELATED STUDIES:

Bhaskar (1986) studied the relationship between job stresses and personality variables among police officers and constables. She noted that a majority of policemen were hard working and conscientious. However, their job frequently led to mental stagnation, psychological fatigue, growth of personality in one direction, dehumanizing working conditions, task pressures, lack of proper training and professional as well as personal

obligations which produce anxiety and mild to severe stress. While reviewing the literature on the subject, she observed that studies in India had focused either on police administration or on secondary aspects of the police system and in the process issues pertaining to job stress among police personnel had been largely neglected. The sample comprised of 390 male police personnel from eight ranks belonging to eight departments of Delhi police. Two questionnaires - a Job Stress Questionnaire specially designed for the study and Multivariable Personality Inventory developed by Muthaya - were used to collect data. The job stress questionnaire measures eight job stress factors such as physical factors, factors intrinsic to the job, role in the organisation, relationships at work, career development, organisational structure and climate, extra - organisational sources of stress and personality and behavioural factors. The Multivariable Personality Inventory measures empathy (lack of), ego ideal, pessimism, introversion, neuroticism, need achievement (lack of), self-confidence (lack of), dogmatism and dominance. The important findings of the investigation were as follows:

- * Factors intrinsic to the job and relationships at work were most dominant whereas organisational structure and climate were the least dominant contributors to stress for the total sample.
- * Crime, railway and security departments scored significantly higher as compared to other departments on all job stress factors. The same was true for two job categories, namely, sub-inspectors and senior officers as compared to others.

- * The scores of policemen of different ranks in each of the eight departments were found to vary.
- * A remarkable similarity in the different ranks of eight departments was observed in relation to personality variables. However, neuroticism and introversion emerged as dominant whereas empathy and need for achievement as the least dominant personality variables for the total sample as well as for various ranks and departments.
- * Coefficients of correlation among job stress variables were found to be positive and high. The same trend was found in the case of personality variables.
- * Pessimism, neuroticism and self-confidence were correlated negatively and significantly with job stress variables. The only exception were coefficients of correlation of neuroticism and self-confidence (lack of) with role in the organisation and organisational structure and climate.
- * Ego ideal was correlated positively and significantly with factors intrinsic to the job, role in the organisation, relationships at work, career development and total job stress in all the departments. Similarly, need for achievement (lack of) was correlated positively and significantly with relationships at work and extraorganisational source of stress at all the levels.
- * Personal and family background variables such as age, educational qualifications, present salary, number of jobs changed, total years of service, number of years in present position, marital status, size of family, number of dependents

and total income were found to play a significant role in their perception of job stress.

- * Some demographic variables such as age, present salary, total years of service, marital status, total family income and number of children were found to have no relationship with personality or its factors. On the other hand, several demographic variables were correlated negatively and significantly with given personality variables - education with ego ideal, number of job changes with dominance among policemen, years of service with pessimism, size of family with neuroticism and number of dependents with ego ideal, pessimism, neuroticism, need for achievement(lack of), self-confidence (lack of), dogmatism and overall personality.

The researcher concluded that personality, personal as well as family background variables played a significant role in the perception of job stress. In the light of this study, the investigator suggested further research to determine (a) the relationship between behavioural physiological and health effects and experiences of stress among police personnel; (b) comparative studies of job stress among policemen in pre-and post-terrorism periods. The author opined that there would be differences in the level of stress in the light of the prevailing socio-political environment in India.

Pillai (1987) focused on police personnel and their wives who experienced stress as a result of this particular occupation. Reviewing the literature on stress among police personnel, he noted 10 types of relevant organizational stressors: (a) courts including frequent appearance and leniency by courts, (b) administrative backup

including lack of support in different situations, (c) lack of support from the public, (d) lack of career development opportunities, (e) inadequate rewards, (f) excessive paper work, (g) ineffective measures against criminals, (h) distorted press reports, (i) poor pay and (j) working in isolation.

For the purpose of study, an inventory was administered on a sample of 2015 subjects comprising of 1208 police Constables, 332 Head Constables, 83 PSI, 10 PI and 382 wives of police personnel. A medical examination was conducted to collect information pertaining to health and physiological symptoms of stress. These symptoms were identified as the consequence of two types of stresses, namely, immediate stress and prolonged stress. Analysis of the data revealed the following results:

- 819 subjects (40.65 per cent) were affected by stress disorders, of which 26.20 percent were suffering from immediate stress, 7.89 percent from prolonged stress and 6.55 percent from both types of stresses. Job category-wise, higher stress was observed in the case of Head Constables, followed by wives of police personnel, Constables and PSIs.
- Symptoms of stress were found to vary, with age and the job category of police personnel. For example, in the case of constables the first symptom of stress appeared between 21 to 25 years of age, for head constables between 41 to 45 years, and for officers (PSI) between 36 to 40 years of age.
- As far as stress related illnesses were concerned, stomach ache was noted to be higher among constables, and backache among head constables.

For PSIs and wives of police personnel, obesity was the most prevalent outcome of prolonged stress.

- ° Smoking, as a symptom of stress, was found to be higher among constables (46.72 per cent), followed by head constables (39.01 per cent), and PSIs (30 per cent).

In the light of the findings, the author concluded that stress produced not only the physical and mental disorders but also adversely affected the normal and effective functioning of the police department. It has been suggested that as in the USA, in India too, meaningful programmes such as stress management in law reinforcement (SMILE) should be organized for the benefit of police personnel. Such programmes should be comprehensive and should cover organizational, interpersonal and intra-personal issues related to the target group. Another implication of the study according to the author is the need for periodical diagnosis of stress and related symptoms to reinforce improved functioning of the system and enhance the health as well as job satisfaction of police personnel.

Ramachandran (1989) conducted a study on constables in Ahmedabad. The stress related diseases were found to be higher among police personnel as compared to the rest of society and hence steps should be taken for reducing stress among police personnel.

QUANTUM OF STRESS : The sample comprised of 1208 constables, 332 head constables, 83 sub-inspectors, 8 police inspectors, 2 deputy superintendents and 382 wives of police officers and men. Out of the total 2015 persons examined 1196 persons (59.35 per cent) were healthy. The remaining 819 persons (40.65 per cent)

were suffering from stress related diseases. Of these, 26.20 per cent were suffering from immediate stress, 7.89 per cent from late stress and 6.55 per cent from both the stresses.

Out of 1208 constables examined, 746 (61.75 per cent) were healthy and the remaining 462 (38.25 per cent) were suffering from stress related diseases. Out of 332 head constables, 191 (57.35 per cent) were healthy and 141 (42.47 per cent) were suffering from stress. Thirty-three (35.48 per cent) out of 93 officers were victims of stress. Of 380 wives of police officers and men 156 (41.05 per cent) were prone to stress related diseases. Thus greater stress was observed among head constables and wives of police officers and men. Immediate stress can be cured by timely intervention.

VULNERABILITY OF AGE GROUPS AND TYPES OF STRESS :

For constables immediate stress occurred in the age group 21 to 25 years, late stress and both stresses between 36 to 40 years. For head constables immediate stress and both stresses were more in the age group of 41 to 45 years and late stress in the age group of 51 to 55 years. For officers immediate stress was more in the age group of 36 to 40 years, late stress and both stresses in the age group of 41 to 45 years. For wives of policemen and officers, immediate stress was more in the age group of 26 to 30 years, late stress in the age group of 31 to 35 and both stresses in the age group of 41 to 45. Further, 54.79 per cent constables suffering from stress were in the age group of 31 to 35 years followed by 36 to 40 years (52 per cent) and 26 to 30 years (44.59 per cent). Regarding head constables, stress was more in the age group of 36 to 40 years (54.16 per cent) followed by 51 to 55 and the above 55 years age group. Among

the officers stress was more visible in the age group of 41 to 45 (73.69 per cent). For policemen and officers' wives, stress was more pronounced in the age group of 41 to 45 years (63.64 per cent) followed by 36 to 40 years (47.47 per cent).

STRESS, AGE GROUP AND DISEASES AMONG CONSTABLES: In the case of constables, stomach ache was detected in 33.51 per cent followed by backache in 25.71 per cent and the head-ache in 25.67 per cent, mild blood pressure in 12.46 per cent and minor heart disease in 3.12 per cent. A comparison of the age groups showed that head-ache was common for 31.58 per cent in the age group of 26 to 30 years, backache in the age groups of 26 to 30 and 31 to 35 years (29.29 per cent), mild blood pressure in the age group of 31 to 35 (27.7 per cent). Among late stress diseases, obesity accounted for 45.94 per cent followed by ulcer in 20 per cent, diabetes in 10.27 per cent, high blood pressure in 9.73 per cent, asthma in 9.18 per cent and heart disease in 4.89 per cent. It was observed that the age group 36-40 years was most vulnerable to all late stress diseases.

STRESS, AGE GROUP AND DISEASE AMONG HEAD CONSTABLES: Among the immediate stress diseases, backache accounted for 29.62 per cent, stomach-ache for 22.22 per cent, headache for 22.84 per cent, mild blood pressure for 17.90 per cent and minor heart disease for 4.32 per cent. It was also found that the age group of 41 to 45 was uniformly adversely affected by all the diseases. Among late stress diseases, obesity accounted for 56.25 per cent followed by diabetes (13.75 per cent), asthma (12.50 per cent), ulcer (10 per cent), high blood pressure (3.75 per cent), heart disease (3.75 per cent). Obesity was common in the age group of 41-45 years, followed

by the age group of 46 to 50 years. It was observed that the age group 41-45 years was most vulnerable to all the diseases.

STRESS, AGE GROUP AND DISEASE AMONG POLICE OFFICERS: Among the immediate stress diseases, backache accounted for 27.15 per cent, headache for 26.92 per cent, mild blood pressure for 25 per cent, stomach-ache for 19.23 per cent and mild heart disease for 3.84 per cent. The worst affected age group was 36 to 40 years in the case of all diseases except mild blood pressure which was seen in the age group 41 to 45 years. Among the late stress diseases, obesity accounted for 46.80 per cent, diabetes for 21.27 per cent, ulcer and blood pressure for 12.76 per cent, heart disease for 4.15 per cent, asthma for 2.12 per cent. Thus obesity and diabetes were most common among police officers.

