

# Police officers face multifaceted, compounding stressors that can lead to adverse events

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Repeated exposure to high-stress calls for service and ongoing exposure to stress without relief were two of the contributing factors that could lead law enforcement officers to become susceptible to adverse events while performing their duties, according to a new study published in *BMC Public Health* by researchers at The University of Texas Health Science Center at Houston (UTHealth).

The study team aims to use this research to develop intervention models that can address and help prevent these multifaceted stressors from affecting an officer's ability to respond to high-stress calls confidently.

"If we can develop innovative interventions for law enforcement officers that address their unique occupational demands, we can help mitigate compounding stress factors that affect their overall [mental health](#)," said Katelyn Jetelina, Ph.D., MPH, the study's lead author and an assistant professor at UTHealth School of Public Health in Dallas.

The research team collected data from three law

enforcement agencies in the Dallas-Ft. Worth metroplex: a large urban department, a suburban department, and a rural department. The researchers met with officers in focus group settings to identify stressors and to gain insight on how to prevent future adverse effects such as use of force, officer or civilian injury, civilian complaints, or discharge of a weapon.

The study participants were 86% male and 14% female with an average tenure of 12 years. Five themes emerged that influenced an officer's perception of the stress level of a call—officer characteristics such as former military experience or gender, civilian behavior, supervisor factors such as the tendency to micromanage, environmental factors, and situational factors.

The data revealed several factors that contributed to officer stress accumulation, including not "resetting" stress levels after a high-stress call, burnout from answering numerous back-to-back calls, and feeling pressure to move on to the next call quickly. Experience from a previous adverse event was also a contributing factor to cumulative stress. However, according to the focus group responses, behaviors such as taking a break between calls, practicing breathing exercises, and addressing one's [mental health](#) over time can help lower levels of chronic stress.

The researchers noted that the combination of the perceived stress level of a call and other cumulative stress factors increase the likelihood for adverse events between police and the public. If the cycle of chronic stress is addressed and limitations placed on the number of high-stress calls an officer responds to during a shift, adverse events may be limited as well. Previous studies have shown that for other occupations, reduced levels of stress increase productivity and job satisfaction.

Irving Police Chief Jeff Spivey, whose officers participated in the study, said the results will help them find additional ways to assist their officers with mental health needs.

"Providing multiple resources for our officers to support and focus on their mental health needs, like our internal peer support groups, is a cause I am very proud to champion," Spivey said. "Peer support services have proven to be effective in helping police officers appropriately manage their mental health; that's why we have teamed up with the Caruth Police Institute and other departments across the state to create a peer network for first responders throughout Texas."

Jetelina and her team are currently testing the feasibility of using smart watches to break cumulative, real-time [stress](#) for officers. Additional research on the prevalence of undiagnosed mental health disorders among [law enforcement officers](#) is necessary to assess the effectiveness of current mental health resources and to ensure that new resources are developed.

**More information:** Katelyn K. Jetelina et al, Cumulative, high-stress calls impacting adverse events among law enforcement and the public, *BMC Public Health* (2020). [DOI: 10.1186/s12889-020-09219-x](#)

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