FINDINGS FROM THE WINNIPEG POLICE SERVICE HEALTH AND WELLNESS SURVEY

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This project was made possible by the support of the Canadian Police Association, the Winnipeg Police Association, and the senior leadership in the Winnipeg Police Service. We would like to thank the members of the WPS who completed the survey, which addresses a significant issue in Canadian policing – the health and wellness of police officers. Their responses have provided valuable insights into the stressors experienced by police officers in Winnipeg and, most likely, in other police services across Canada. It is our hope that the findings set out in this report will inform the current discussions of police officer well-being and provide the basis for programs and services designed to assist members.

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INTRODUCTION

> *"I have to say that I would not want my kids to do this job anymore, as it is just too tough on the body, the brain, relationships, and overall wellbeing." (police officer cited in Egan, 2014:3)*

Although police work can be satisfying and challenging, it can also be stressful. Officers who are not well and who have psychological injuries not only suffer personally; they have a significant impact on their families, the police service, and the community (Robinson, Sigman, and Wilson, 1997). There are also monetary costs. A study of psychological injuries among officers in the Ontario Provincial Police (2012), for example, found that during the time period from 2006-2012, nearly $3.5 million in compensation was spent on 100 claims from officers who had been psychologically injured from traumatic workplace incidents (Marin, 2012).

Although there is an emerging research literature on the health and wellness of police officers in the U.S., and to a lesser extent Oceana and Europe, this issue is only now gaining the attention of police and government officials and university-based scholars in Canada. The present study was designed to provide information that can be used by the WPA and the WPS to address the health and wellness issues of police members and to contribute to the literature on officer health and wellness.

The Challenges of Police Work

There are a variety of sources of stress that may impact police officers as they carry out their mandate and tasks. These include, but are certainly not limited to the following.

The Police Role and Mandate

Police officers may experience role conflict as they attempt to carry out their enforcement duties while at the same time exercising their discretion and authority so as not to infringe on the *Charter* rights of those with whom they come into contact. This stress may be especially acute when politicians and the general public have unrealistic expectations of the police. As well, strikes, protests, and other disturbances can place police officers in the midst of chaos and

indecision by politicians and may result in actions by the police that are subsequently subjected to scrutiny. The police are also often required to enforce unpopular laws and may find themselves the recipients of criticism by the media and the public.

Traumatic events such as homicides, suicides, the deaths of children, and multi-victim accidents can also take a toll on officers. These and other features of the police occupation may place significant burdens on police officers and have an impact on their health and well-being (Duxbury and Higgins, 2012).

A sample of officers (N=225) in the U.S. who were surveyed five months after leaving the training academy identified a number of stressors on the job. The highest rated items were "danger on the streets" (49%), followed by work schedule (40%), report writing (37%) and the challenges of maintaining a work/life balance (35%) (Rosenbaum, Schuck and Cordner, 2011:13).

The Community

The community may be a source of stress for police officers. Officers assigned to areas with high levels of crime and disorder may encounter interpersonal conflicts and threats of violence on a daily basis. Patrol officers may find themselves working in communities where residents neither trust nor support the police, often for historical reasons that have little to do with current police practice.

Community residents may have unrealistic, and conflicting, expectations of what the police can accomplish with respect to preventing and responding to crime and disorder. In some communities there may be tense relations between the media and the police, and between the police and advocacy groups. Many communities are multicultural and this presents unique challenges for officers (and residents).

Police officers working in small police agencies have been found to have higher levels of physical stress and burnout than sworn personnel in large agencies (McCarty, et al., 2011). In Canada police officers posted to rural and remote communities may be particularly at risk. In the

absence of systems of support and in communities with high rates of crime and disorder, officers may find themselves working long hours without relief and may never really be off duty. Officers may go for weeks or months without a day off. Northern and remote communities in Canada often have much higher rates of crime—especially violent crime—than urban centres. Policing in these high-demand environments, where back-up may not be readily available, can take a toll on officers. In recognition of this, officers are generally posted to these isolated locations for no more than two or three years.

The Police Service

A variety of stressors may arise from the police service itself. A number of research studies have found that the organizational climate and workload of a police service are major contributors to officer stress (Collins and Gibbs, 2003; Hassell and Brandl, 2009). Departmental policies, a lack of resources, conflict with peers, and unsupportive or ineffective management may increase the stress levels of officers. This has led some observers to contend that the police organization is a greater source of stress than actual police operations (Shane, 2010). There is also some evidence to suggest that the working environment in a police service may affect the extent and severity of PTSD among officers. Inadequate resources, a lack of support, and conflict among officers may contribute to officers being at risk of PTSD (Skogstad, et al., 2013).

Another source of stress for officers is inadequate resources to respond to the community's demands for service. This may result in patrol shifts being short-staffed and investigative units being backlogged with cases. Whether senior managers are able to secure the necessary officers, as well as equipment for those officers, and how they deploy the available resources (i.e., efficiently or not), may have an impact on the stress levels of rank-and-file officers. Officers who begin their shift with a lengthy roll of "calls waiting" and who spend their entire shift responding to calls with little time for proactive policing may become frustrated and disillusioned.