STRESS, AGE GROUP AND DISEASE AMONG WIVES OF POLICE OFFICERS AND MEN: Among the immediate stress diseases, back ache accounted for 46.40 per cent, stomach-ache, and mild blood pressure for 4.97 per cent, and mild heart disease for 1.65 per cent. For headache, age group of 36 to 40; for backache and stomach-ache, age group of 26 to 30; and for blood pressure age group of 41 to 45 years were adversely affected. Among the late stress diseases for police officers/men's wives obesity prevailed among 64.07 per cent, diabetes 12.5 per cent, ulcer 9.37 per cent, asthma 7.81 per cent, high blood pressure 4.68 per cent and heart disease 1.56 per cent. High blood pressure was noticed in the age group of 46 to 50 and obesity in the age group of 31 to 35 years.

STRESS AND YEARS OF SERVICE AMONG CONSTABLES: The study also attempted to find at what stage of service

the police constables were victims of stress related diseases. It was noticed that stress is more (46.97 per cent) when they were between 15 to 20 years of service. It is interesting to note that immediate stress was found in 82.53 per cent of constables with less than 5 years of service and in 74.56 per cent constables with 6 to 10 years of service.

The micro study illustrated that some aspects of policemen's conduct could be explained in the context of their work stresses and environment. A more intensive macro study could yield insights into the behavioural patterns at other levels and in other environments. Such insights could be translated into hypotheses for testing. Availing unusual sick leave, excessive use of force, continuous misbehaviour and resentment against any advice, feeling of depression and too much subordination are the symptoms of police stress. Lack of interest in work, poor reflexes, grandiose behaviour, complaining against everything, building up negative attitudes, distorted and manipulated relations with the public and fellow officers, falsehoods and misrepresenting facts are warning signs of stress. Smoking as a symptom of stress was noticed among 46.72 per cent of the constables, 39.01 per cent of head constables and 30 per cent of officers. The study elucidated that almost half the police force indulged in smoking. Excessive smoking and consumption of stimulants cannot aid in the alleviation of stress. Gloominess, erratic work habits, sleeping while on duty, abusive behaviour, reckless driving of public vehicles and not attending to prisoners were examples of the effects of stress.

Kumar (1995) while studying the stress profiles of Police personnel posted in the Police Stations of Hyderabad found the following stressors affecting the life of SHOs:

- Insufficient time for family.
- Heavy workload in little time.
- Residential/accommodation problems.
- Working hours/conditions.
- Lack of confidence of superiors.
- No time for intellectual development, recreational, and social activities.
- To keep everyone satisfied.
- Risky/insecure situations.
- Problems in job co-ordination and lack of clarity in expectations.
- Coping with superiors.

Marwah (1997) undertook a study on Stress in Police Personnel in A.P. through questionnaire survey. She found that the following events caused severe stress in police personnel:

i) Personnel working in Non-agency areas

Suspension

Anti-terrorist operations

Death/severe injury to colleague

Health problems

Departmental inquiry

Handling communal riots

Neglecting family due to workload

Financial crisis

Superseded

Staying away from family

Trouble with boss

Personal failure

Close to retirement

Facing an ambush

ii) Personal working in Agency areas

Suspension

Anti-terrorist operations

Health problems

Death/severe injury to colleague

Facing an ambush

Handling communal riots

Personal injury/illness

Financial Crisis

Departmental inquiry

Staying away from family

Superseded

Non-grant of leave

Personal failure

Neglecting family due to work load

Channabasavanna [et al] (1996) adopted an epidemiological approach to identify mental health problems from within a normative sample of policemen. The commonest diagnoses in this group were: Depression, Dysthymia and Anxiety/disorder. Alcoholism and substance abuse were noted in police personnel from Delhi

and Hubli. Based on the study, observations, and interviews the following recommendations were made:

Organisational Issues:

- * Police personnel were under continuous and constant stress due to a number of factors operating in work and family. The extent nature and impact varied depending upon rank and place of work. Decision makers within the department should aim at bringing about relevant organisational changes to improve overall working environment within the system.
- * The subjects reported certain reasons for job dissatisfaction and feeling stressed like: extreme work load, extended duty hours, interpersonal relations between the policemen, lack of time with the family, etc. Many of these factors can be minimized by appropriate or suitable changes within the system, as this would help in promoting positive mental health and preventing psychological disorders.
- * Police training methods should incorporate techniques for handling stressful situations and events on a regular basis. This should be continued at periodical intervals during the course of work.
- * Decision making process and execution of day to day work appeared to be a complex process. Steps should be taken to remove barriers for easy flow of information and carrying out tasks in a less stressful manner.
- * There was a need to increase the manpower position for decreasing the work load and burden on existing persons. This has to be developed

based on area and cadre-specific needs in various places.

- * Interpersonal relations between cadres and colleagues should be improved for better work environment. This should include principles of respect for others and should be non threatening to promote harmonious relationships.

Provision for Promoting Mental Health:

- * Police hospitals need to regularly assess mental health besides the physical health. There should be psychiatrists, psychologists or counsellors in such places who could help identify and minimize stress in the police force.
- * In the ongoing health evaluation for policemen at entry and periodically thereafter, simple screening methods should be introduced for early diagnosis and referral, for psychological problems or disorders.

Coping with Stress on a Regular Basis:

- * Police personnel, officers and others should be educated about coping strategies to deal with job stress and help themselves and others. Some family welfare programmes could be implemented in this regard.
- * Further work needs to be carried out for sensitizing the police officials in identifying stress related problems in their force and on trying out different stress reduction techniques.

Services for Early Diagnosis:

- * Liaison with state hospitals for quick and timely referrals of policemen at times of stress to provide

care for mental and physical health problems needs to be actively promoted.

- * Mental health professionals should be made available with the department at state and district levels to develop regional strategies for promoting positive mental health and attitudes in accordance with the National Mental Health Programme.

Welfare Measures:

- * Policemen need to be given time for their family affairs. Leave regulations and compensatory mechanisms have to be strengthened for providing adequate relief. Along with this, support in terms of housing, education for children, incentives for work, family health benefits, and compulsory leave should be provided.

Better Relations in the Society:

- * Media should take a responsible role in disseminating proper information on activities in the society involving police personnel. Reporting of events should be fair and cautious to avoid victimisation of personnel.

Kurke and Scrivner (1995) have identified in USA the following adverse consequences of negative stress in police :

Emotional	Behavioural	Physical
<u>Apathy</u>	Withdrawal (avoidance)	Preoccupation
* The "Blahs"	* Social isolation	with illness
* Recreation no longer pleasurable	* Work-related withdrawal	(intolerant of/dwelling on
* Sad	- Reluctance to accept responsibilities	minor ailments)

Anxiety

- * Restless
- * Agitated

- Neglecting responsibilities

Frequent illness
(actually sick)

- * Insecure
- * Feeling of worthlessness

Acting out

- * Alcohol abuse
- * Gambling
- * Spending sprees
- * Promiscuity

Physical exhaustion

Irritability

- * Overly sensitivity
- * Defensive
- * Arrogant and argumentative
- * Insubordinate, hostile

Desperate acting out
(getting attention;
cry for help)

Use of self-medication
(inordinate)

Somatic indicators

- * Headache
- * Insomnia
- Initial nsomnia
- Recurrent awakening

Mental fatigue-

- * Preoccupied
- * Difficulty in concentrating

Poor appearance-

- Poor personal hygiene
- Accident prone-

- Early morning rising

* Change in appetite

Weight gain
Weight loss
(more serious)

* Legal infractions

* Indigestion

Inflexible- Indebtedness

Overcompensation

(Denial)

- * Exaggerate/grandiose

- Shoplifting

- Traffic violations
- * Fights
- Child/spouse abuse-

Nausea

- * Vomiting
- * Diarrhoea
- * Constipation
- * Sexual Difficulties

- * Overworks to exhaustion
 - * Denies problems and symptoms*
 - * Suspicious, paranoid
-

Swanson, [et al] (1998) have listed the following steps for reducing stress:

- Rigorous physical exercise that lasts 20 to 30 minutes, at least three times per week.
- Maintaining a proper diet, e.g., minimizing the intake of foods high in salt and cholesterol.
- Getting adequate rest - not drinking caffeine within five hours of going to bed and trying to get eight hours of sleep.
- Developing leisure interests and hobbies such as hiking, tying flies, rock climbing, gardening, collecting stamps, writing poetry and fiction, learning a foreign language, and photography - in other words, learning new things that excite and refresh the mind.
- Meditating and praying.
- Avoiding maladaptive responses to stress, such as smoking and drinking.
- Establishing support groups.

- Developing a network of friends, including those outside of the department.
- Monitoring yourself. Refer yourself for help before you have to be referred. You will avoid some problems, reduce others before they become entrenched, and get more out of the helping process.
- Using relaxation techniques such as biofeedback, yoga, progressive muscle relaxation, Tai chi, imagery, and breathing exercises.
- Making sure your career and other expectations are consistent with your actual situation.

They have also urged the police departments to accomplish the following two things for managing stress:

- Proactively identify and eliminate as many stressors as possible. Ayres concludes that 11 management and organizational issues cause considerable stress in officers; the autocratic, quasi-military model of organization; a tall hierarchical structure; poor supervision; the lack of employee related to decisions; excessive paper work; lack of administrative support; role conflict and ambiguity (e.g., "are we community policing folks today or using the zero crime tolerance model?"); inadequate pay and resources; adverse working schedules; boredom; and unfair management practices, including performance appraisals; promotions, and discipline. Management can make the

most substantial gains in reducing officers' stress by evaluating and changing its own practices. These gains may be achieved by redesigning work schedules; re-evaluating workload distribution; designing workstations and facilities that are ergonomically correct; shifting to a total quality leadership program; instituting an open door policy; empowering employees by creating employee advisory groups and using line employees in brainstorming sessions; re-examining policies related to the use of sick and compensatory time; family and annual leave; and extended leaves of absence; making use of temporary or permanent changes in shifts or assignments; retraining mid-career and late career officers for new assignments when desired; and other similar efforts.

- Develop a well-rounded Employee Assistance Program (EAP) and take a quality approach to its operation and improvement. This may require police executives to activate additional support in the community for the EAP, including the donation of time by professionals and providing access to workout and health facilities. The cornerstone of an EAP is prevention, which requires the delivery of all of the types of program that serve to "inoculate" officers against stress, including retirement preparedness workshops; a well-structured peer counselling program; the development of an awards and recognition system to promote participation in inoculation and other related training programmes; the ability to quickly deliver professional counselling services 24

hours per day; "turn-around" programmes that help people regain their health, such as smoking cessation and cholesterol control programs; and immediate access to a variety of treatment programmes, including one for substance abuse. In many of these programmes, spouses or "significant others" should be included if possible because they can be an important part of supporting officers in maintaining desirable behaviours.

CONCLUSION :

On review of research and literature on Stress Management for Police personnel, it was found that a little has been done in this area in our country.

CHAPTER 3

PROCEDURAL DIMENSIONS OF STUDY

In this Chapter, following aspects of study are presented:

- * *Objectives of Study.*
- * *Sample.*
- * *Questionnaires.*
- * *Definition of terms.*
- * *Delimitations of Study.*

3.1. OBJECTIVES

Following were the objectives of study:

3.1.1. To study the stress in Police personnel by considering the following psychosocial factors :

- Type-A Behaviour
- Anxiety Reactivity
- Frustration
- Need for Control
- Self-perception
- Deprivational Stress

3.1.2. To identify the Organisational Role Stressors.

3.1.3. To recommend, on the basis of the findings of study, stress - management mechanisms at individual and organisational levels

3.2. SAMPLE:

The sample of the study was as under

Rank	Number
Police Constables	200
Head Constables	200
Sub-Inspectors of Police	110
Inspectors of Police	100

3.3. DATA GATHERING INSTRUMENTS

3.3.1. Following questionnaires developed by Gidano (1986) were used :

- Self Assessment of Frustration. (SAF)
- Self Assessment of Type A behaviour.(SATA)
- Self Assessment of Anxious Reactivity.(SAAR)
- Self Assessment of Need for Control. (SANC)
- Self Assessment of Self Perception. (SASP)
- Self Assessment of Deprivational Stress. (SADS)

3.3.2. Questionnaire - 'How Stress has affected me?' was also administered.

- Self- Role Distance.
- Inter-Role Distance.
- Role Isolation.
- Role Ambiguity.
- Role Expectations Conflict.
- Resource Inadequacy.
- Personal Inadequacy.
- Role Stagnation.
- Role Erosion.
- Role Overload.

These questionnaires were translated in Telugu for data collection.

3.4. COLLECTION OF DATA:

The data was collected from the following places:

- Visakhapatnam
- Vijayawada
- Karimnagar
- Warangal
- Mahboobnagar
- Tirupati
- Anantapur
- Adilabad
- Hyderabad

The questionnaires were administered on randomly selected sample of Police Constables, Head Constables, Sub-Inspectors and Inspectors of Police.

3.5. STATISTICAL ANALYSIS OF DATA:

Hand scoring was done. Data was fed into computer for analysis by utilizing SPSS package :

Following statistical tests were applied:

- 1) Descriptive Statistics- Mean, Median and Standard Deviation.
- 2) Correlation Analysis.
- 3) t-test

The results of the study were communicated to the following eminent personnel to have their opinion on management of Stress:

1. Prof.E.G.Parameswaran, Psychologist.
2. Prof. Prasada Rao, Psychiatrist.
3. Dr.Uday Kumar Reddy, Yoga Specialist.

3.6. DEFINITIONS OF IMPORTANT TERMS:

3.6.1. Frustration:

The thwarting or inhibiting of natural or desired behaviours and goals. Frustration occurs when are blocked from doing what we want to do, whether it is a certain behaviour we wish to perform or a goal we wish to attain. Emotionally, we respond to frustration with the feelings of anger and aggression and with the nervous and hormonal responses which accompany these emotions. Then, frustration causes the stress response.

3.6.2. Type 'A' behaviour:

Two cardiologists Myer Friedman and Ray Rosenman in the normal course of treating their patients noticed some recurring behaviours among patients, especially in relation to how they dealt with time. They noticed an extreme anxiousness of the patients in the waiting room. Their conversations constantly centered around time, work, and achievement.

From their contact with coronary patients, Friedman and Rosenman formulated a construct of action-emotion behaviour patterns that seemed to embody the coronary-prone individual. They referred to this construct as the 'Type A Personality' which included the following characteristics:

1. An intense sense of time urgency a tendency to race against the clock: the need to do more and obtain more in the shortest possible time.
2. An aggressive personality at times turns into hostility: this person is highly motivated yet may lose temper very easily: a high sense of competitiveness often with the desire to make a contest out of everything and the inability to "play for fun".
3. An intense achievement motive too often this "go for it" attitude lacks properly defined goals.
4. Polyphasic behaviour the involvement in multiple and diverse tasks at the same time.

3.6.3. Anxiety Reactivity:

Anxiety is a basic component of stress. It may be kept in mind that anxiety is not only a symptom or manifestation of stress but also a cause of further stress. People who suffer from chronic anxiety and

seem to complain of stress-related disorders. We call this personality type the "anxious reactive" personality. If we are one of these people we suffer from anxiety to a far greater degree than most people because our reaction to a stressor results in a form of anxiety which seems to perpetuate itself. Therefore, the characteristic that makes us different from other people lies in the feedback mechanisms involved in the anxiety reaction. Most people experience anxious moment and it quickly ends when the stressor is removed. The "anxious reactive" individual experiences stress that seems to persist, or increase even after the stressor is gone.

3.6.4. *Need for Control :*

Albert Bandura (1982) stated that " it is mainly perceived inefficiency in coping with potentially aversive events that makes us fearsome. To the extent to which one can prevent, terminate, or lessen the severity of aversive events there are little reasons to fear them. In other words it can be argued that the most powerful stressor of all is the real or imagined loss of control. Indeed, what may contribute to all of the psychosocial and personality stressors is a real or imagined loss of control over one's life. Some psychological and personality stressors are:

- * Life style/environment change.
- * Frustration.
- * Feeling of being Overloaded.
- * Underloaded.
- * Self-esteem.
- * Type A personality.
- * Anxiety Reactivity.

3.6.5. Self Perception:

Self-perception or self-concept refers simply to the image that we hold of ourselves. We form this image by evaluating power and self-worth based upon input from family, friends and other people who hold significant place in our lives. At a very early age (perhaps even before we begin to speak) we begin to accumulate information about ourselves from these sources and slowly but surely we form our self-concept.

3.6.6. Deprivational Stress:

The psychophysiological stress response caused by the states of boredom and/or loneliness.

3.6.7. Organisational Role Stressors:

- * **Self-Role Distance:** Conflict of one's values and self-concepts with the requirements of the organisational role.
- * **Inter-Role Distance:** Conflict between the organisational role and other roles, e.g., executive not being able to divide his time between work demands and family demands.
- * **Role-Isolation:** Lack of linkages of one's role with other roles in the organisation.
- * **Role Ambiguity:** Lack of clarity about expectations of others from the role; or lack of feedback or how performance is regarded by others.
- * **Role-Expectations Conflict:** Conflicting demands made on the role by different persons in the organisation.
- * **Resource Inadequacy:** Non-availability of resources needed for effective role performance.

- * **Personal Inadequacy:** Lack of knowledge, skills or adequate preparation to be effective in a particular role.
- * **Role Stagnation:** Few opportunities for learning and growth in the role.
- * **Role Erosion:** A feeling that some important functions a role occupant would like to perform have been given to some other roles, or a feeling that there is not much challenge in the functions given to the role.
- * **Role Overload:** A feeling that too much is expected from the role than what the occupant can cope with.

3.7. DELIMITATIONS OF THE STUDY:

The study had the following two delimitations:

1. It was restricted to Constables, Head Constables, Sub-Inspectors and Inspectors of Police in Andhra Pradesh.
2. Psycho - social and organisational role stressors were taken into consideration.

CHAPTER 4

STRESS IN ANDHRA PRADESH POLICE PERSONNEL

In this chapter the findings of the study are being presented in the following subheads :-

4.1. Psycho-socio and personality related stressors.

4.2. Organisational role stressors.

4.3. Effects of the stress on police personnel.

4.1. PSYCHO SOCIO AND PERSONALITY RELATED STRESSORS.

The individual profiles of Constables, Head Constables, Sub-Inspectors and Inspectors of Police were obtained by considering the following psycho-socio factors:

- * Frustration.
- * Type A Behaviour.
- * Anxiety Reactivity.
- * Need for Control.
- * Self Perception.
- * Deprivational stress.

As indicated earlier stress questionnaires developed by Girdano and Evrley (1986) were used for data collection.

4.1.1. Frustration

It is evident from Table 4.1.1. that 25% Police Constables, 24.5% Head Constables, 17.3% Sub-Inspectors and 27% Inspectors of Police in Andhra Pradesh were found to have very high levels of frustration resulting in higher stress levels among them. 24.5% Constables, 28% Head Constables, 40% Sub-Inspectors and 34% Police Inspectors were found to have moderate functional levels of frustration leading to optimum levels of stress. Lower levels of frustration were found in 50.5% Police Constables, 47.5% Head Constables, 42.7% Sub-Inspectors and 39% Inspectors of Police.

Table 4.1.1* Levels of Frustration

	High	Medium	Low
Police Constables	50 (25.0)	49 (24.5)	101 (50.5)
Head Constables	49 (24.5)	56 (28.0)	95 (47.5)
Sub-Inspectors	19 (17.3)	44 (40.0)	47 (42.7)
Inspectors	27 (27.0)	34 (34.0)	39 (39.0)

* Quantities in brackets represent percentages

Low levels of frustration reflect lack of zeal and enthusiasm. They will suffer from bad effects of Rust Out Stress Syndrome (ROSS). Role clarity and challenging goal setting interventions will be highly useful for them. Police personnel with higher levels of frustration are usually prone to the following behavioural patterns:

* Abusiveness.

* Violence.

- * Helplessness and hopelessness.
- * Irritability.
- * Depression.
- * Anxiety

4.1.2. Type A Behaviour

It is evident from Table 4.1.2 that -

- 40.5% Constables, 41.5% Head Constables, 30% Sub-Inspectors and 21% Inspectors of Police in Andhra Pradesh had very high degree of Type A Behaviour.
- 24% Constables, 27% Head Constables, 36.4% Sub-Inspectors and 40% Inspectors had low Type A Behaviour.
- Moderate Type A behaviour was found in 35.5% Constables, 31.5% Head Constables, 33.6% Sub-Inspectors and 39% Inspectors of Police.

Table 4.1.2*
Type A Behaviour Patterns

	High	Medium	Low
Police Constables	81 (40.5)	71 (35.5)	48 (24.0)
Head Constables	83 (41.5)	63 (31.5)	54 (27.0)
Sub-Inspectors	33 (30.0)	37 (33.6)	40 (36.4)
Inspectors	21 (21.0)	39 (39.0)	40 (40.0)

* Quantities in brackets represent percentages

Higher degree of Type A Behaviour leads to stress and the probability of getting coronary heart diseases increases. A large number of police personnel were found to have stress because of Type-A-behaviour. Type-A-behaviour is usually linked with :

- i) Intense sense of time urgency.
- ii) Polyphasic behaviour.
- iii) Aggression, Hostility and extreme competitiveness
- iv) Very high achievement motivation.

Police personnel with very low Type-A-behaviour usually suffer from lack of initiative, achievement motivation and challenge. They also suffer from the bad effects of stress because of 'Rust Out Stress Syndrome' (ROSS).

Police personnel with moderate level of type A behaviour will enjoy optimum stress for better productivity and health.

4.1.3. Anxiety Reactivity

From Table 4.1.3., it is evident that only 2.5% Police Constables, 6.5% Head Constables, 8.2% Sub-Inspectors and 5% Inspectors of Police suffer from 'Anxiety disorders'. Majority of them were found not to have the levels of anxiety inducing dysfunctional stress in them.

Table 4.1.3*
Anxiety Reactivity Disorders

	High	Medium	Low
Police Constables	5 (2.5)	20 (10.0)	175 (87.5)
Head Constables	13 (6.5)	15 (7.5)	172 (86.0)
Sub-Inspectors	9 (8.2)	13 (11.8)	88 (80.0)
Inspectors	5 (5.0)	16 (16.0)	79 (79.0)

* Quantities in brackets represent percentages

4.1.4. Need for Control

From Table 4.1.4., it is evident that 10% Police Constables, 16.5% Head Constables, 21% Sub-Inspectors and 9% Inspectors of Police were found to have greater 'Need for Control'. 42.5% Police Constables, 33% Head Constables, 36.3% Sub-Inspectors and 32% Police Inspectors were found to have moderate 'Need for Control' whereas 47.5% Police Constables, 50.5% Head Constables, 42.7% Sub-Inspectors and 59% Police Inspectors were found to have low 'Needs for Control'.

Table 4.1.4.*
Need for control among Policemen

	High	Medium	Low
Police Constables	20 (10.0)	85 (42.5)	95 (47.5)
Head Constables	33 (16.5)	66 (33.0)	101 (50.5)
Sub-Inspectors	23 (21.0)	40 (36.3)	47 (42.7)
Inspectors	9 (9.0)	32 (32.0)	59 (59.0)

* Quantities in brackets represent percentages

Higher 'Need For Control' is mainly perceived as insufficiency in coping with potentially aversive events that make people fearsome. Following stressors are correlated positively with high 'Need for Control' :

- Life style.
- Frustration.
- Overload.
- Underload.
- Self-esteem.
- Type-A personality.
- Anxiety reactivity.

4.1.5. Self Perception

It is very heartening to find from Table 4.1.5 that 89% Police Constables, 91.5% Head Constables, 90% Sub-inspectors and 94% Inspectors of Police had excellent levels of 'Self-Perception' leading to high esteem and positive self-concept. They were found to love themselves and their jobs. Hence, lower 'Self-perception' was not found to be a stressor for them.

Table 4.1.5*
Levels of Self Perception in Police Personnel

	High	Medium	Low
Police Constables	178 (79.0)	19 (19.5)	3 (1.5)
Head Constables	183 (91.5)	11 (5.5)	6 (3.0)
Sub-Inspectors	99 (90.0)	10 (9.0)	1 (1.0)
Inspectors	94 (94.0)	2 (2.0)	4 (4.0)

* Quantities in brackets represent percentages

4.1.6. Deprivational Stress

From Table 4.1.6. it is evident that 53% Police Constables, 54% Head Constables, 34.5% Sub-Inspectors and 62% Inspectors of Police in Andhra Pradesh were found to have higher levels of stress because of Deprivational Stress (Feeling of loneliness and boredom).

Table 4.1.6*
Deprivational Stress Levels

	High	Medium	Low
Police Constables	106 (53.0)	54 (27.0)	40 (20.0)
Head Constables	108 (54.0)	59 (29.5)	33 (16.5)
Sub-Inspectors	36 (34.5)	45 (41.0)	27 (24.5)
Inspectors	62 (62.0)	27 (27.0)	11 (11.0)

* Quantities in brackets represent percentages

Moderate deprivational stress was found in 27% Police Constables, 29.5% Head Constables, 41% Sub-Inspectors and 27% Inspectors of Police. The trend indicated that the police personnel had :

- less opportunities for social interactions.
- same job profile for years together.
- lack of challenge in job.
- lack of willingness to 'relax' and entertain themselves.

4.2. ORGANISATIONAL ROLE STRESSORS

10 Organizational Role Stressors Dimensions identified by Pareek provided the basis for constructing a questionnaire.

4.2.1. Organizational Role Stressors among Police Constables

It is found that because of organisational stressors 17.42% Police Constables had high stress, 59.55% had moderate and 23.03% of them had low stress levels (Table 4.2.1A)

Table 4.2.1A *
RS among Police Constables

Organisational Stress Score	Profile
Mean = 26.11	Low = 41 (23.03)
Mode = 18.00	Moderate = 106 (59.55)
S.D = 7.585	High = 31 (17.42)

* Quantities in brackets represent percentages

From Table 4.2.1B, it is evident that Inter Role Distance (IRD) and Role Overload (RO) were found to be the only Role Stressors in Police Constables.

Table 4.2.1B*
ORGANISATIONAL ROLE STRESSORS IN CONSTABLES

Role Stressors	Response Scale				
	<u>Fully</u> <u>Agree</u>	<u>Agree to</u> <u>a great</u> <u>extent</u>	<u>Agree to</u> <u>some</u> <u>extent</u>	<u>Agree to</u> <u>a little</u> <u>extent</u>	<u>Not at</u> <u>all</u>
*Inter-role Distance(IRD)	34 (17.8)	53 (27.7)	66 (34.6)	23 (12.6)	14 (7.3)
*Role Stag- nation(RS)	25 (13.4)	41 (21.9)	72 (39.0)	17 (9.1)	31 (16.6)
*Role Expecta- tion Conflict (REC)	12 (6.3)	17 (8.9)	36 (18.8)	36 (18.8)	89 (47.2)
*Role Erosion (RE)	15 (8.0)	22 (11.8)	77 (41.7)	25 (13.4)	47 (25.1)
*Role Overload (RO)	40 (21.3)	47 (25.0)	35 (18.6)	25 (13.3)	41 (21.8)
*Role Isolation (RI)	7 (3.7)	8 (4.2)	61 (32.3)	17 (9.0)	96 (50.8)
*Personal In- adequacy (PI)	29 (15.5)	11 (5.9)	61 (32.6)	18 (9.6)	68 (36.4)
*Self Role Distance (SRD)	17 (9.2)	17 (9.2)	40 (21.7)	30 (16.3)	79 (43.6)
*Role Ambiguity (RA)	19 (10.1)	34 (18.1)	53 (28.8)	39 (20.7)	42 (22.3)
*Resource Inadequacy (RI)	26 (13.6)	12 (6.3)	58 (32.5)	18 (9.4)	73 (38.2)

* Quantities in brackets represent percentages

4.2.2. Organisational Role Stressors among Head Constables

It is found that because of organisational stressors 18.18% Head Constables had high, 69.70% had moderate and 12.12% of them had lower levels of stress.

Table 4.2.2A*
ORS among Head Constables

Organisational Stress Score	Profile
Mean = 22	Low = 20 (12.12)
Mode = 20	Moderate = 115 (69.70)
S.D = 7.289	High = 30 (18.18)

* Quantities in brackets represent percentages

From Table 4.2.2B, Inter Role Distance (IRD) and feeling of Resource Inadequacy (RI) were identified as Organisational Role Stressors in the case of Head Constables in Andhra Pradesh.

Table 4.2.2B *
ORGANISATIONAL ROLE STRESSORS IN
HEAD CONSTABLES

Role Stressors	Response Scale				
	Fully	Agree to a great extent	Agree to some extent	Agree to a little extent	Not at all
*Inter-role	45	62	48	10	16
Distance(IRD)	(24.7)	(34.6)	(26.4)	(5.5)	(8.8)
*Role Stag- nation(RS)	16	17	52	34	58
	(9.0)	(9.6)	(29.2)	(19.6)	(32.6)
*Role Expecta- tion Conflict (REC)	4	5	33	22	113
	(2.2)	(2.8)	(18.4)	(12.3)	(64.3)
*Role Erosion (RE)	14	14	38	23	88
	(7.8)	(7.8)	(22.4)	(12.8)	(49.2)
*Role Overload (RO)	22	28	47	19	61
	(12.3)	(15.6)	(26.3)	(10.6)	(35.2)
*Role Isolation (RI)	9	4	19	24	120
	(5.1)	(2.2)	(10.7)	(13.5)	(68.5)
*Personal In- adequacy (PI)	12	6	32	16	110
	(6.8)	(3.4)	(18.1)	(9.0)	(62.7)
*Self Role Distance (SRD)	15	8	28	17	108
	(8.4)	(4.5)	(16.7)	(9.6)	(60.8)
*Role Ambiguity (RA)	11	16	39	26	85
	(6.1)	(8.9)	(21.8)	(15.5)	(47.7)
*Resource Inadequacy (RI)	21	25	35	35	60
	(12.8)	(14.0)	(19.7)	(19.7)	(33.8)

* Quantities in brackets represent percentages

4.2.3. Organisational Role Stressors among Sub-Inspectors

It is found that because of organisation 16.33% Sub-Inspectors had high stress, 65.31% had moderate and 18.36% had low stress levels.

Table 4.2.3A *
ORS among Sub-Inspectors

Organisational Stress Score	Profile
Mean = 23.367	Low = 18 (18.36)
Mode = 14.00	Moderate = 64 (65.31)
S.D = 7.742	High = 16 (16.33)

* Quantities in brackets represent percentages

From Table 4.2.3B it is evident that Inter Role Distance (IRD) and Role Overload (RO) were the main Organisational Role Stressors in Sub-Inspectors in Andhra Pradesh.

Table 4.2.3B *
ORGANISATIONAL ROLE STRESSORS IN
SUB-INSPECTORS

Role Stressors	Response Scale				
	Fully	Agree to a great extent	Agree to some extent	Agree to a little extent	Not at all
*Inter-role	50	11	20	11	13
Distance(IRD)	(47.6)	(10.5)	(19.0)	(10.5)	(12.4)
*Role Stag- nation(RS)	21	8	20	12	45
	(19.8)	(7.5)	(18.9)	(11.3)	(42.5)
*Role Expecta- tion Conflict (REC)	7	6	17	24	50
	(6.7)	(5.8)	(16.3)	(23.1)	(48.1)
*Role Erosion (RE)	21	9	17	17	42
	(19.8)	(8.6)	(16.0)	(16.0)	(39.6)
*Role Overload (RO)	26	6	21	13	40
	(24.5)	(5.7)	(19.8)	(12.3)	(37.7)
*Role Isolation (RI)	8	7	18	16	54
	(7.8)	(6.8)	(17.5)	(15.5)	(52.4)
*Personal In- adequacy (PI)	11	3	7	11	71
	(10.7)	(2.9)	(6.8)	(10.7)	(68.9)
*Self Role	10	9	11	17	58
Distance (SRD)	(9.5)	(8.6)	(10.5)	(16.2)	(55.2)
*Role Ambiguity (RA)	11	12	12	18	53
	(10.0)	(11.3)	(11.3)	(17.0)	(50.4)
*Resource	18	9	14	10	55
Inadequacy(RI)	(17.0)	(8.5)	(13.2)	(9.4)	(51.9)

* Quantities in brackets represent percentages

4.2.4. Organisational Role Stressors among Inspectors

It is found that because of organisation 11.12% Sub-Inspectors had high stress, 80% had moderate and 8.88% had low stress levels.

Table 4.2.4A
ORS among Inspectors

Organisational Stress Score	Profile
Mean = 20.678	Low = 8 (8.88)
Mode = 21.00	Moderate = 72 (80.00)
S.D = 5.293	High = 10 (11.12)

* Quantities in brackets represent percentages

From Table 4.2.4B it is evident that Inter Role Distance (IRD) was a major Role Stressor in the case of Inspectors of Police.

Table 4.2.4B*
ORGANISATIONAL ROLE STRESSORS IN
INSPECTORS

Role Stressors	Response Scale				
	Fully Agree	Agree to a great extent	Agree to some extent	Agree to a little extent	Not at all
*Inter-role Distance(IRD)	16 (16.0)	51 (56.0)	19 (19.0)	2 (2.7)	6 (6.3)
*Role Stag- nation(RS)	2 (2.0)	6 (6.2)	10 (10.3)	18 (18.6)	61 (62.9)
*Role Expecta- tion Conflict (REC)	1 (1.0)	--	16 (16.7)	12 (12.5)	67 (69.8)
*Role Erosion (RE)	-	6 (6.2)	31 (32.0)	13 (13.3)	47 (48.5)
*Role Overload (RO)	9 (9.3)	36 (37.1)	22 (22.7)	7 (7.2)	23 (23.7)
*Role Isolation (RI)	2 (2.1)	4 (4.2)	13 (13.5)	8 (8.3)	69 (71.9)
*Personal In- adequacy (PI)	1 (1.0)	2 (2.1)	12 (12.4)	13 (13.4)	69 (71.1)
*Self Role Distance (SRD)	1 (1.0)	2 (2.1)	27 (27.8)	11 (11.3)	56 (57.8)
*Role Ambiguity (RA)	1 (1.1)	2 (2.1)	15 (15.4)	14 (14.4)	65 (67.0)
*Resource inadequacy (RI)	6 (6.2)	19 (19.6)	35 (36.1)	13 (13.4)	24 (24.7)

* Quantities in brackets represent percentages

4.3. EFFECTS OF STRESS ON POLICE PERSONNEL IN ANDHRA PRADESH.

4.3.1. Effects of Stress on Police Constables

Table 4.3.1 presents the full description of effects of stress on Police Constables.

Table 4.3.1 *
Effects of Stress on Police Constables

Effects	<u>Response</u>	
	Yes	No
1) Persistent Irritability	14 (7.3)	178 (92.7)
2) Persistent Anxiety feeling	11 (5.7)	181 (94.3)
3) Periods of High Blood Pressure	8 (4.2)	182 (95.8)
4) Bruxism	10 (5.2)	182 (94.8)
5) Sleeping Problems	41 (21.6)	149 (78.4)
6) Forgetfulness	44 (23.4)	144 (76.6)
7) Feeling that heart-beats are rapid under stress	49 (26.3)	137 (73.7)
8) Unusual heart rhythms (skipped beats)	26 (13.5)	166 (86.5)
9) Inability to concentrate	61 (32.1)	129 (67.9)
10) Frequent Headache	48 (25.4)	141 (74.6)
11) Lateness for work	16 (8.3)	177 (91.7)

Effects	<u>Response</u>	
	Yes	No
12) Tendency to delay work unnecessarily	15 (7.8)	178 (92.2)
13) Needing more holidays for rest	19 (9.8)	174 (90.2)
15) Persistent tiredness in the mornings	(15.8)	(84.2)
16) Late coming to office	27 (14.2)	163 (85.8)
17) Social withdrawal (from friends and/or family)	26 (13.7)	164 (86.3)
18) 'Nothing will change' feeling	49 (25.7)	142 (74.3)
19) Always feeling bitter and angry	57 (29.5)	136 (70.5)
20) Drinking more wine	10 (5.2)	183 (94.8)
21) Increased coffee and tea use	9 (4.7)	181 (95.3)
22) "I do not care attitude"	52 (27.8)	135 (72.2)
23) Chronic sadness or depression	28 (14.7)	162 (85.3)
24) Chronic stomach or bowel problems	19 (9.9)	173 (90.1)
25) Chronic mental tiredness	28 (14.5)	165 (85.5)
26) Chronic physical tiredness	40 (20.7)	153 (79.3)
	37 (19.2)	156 (80.8)

Effects	Response	
	Yes	No
27) Chronic headache	33 (17.1)	160 (82.9)
28) Desire not to mix in society	24 (12.5)	168 (87.5)
29) The desire to move away from friends, work and perhaps even family	11 (5.8)	180 (94.2)
30) Perhaps the desire for suicide	11 (5.8)	180 (94.2)

* Figures in brackets indicate percentages

From Table 4.3.1. it is evident that the Police Constables in Andhra Pradesh were found to suffer from the following ill effects of stress:

- Inability to concentrate - (32.1%)
- 'Nothing will change' feeling - (29.5%)
- Increased coffee and tea use - (27.8%)
- Feeling that heart-beats are rapid under stress- (26.3%)
- Social withdrawal (from friends and/or family) - (25.7%)
- Frequent headaches - (25.4%)
- Forgetfulness - (23.4%)

4.3.2. Effects of Stress on Head Constables

Table 4.3.2. presents the full description of effects of stress on Head Constables.

Table 4.3.2 *
Effects of stress on Head Constables

Effects	<u>Response</u>	
	Yes	No
1) Persistent Irritability	17 (9.0)	172 (91.0)
2) Persistent Anxiety feeling	16 (8.4)	174 (91.6)
3) Periods of High Blood Pressure	18 (9.4)	174 (90.6)
4) Bruxism	16 (8.3)	176 (91.7)
5) Sleeping Problems	75 (39.3)	116 (60.7)
6) Forgetfulness	63 (33.2)	127 (66.8)
7) Feeling that heart-beats are rapid under stress	54 (28.1)	138 (71.9)
8) Unusual heart rhythms (skipped beats)	21 (11.1)	169 (88.9)
9) Inability to concentrate	64 (33.5)	127 (66.5)
10) Frequent Headaches	71 (37.4)	119 (62.6)
11) Lateness for work	12 (6.2)	180 (93.8)

Effects	<u>Response</u>	
	Yes	No
12) Tendency to delay work unnecessarily	11 (5.8)	179 (94.2)
13) Needing more holidays for rest	31 (16.5)	157 (83.5)
14) Decreased sexual desire	63 (32.8)	129 (67.2)
15) Persistent tiredness in the mornings	43 (22.4)	149 (77.6)
16) Late coming to office	19 (10.1)	170 (89.9)
17) Social withdrawal (from friends and/or family)	58 (30.7)	131 (69.3)
18) 'Nothing will change' feeling	58 (30.5)	132 (69.5)
19) Always feeling bitter and angry	9 (4.7)	182 (95.3)
20) Drinking more wine	14 (7.4)	174 (92.6)
21) Increased coffee and tea use	87 (45.8)	103 (54.2)
22) "I do not care attitude"	51 (27.0)	138 (73.0)
23) Chronic sadness or depression	27 (14.4)	160 (85.6)
24) Chronic stomach or bowel problems	34 (18.2)	153 (81.8)
25) Chronic mental tiredness	73 (38.8)	115 (61.2)

Effects	<u>Response</u>	
	Yes	No
26) Chronic physical tiredness	75 (40.1)	112 (59.9)
27) Chronic headache	55 (29.3)	133 (70.7)
28) Desire not to mix in society	21 (11.2)	166 (88.8)
29) The desire to move away from friends, work and perhaps even family	25 (13.4)	161 (86.6)
30) Perhaps the desire for suicide	11 (5.9)	77 (94.1)

* Figures in brackets represent percentages.

From the table 4.3.2. it was found that the Head Constables in Andhra Pradesh suffered from the following ill effects of Stress:

Increased coffee and tea use	- (45.8%)
Chronic physical tiredness	- (40.1%)
Chronic mental tiredness	- (38.8%)
Decreased sexual desire	- (32.8%)
Social withdrawal (from friends and/or family	- (30.7%)
'Nothing will change' feeling	- (30.5%)
Chronic headache	- (29.3%)
"I do not care attitude"	- (27.0%)

4.3.3. Effects of Stress on Sub-Inspectors

Table 4.3.3. presents full description of stress effects on Sub-Inspectors of Police in A.P. :

Table 4.3.3 *
Effects of stress on Sub-Inspectors

Effects	<u>Response</u>	
	Yes	No
1) Persistent Irritabilitye	7 (6.4)	103 (93.6)
2) Persistent Anxiety feeling	20 (18.2)	90 (81.8)
3) Periods of High Blood Pressure	7 (6.4)	103 (93.6)
4) Bruxism	9 (8.2)	101 (91.8)
5) Sleeping Problems	33 (30.0)	77 (70.0)
6) Forgetfulness	35 (31.8)	75 (68.2)
7) Feeling that heart-beats are rapid under stress	43 (39.1)	67 (60.9)
8) Unusual heart rhythms (skippedbeats)	18 (16.4)	92 (83.6)
9) Inability to concentrate	21 (19.1)	89 (80.9)
10) Frequent Headache	20 (18.2)	90 (81.8)
11) Lateness for work	13 (12.1)	94 (87.9)
12) Tendency to delay work unnecessarily	22 (20.8)	84 (79.2)

Effects	Response	
	Yes	No
13) Needing more holidays for rest	32 (29.6)	76 (70.4)
14) Decreased sexual desire	40 (37.7)	66 (62.3)
15) Persistent tiredness in the mornings	35 (32.7)	72 (67.3)
16) Late coming to office	11 (10.4)	95 (89.6)
17) Social withdrawal (from friends and/or family)	25 (24.0)	79 (76.0)
18) 'Nothing will change' feeling	29 (27.1)	78 (72.9)
19) Always feeling bitter and angry	13 (12.1)	94 (87.9)
20) Drinking more wine	5 (4.6)	103 (95.4)
21) Increased coffee and tea use	37 (34.3)	71 (65.7)
22) "I do not care attitude"	28 (20.2)	83 (79.8)
23) Chronic sadness or depression	16 (15.1)	80 (84.9)
24) Chronic stomach or bowel problems	16 (15.0)	91 (85.0)
25) Chronic mental tiredness	29 (27.4)	77 (72.6)
26) Chronic physical tiredness	20 (18.9)	86 (81.1)

Effects	Response	
	Yes	No
27) Chronic headache	13 (12.1)	94 (87.9)
28) Desire not to mix in society	21 (19.8)	85 (80.2)
29) The desire to move away from friends, work and perhaps even family	21 (20.0)	84 (80.0)
30) Perhaps the desire for suicide	12 (11.7)	91 (88.3)

* Figures in brackets represent percentages

From the table 4.3.3., it was found that the Sub-Inspectors in Andhra Pradesh suffered from the following ill effects of stress:

* Feeling that heart-beats are rapid under stress -
(39.1%)

* Decreased sexual desire - (37.7%)

* Increased coffee and tea use - (34.3%)

* Persistent tiredness in the mornings - (32.7%)

* Forgetfulness - (31.8%)

* Sleeping problems - (30.0%)

* Needing more holidays for rest - (29.6%)

* Chronic mental tiredness - (27.4%)

* 'Nothing will change' feeling - (27.1%)

* Social withdrawal (from friends and/or family)-
(24.0%)

4.3.4. Effects of stress on Inspectors

Table 4.3.4. presents full description of stress effects on Inspectors.

Table 4.3.4 *
Effects of Stress on Inspectors

	Effects	Response	
		Yes	No
1)	Persistent Irritability	9 (9.3)	88 (90.7)
2)	Persistent Anxiety feeling	9 (9.4)	87 (90.6)
3)	Periods of High Blood Pressure	9 (9.2)	89 (90.8)
4)	Bruxism	9 (9.2)	89 (90.8)
5)	Sleeping Problems	71 (71.0)	29 (29.0)
6)	Forgetfulness	64 (64.6)	35 (35.4)
7)	Feeling that heart-beats are rapid under stress	33 (34.3)	65 (65.7)
8)	Unusual heart rhythms(skipped beats)	9 (9.2)	89 (90.8)
9)	Inability to concentrate	60 (60.0)	40 (40.0)
10)	Frequent Headache	63 (63.0)	37 (37.0)
11)	Lateness for work	8 (7.9)	92 (92.1)
12)	Tendency to delay work unnecessarily	8 (7.9)	92 (92.1)
13)	Needing more holidays for rest	40 (40.0)	60 (60.0)
14)	Decreased sexual desire	37 (37.4)	62 (62.6)

Effects	Response	
	Yes	No
15) Persistent tiredness in the mornings	57 (57.6)	42 (42.4)
16) Late coming to office	7 (7.1)	92 (92.9)
17) Social withdrawal (from friends and/or family)	22 (22.2)	77 (77.8)
18) 'Nothing will change' feeling	26 (26.5)	72 (73.5)
19) Always feeling bitter and angry	9 (9.1)	90 (90.9)
20) Drinking more wine	9 (9.1)	90 (90.9)
21) Increased coffee and tea use	56 (56.6)	43 (43.4)
22) "I do not care attitude"	32 (32.0)	68 (68.0)
23) Chronic sadness or depression	11 (11.3)	86 (88.7)
24) Chronic stomach or bowel problems	27 (28.1)	69 (71.9)
25) Chronic mental tiredness	56 (58.3)	40 (41.7)
26) Chronic physical tiredness	62 (64.6)	34 (35.4)
27) Chronic headache	60 (62.5)	36 (37.5)
28) Desire not to mix in society	20 (20.8)	76 (79.2)
29) The desire to move away from friends, work and perhaps even family	15 (15.6)	81 (84.4)
30) Perhaps the desire for suicide	5 (5.2)	91 (94.8)

* Figures in brackets represent percentages.

From the table 4.3.4., it was found that the Inspectors of Police in Andhra Pradesh suffered from the following ill effects of stress:

Sleeping problems	- (71.0%)
Forgetfulness	- (64.6%)
Chronic physical tiredness	- (64.6%)
Frequent headaches	- (63.0%)
Chronic headache	- (62.5%)
Inability to concentrate	- (60.0%)
Chronic mental tiredness	- (58.3%)
Persistent tiredness in the mornings	- (57.6%)
Increased coffee and tea use	- (56.1%)
Needing more holidays for rest	- (40.0%)
Decreased sexual desire	- (37.4%)
Feeling that heart-beats are rapid under stress	- (33.3%)
"I do not care attitude	- (32.0%)
Chronic stomach or bowel problems	- (28.1%)
'Nothing will change' feeling	- (26.5%)

CHAPTER 5

MAIN FINDINGS AND RECOMMENDATIONS

In this chapter the following aspects have been covered:

5.1. Main Findings of Study.

5.2. Recommended Stress- Management Interventions.

5.3. Experts' opinion on Stress Management.

5.1. MAIN FINDINGS OF STUDY

Following are the main findings of the study :

5.1.1. 25% Police Constables, 24.5% Head Constables, 17.3% Sub-Inspectors and 27% Inspectors of Police in Andhra Pradesh were found to have very high levels of frustration leading to more stress. Higher levels of frustration may lead to abusive behaviour, violent behaviour, feelings of helplessness and hopelessness, and irritability in individuals. Periods of 'depression' and 'anxiety' also set in.

5.1.2. 40.5% of Police Constables, 41.5% Head Constables, 30% of Sub-Inspectors and 21% Inspectors of Police in Andhra Pradesh were found to have very high type A behaviour. Type A behaviour leads to coronary heart diseases because it induces more stress. Typical Type A Behaviours are intense sense of time urgency, polyphasic behaviour, hostility, aggression, and unrealistically high levels of achievement motivation.

5.1.3. Levels of anxiety leading to stress were found to be very low in Police Constables, Head Constables, Sub-Inspectors and Inspectors of Police in Andhra Pradesh.

Therefore, anxiety is not found to be a causative factor for stress among police personnel in Andhra Pradesh.

5.1.4. 42.5% Police Constables, 49.5% Head Constables, 47.3% Sub-Inspectors and 41% Inspectors of Police were found to have moderate to high 'Need for Control' for managing their stress well.

5.1.5. 89% Police Constables, 91.5% Head Constables, 90% Sub-Inspectors and 94% Inspectors of Police were found to have higher levels of self-perception leading to moderate level of stress. It is good because police personnel will have higher degrees of self-esteem, self-confidence and self-concept for their better health and the health of the organisation.

5.1.6. 53% Police Constables, 54% Head Constables, 34.5% Sub-Inspectors and 62% Inspectors of Police were found to have very high degree of deprivational stress (feelings of loneliness and boredom).

5.1.7. 31% Police Constables were found to have stress because of organisational role stressor - 'Inter Role Distance(IRD)'.

- 30% Head Constables were found to have stress because of two organisational stressors namely - Inter Role Distance (IRD) and feeling of Resource Inadequacy(RI).

-16% Sub-Inspectors were found to have higher levels of stress because of organisational stressors - Inter Role Distance (IRD).

-10% Inspectors of Police were found to have higher levels of stress and 72% were found to have

moderate degree of stress because of organisational stressor - Inter Role Distance (IRD).

5.1.8. Police Constables in Andhra Pradesh were found to have following major effects of stress on them:

- * Inability to concentrate - (32.1%)
- * 'Nothing will change' feeling - (29.5%)
- * Increased coffee and tea use - (27.8%)
- * Feeling that heart-beats are rapid under stress - (26.3%)
- * Social withdrawal (from friends and/or family) - (25.7%)
- * Frequent headaches - (25.4%)
- * Forgetfulness - (23.4%)

5.1.9. Head Constables in Andhra Pradesh were found to have following major effects of stress on them:

- * Increased coffee and tea use - (45.8%)
- * Chronic physical tiredness - (40.1%)
- * Chronic mental tiredness - (38.8%)
- * Decreased sexual desire - (32.8%)
- * Social withdrawal (from friends and/or family) - (30.7%)
- * 'Nothing will change' feeling - (30.5%)

* Chronic headache - (29.3%)

* "I do not care attitude" - (27.0%)

5.1.10. Sub-Inspectors in Andhra Pradesh were found to have following major effects of stress on them:

* Feeling that heart-beats are rapid
under stress - (39.1%)

* Decreased sexual desire - (37.7%)

* Increased coffee and tea
use - (34.3%)

* Persistent tiredness in
morning - (32.7%)

* Forgetfulness - (31.8%)

* Sleeping problems - (30.0%)

* Needing more holidays for
rest - (29.6%)

* Chronic mental tiredness - (27.4%)

* 'Nothing will change'
feeling - (27.1%)

* Social withdrawal (from friends
and/or family) - (24.0%)

5.1.11. Inspectors of Police in Andhra Pradesh were found to have following major effects of stress on them:

*	Sleeping problems	- (71.0%)
*	Forgetfulness	- (64.6%)
*	Chronic physical tiredness	- (64.6%)
*	Frequent headaches	- (63.0%)
*	Chronic headache	- (62.5%)
*	Inability to concentrate	- (60.0%)
*	Chronic mental tiredness	- (58.3%)
*	Persistent tiredness in morning	- (57.6%)
*	Increased coffee and tea use	- (56.1%)
*	Needing more holidays for rest	- (40.0%)
*	Decreased sexual desire	- (37.4%)
*	Feeling that heart-beats are rapid under stress	- (33.3%)
*	"I do not care attitude"	- (32.0%)
*	Chronic stomach or bowel problems	- (28.1%)
*	'Nothing will change' feeling	- (26.5%)

5.2. RECOMMENDED STRESS MANAGEMENT INTERVENTIONS

Based on the main findings of study following interventions are recommended:

5.2.1. Frustration is a stressor because it is, by definition, inhibitive. Frustration impedes our progress towards some desired goal or it blocks some desired behaviour. The best social engineering technique for coping with frustration is to find suitable alternatives. Before we can find suitable alternatives to some desired behaviour, it is helpful to understand just what we are really looking for. Behavioural psychologists suggest that behaviours that are consistently expressed are rewarding. Similarly, desired behaviours are seen as being rewarding or pleasurable. Therefore, when we find ourselves somehow frustrated or stifled from doing something we desire, stop and ask ourselves why we really wanted to do that in the first place, that is, what specific outcomes or rewards made that behaviour desirable. Then, based on that information, seek alternative pathways to those same rewards, or pathways that result in similar rewards.

Following Goal Alternative System as suggested by Girdano & Evrley (1986) may be used :

THE GOAL ALTERNATIVE SYSTEM

Step 1 What is the desired behaviour or goal? _____

Step 2 Is this goal immediately obtainable ?

No

Yes

|

|__STOP !

Why are you doing this exercise?

Step 3 What is the obstacle(s) that keep(s)

you from achieving this goal?

Step 4 Can this obstacle be removed within a reasonable time period?

No

Yes

I

I__STOP ! Why

are you doing this exercise?

Step 5 Consider your desired goal. Take some time and make a list of the specific rewards or desirable characteristics which make that goal desirable to you. Now go back and give each one of those desirable characteristics a score indicative of how important each one is to you. A score of 1 would be the lowest, 10 the highest. Do this very carefully: It is very important.

Rewards

Points

Step 6 Are there any other reasonable way to obtain those same rewards listed in step 5?

Yes

No

List alternatives,

If you have arrived at this point, it seems apparent that all of those desirable characteristics listed in Step 5 are currently unobtainable. Therefore, instead of feeling sorry for yourself, make a list of alternatives which are possible and which have at least some of the same desirable characteristics as the original goal. Select the be-

haviour that results in the highest point score possible. This alternative is your best one because it is most similar, based on the points assigned in Step 5, to your original behaviour.

Alternatives

Points

5.2.2 . For reduction in Type A Behaviour following techniques have been suggested by the researchers.

- Time Management.
- Reduction in ego involvement.
- Use of goal path modal for planning.
- Practicing concentration and thought stopping techniques.

Training in time management is strongly recommended. The police personnel should also be trained in how to plan their work effectively. Concentration exercises including Yoga and Meditation are also recommended for reducing Type A Behaviour for the management of stress.

5.2.3. Deprivational stress, according to researchers, can be controlled by the following below cited interventions

- Plan ahead to avoid potentially stressful situations.
- Realize your vulnerability to deprivational stress.
- Find relaxing activities which are not overly complex or ego-involved.

- Remember that boredom does not equal relaxation.

For police personnel job rotation may be tried by the supervising officers to reduce boredom. More informal interactions should be motivated with the personnel. They should be motivated to interact with the other stratas of society so that they may not feel isolated. Facilities should be developed for promoting better relaxation and entertainment activities. In some organisations programmes of muscular relaxation exercises are being conducted.

5.2.4. Excessive need for control can be tackled by breathing exercises and meditation.

5.2.5. The stress management interventions may include the following:

- Stress management education to all police personnel
- Nutrition engineering programmes for police personnel
- Yoga training etc.

5.2.6. The results of the study may be circulated to all Senior Police Officers. Action Planning may be done in meetings for evolving effective mechanisms for stress management at both individual and organisational level.

5.3. EXPERTS' OPINION ON STRESS MANAGEMENT

After analysing the data, the results of the study were communicated to the following prominent experts:

Psychologist	- Prof. E.G. Parameshwaran
Psychiatrist	- Prof. G.Prasad Rao
Yoga Specialist	- Dr.Uday Kumar Reddy

They were requested to answer the following questions:

- 1) *How are these stressors going to affect individual and organisational performance in long run ?*
- 2) *How are these going to affect their organisation and social life?*
- 3) *What interventions / methodologies at individual and organisational levels are suggested ?*

Their views are presented below :

5.3.1. Eminent Psychologist Prof.E.G. Parameshwaran on Managing Stress

I am really happy that the Academy has undertaken such a research project relating to the organisational role stress in police.

Individual Stressors :

From the list of stressors mentioned by you, I feel that these stressors will affect the individual and organisational performance as long as they exist. It is, therefore, necessary to take remedial steps in this direction. Otherwise if stress accumulates, the consequences can be very serious.

Organisational role stressors :

The first two factors mentioned by you relate to the work and not necessarily the organisation. The way

the police work is organised and the conditions under which they are expected to work will certainly affect not only their performance and their personal life including the family life and perhaps, even the fabric of social life in our country.

Already you have pointed out certain serious problems like problems of sleeping, inability to concentrate, decreased sexual desire etc. You may see that many of them are direct results of stress and frequent resorting to coffee and tea is only the way to remove the stress.

Now, let us assume if these problems continue and become more acute among a large number of police personnel, the consequences can be very serious to the individuals, the organisation and society. Some of the possible consequences are :

- It may result in escapist behaviour like drug addiction and alcoholism;
- Inability to concentrate may result in inefficiency of work and even absent mindedness which can be of crucial importance.
- Decreased sexual desire may result in suppression of sex and suddenly burst out in the form of sexual violence, or perhaps even homosexual behaviour.

I am afraid, if things go very bad, these will result in alienation, loss of self-identity including self-esteem which in turn may result in unbecoming behaviour.

My own view is that these various problems reported cannot be regarded as isolated individual symptoms. All these are expressions of a basic underlying stress,

accumulated frustration and perhaps, even cognitive confusion. Today the police have become the target of attack from all the sides. While the jobs have become complicated, their resources, both for personal living and professional purpose have not improved (I mean legitimate resources).

If police do not act, they are accused of being passive. I think this type of cynical view from public and the higher levels including the judiciary has affected the morale of police force as a whole. This has resulted in loss of role identity, work identity and even self-esteem which emphasizes that the police force should assert itself and express its protest against irresponsible statements by the so-called activists, I don't mean the Naxalites (who are really idlers without any work). The political bosses let down the police. The press, because they have no other work, is after the police. One should only look at some of the Indian films for understanding the consistently uncharitable fashion in which the police is portrayed. Usually the constables are portrayed as ponchy, slow, inefficient, the middle level officers are portrayed as either cruel or corrupt etc. I fail to understand why the police should accept this. In fact in a pathological way they even seem to be enjoying it. The police are represented often in our cinemas as being hand in glove with mafia kings and criminals. Why is it that your police force is not reacting? I would like to know why the police has lost the energy to protest, or is it a confession of admission of truth ? As a citizen, with very close friends in the police force who are very respectable, I feel the police should assert itself. It is this public image of the police stereotyped and portrayed repeatedly which is creating problems collectively. I think your study is focussed on the lower level. I am sure this

is applicable at all levels. Let us take the case of an Inspector of Police or a Station House Officer - Is he free to act as per the law of conscience? Further, at the point of selection are we selecting the right people? A few years back there used to be a belief that education and honesty are serious limitations for a Police Officer to be successful. I do not know what it is today?

In social psychology, we use the term "Traits of victimization". In many countries, the dominant community with a strong preference against the less dominant or weaker community develops stereotypes about the victim community in a very derogatory manner. A very interesting thing is, if this continues for a long time, then the weaker group itself comes to believe in the stereotypes presented by the dominant group. The victims internalise and accept the uncharitable and totally false descriptions set in motion by the dominant community. I am afraid this is happening to the police.

Of course, the nature of the police duty is very strenuous including sometimes having long hours without anything to do. I feel one should give a serious thought of the role of the police as a post-facto law maintaining force. The police force is the guardian of the public security and safety.

Alongwith this, the nature of job shows a change. As far as possible fixed hours of work, compulsory vacationing with the family and also certain additional facilities for holidaying and relaxing etc., should be provided by the state.

I do not know whether I am wrong. I feel there is not much of democratization in police. It is virtually

autocratic, where the individual and personal identity of the personnel particularly at the subordinate level are rarely respected. In fact they are often abused and even called by their roll numbers rather than their names. I have seen some police officers addressing the constables as Ye-Ye 478 ! This is absolutely reprehensible. You only know fully well that such an autocratic impersonalised atmosphere can result in strong feelings of aggression, sense of shame and sense of helplessness. All this may result in total loss of efficiency or erratic behaviour or accumulated aggression.

I, therefore, feel that the remedy for this situation should take into account both individual strategies, work culture and work relationship and organisational strategies. The self-image and social image of the police should be improved, if necessary even aggressively.

I feel and also heard from some source that atmosphere in the police organisation is not only autocratic but feudal, where a higher officer requires the lower rung personnel to run all sorts of personal errands. I may be excused if I am wrong. This atmosphere also creates a sense of helplessness, automatism and authoritarian conformity.

I would, therefore, suggest that frequent counselling, stress relieving and self-development programmes should be organised and the work atmosphere should become more meaningful, democratic and participative.

The police should be protected from the irresponsible accusations and scandal mongering of the public and the press. I am often surprised Ministers admonishing the police when they themselves are heading the Government Departments. Such sections of the society should

be told firmly that the police cannot either be treated as a punch bag or as a scapegoat for their own shortcomings. At the organisational level, there should be constant review and analysis of role assignment, role redefinition, role expansion and role growth. Even today fortunately the police appears to have perpetuated the role description originally given by the colonial rulers.

I do not know why the police should evoke only unhealthy reactions like fear, aversion, contempt and mistrust. The police are friends of people. I really do not understand while the armed forces whose personnel do not interact with the common man as frequently as the police personnel do, is highly respected. The police role should be defined keeping in mind the democratic ideology and system which we have adopted. Their role should be defined not only keeping in mind bare physical strength and abilities, but also higher order skills like social skills, communication skills etc.

5.3.2. Eminent Psychiatrist Prof.G.Prasad Rao on Managing Stress in Police.

I propose to answer your queries :

"How are these stressors going to affect individual and organisational performance in the long run?

It is also useful to see if there are distinct groups among the individual stresses - who are clustered in a single category; as- Psychologically the first two i.e. frustration, deprivational stress usually lead to mood disorders like depressive disorders/anxiety disorders or even sometimes reactive excitement like losing control of themselves, becoming abusive etc. Whereas Type A behaviour group might typically show "body" diseases like myocardial infarction (heart attacks) or peptic ulcer

and a host of body diseases what are called as Psychosomatic disorders. This categorisation is useful for our planning of intervention to the "stressed individuals" either individually or as a group.

People, who can be categorised as stressed and severely stressed, are definitely at higher risk in getting individually affected either psychologically disturbed/disordered or even with physical disorders like hypertension, diabetes, heart disease, peptic ulcer etc., which would affect their performance at work.

Performance at individual level will manifest at having spells of depression and anxiety disorders or grossly mood disorders. These psychological symptoms may lead them to take sedative drugs or get addicted to alcohol. Thus reducing the abilities of individual and he may work erratically. Stressors operating on the individuals will affect the behaviours at work, which would definitely affect other individuals working with the stressed individual. A 'chain reaction' of his behaviour affecting others will take place. So in long run, it may end up with everybody justifying the 'stress'. The performance of the organisation as a whole is thus impaired in long run, if there are more than 30% of individuals with impaired performance due to stress in the 'micro unit' of the organisation (say police station).

Sometimes with the individual's reported 'Symptoms' like sleeping problems forgetfulness, inability to concentrate, chronic mental and physical tiredness etc., can individually and collectively impair the individual's ability to work professionally, which would impair the quality of work especially if individual's problems are not attended to.

How are these going to affect their organisation and social life?

In a society where your organisation always has a major role to play in social growth and development, obviously both in the individual vs. society and your organisation vs. society, there would be tremendous affect. Sociologically the individual relation vis a vis the society may not be congenial, harmonious or healthy if the disturbed patterns of behaviour are manifesting recurrently. Likewise the quality of work of organisation can get impaired or get contaminated because a majority of work force is stressed - a summing effect of disturbed patterns of behaviour being the main cause.

In organisation your interaction with public is immensely important in day to day functioning. Stressed individuals tend to perform erratically. Their social life will be affected because of this factor. Lot of other aspects like productivity, success in completion of work, satisfaction and meaningful interaction are affected adversely.

Q. What interventions / methodologies at individual and organisational levels are suggested?

A. Individual level : Following are suggested

- * Identifying the high risk group.
- * Take plans to periodically check the individuals for physical and psychological stress, who are in high stress group.
- * To possibly try to change the place of work (which is stressed) to possibly less stressed place.

- * To inculcate a programme of distress like - yoga, meditation as a part of their routine to help them to be more immune to the stress.
- * To have a planned holiday for these people (every week or every month)
- * To plan to give atleast few more hours to these individuals to spend with family.
- * To possibly educate that excessive use of tea/coffee is not the answer to their stress.
- * To set the duties in such a way that atleast 6-7 hrs. of continuous sleep is ensured for the individuals.

B. For the organisation as a whole :

To possibly indentify 'stress zones' at work and less stress zones.

5.3.3. Yoga Specialist Dr. B. Uday Kumar Reddy, on Managing Stress in Police.

The stressors that may either be individual or organisational in nature basically start with triggering the stress response mechanism . The excessive stress response initially start disturbing the psychological, physiological and social well being in the name of distress. Perhaps the existence of psychological and physical distress symptoms and behavioural distress signs is the only way to diagnose the stress problem at an early stage.

If the above stressors are allowed to continue without effective management, these may affect individual performance by

- cognitive dysfunction like low self-esteem and externality.

- affective dysfunction like anxiety neurosis and depression.
- psychosomatic dysfunction like Hypertension, Diabetes, High cholesterol and over-weight.
- major direct as well as indirect risk factors for Coronary Disease.

Organisational performance is affected by way of-

- job dissatisfaction.
- absenteeism.
- cynical or negative attitude.

The persons suffering with distress in turn create further stressors in the organisation ultimately ending in vicious cycle of poor organisational performance.

Social life is also affected by way of-

- withdrawal.
- interpersonal problems.
- maladaptive behaviour like increase alcohol use.
- accidents.

INTERVENTIONS

Individual level

- Physical Exercises (Utilizing excessive stress response in classical way)

Type : Aerobic Exercises like brisk walk, jogging, running, cycling, swimming, skipping etc.

Time : 30 minutes

(5 min.) warming up + (20min.) Training + (5min.)

Cool down

- Yoga practice (Reducing stress reactivity)

Techniques : Asanas and Pranayama

Ideal Package :

Nadi sodhana.

Surya chandra bhedhana.

Makarasana.

Bhujangasana.

Salabhasana.

Pravanamuktasana.

Sashankasana.

Navasana.

Vakrasana.

Vipareetakarani.

Sukha matyasana.

Savasana.

Time : 30 minutes

- Relaxation techniques (to tackle with moderate/severe distress)

Techniques : * Neuromuscular relaxation or
* Progressive relaxation
* Auto-geneic Training
* Mental imagery

- Positive attitude (to tackle cognitive dysfunction)

Technique : Japa type Dhyana

- Good Nutritional Habits :

Eating balanced diet (RDA)

Regular meals

Avoid food high in sugar, salt, white flour, saturated fats and chemical additives (tin foods)

- Avoid excessive usage of A&D vitamins.
- Use of alcohol in moderation or not at all.
- Avoid caffeine.
- Do not use tobacco in any form.
- Maintenance of recommended weight.
- Personal Planning.
 - Effective time management in day to day life.
 - Life and career planning for the long term.
 - Knowledge about day to day stressors.
- Build and use social support.

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"Behavioural Manifestations of acute stress in police personnel include :

- * Sleeping disorders
- * Persistent irritability
- * Decreased sexual desire
- * Increased use of tea, coffee and alcohol etc.

This book offers a systematic approach for identification of stressors in Police personnel and suggestions to cope with the stress well."



About the Author

Dr. Anil K. Saxena, did his masters in Physics & Education and later obtained Ph.D. degrees in Educational Psychology (Rajasthan University, 1985) and Business Management (Osmania University, 1993). He joined the National Police Academy in 1981 as Reader in Teaching Methodology. He has 42 research papers and 7 books to his credit. He has completed a number of research projects on Police.

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