Shift Work and Tired Cop Syndrome

Concern is growing about tired cop syndrome, a jet-lag state that may place officers at a greater risk of accidents and poor decision making. Shift work is a major contributor to officer fatigue and it is often identified by officers as a major impediment to high-level performance (McDonald, 2006; Vila, 2009).

The impact of shift work on the health and well-being of workers is well documented. Prolonged exposure to night shifts results in an individual who is sleep deprived and prone to poor performance, accidents, and health problems. Research studies indicate that shift workers suffer accumulating sleep deficits. Furthermore, night-shift workers in general perform at a lower level than their day-shift counterparts, are involved in more on-the-job accidents, and are less alert.

Shift work increases the risk of cardiovascular disease, gastrointestinal disorders, miscarriage, preterm birth, and menstrual problems. It also increases feelings of irritation and strain, and a general feeling of malaise (Senjo and Dhungana, 2009). A study (N=3232) of Norweigan police officers found that shift work was associated with chronic impairment of cognition due to psychological stress (Marquie, et al, 2014). A study (N=4,957) of a sample of U.S. and Canadian police officers found that just over 40 percent of the officers suffered from at least one sleep disorder (Pearsall, 2012).

Ten hour shifts have been found to be most conducive to officer health and well-being, as have lengthening the time that officers are assigned to specific shift schedules (Amendola, et al., 2011). Despite this, many police services continue to shift officers on a 12-hour basis and on a 2 days/2 nights/4 off pattern. In addition, officers must also make court appearances, which may result in an officer being at the court all day and then working a night shift. It has been suggested that police services should modify shift schedules so as to have longer shift intervals and/or assign officers to the same shift for several months at a time.

The Consequences of Stress

The effects of stress experienced by police officers range from minor annoyances (which can be managed) to alcohol or drug addiction, and other self-harming behaviour, including suicide (Austin-Ketch, et al. 2012; Morash, Haarr, and Kwak 2006; Parsons, 2004). There is research to suggest that high stress levels may make officers more susceptible to misconduct and may also lead to "burnout," a general term used to describe physical, emotional, and mental exhaustion (Arter, 2008; Regehr et al. 2003). Research has also found that civilians employed in police agencies may also experience burnout, due in large measure to the same factors that affect police officers (McCarty and Skogan, 2012).

For many officers, it is the nature of the police occupation that begins to wear on them, one Canadian police Detective noting, "We're the fixers. We come in and no matter what's going on, we're expected to be on an even keel, we're supposed to have all the answers. As an officer, you don't feel that you can say out loud, 'Hey, I don't feel that great'" (cited in Yogaretnam, 2014:3).

Post-Traumatic Stress Disorder

Of increasing concern is the prevalence of post-traumatic stress disorder (PTSD) among police officers. Traumatic events such as homicides, suicides, the deaths of children, and multi-victim accidents can take a toll on officers, and in some instances, result in PTSD (McCarty and Skogan, 2012). PTSD is an extreme form of critical incident stress that includes nightmares, hypervigilance, intrusive thoughts, and other forms of psychological distress (see Gilmartin, 2002). One U.S. study found that among a cohort of police officers (N=100), there was a 35% rate of post-traumatic stress (Austin-Ketch et al., 2012).

Suicide

In some cases, the cumulative impact of various stressors on the police officer can lead to suicide. In the first six months of 2014, there were 26 suicides by Canadian first-responders — a group that includes firefighters, paramedics and police officers (Griffiths, 2016). From late April,-October 2014, there were 12 confirmed suicides among active Canadian police officers. The

absence of a national data base of police suicides in Canada precludes an examination of the factors that may be associated with police officers taking their life, including rank and length of career, personal history, age, gender, ethnicity, exposure to critical events, among others.

Much more research remains to be done to understand the factors that contribute to police officer suicides and the levels of risk for different groups of officers.

Assistance to Officers

Most police services have employee assistance plans and some have wellness coordinators who provide support and assistance to officers who are experiencing difficulties on the job, or in their personal and family lives. A number of police boards have supported the adoption of the National Standard for Psychological Health and Safety in the workplace, developed by the Canadian Standards Association. These are also voluntary guidelines standards that organizations can use to create safe and healthy environments for employees. A concern is that many police officers experiencing symptoms from stress, including PTSD do not seek professional assistance. The traditional cultural values of the police occupation, including the tenet to "man up" in the face of adversity and to not disclose personal problems for fear of being viewed as "weak", often mitigate against officers seeking assistance (Armstrong, 2014; Backteman-Erlanson, 2013).

The Health and Wellness Study

The present study was conducted as part of the larger operational review of the WPS sponsored by the Canadian Police Association (Griffiths and Pollard, 2013). Administration of the survey was supported by the WPA and the senior leadership in the WPS. The study was designed to contribute to the research literature on police officer health and wellness and to provide information that can be used by the WPA and the WPS to develop the necessary capacities to ensure the health and wellness of the members.

The operational review revealed a unique and challenging environment for the police in the city. This environment included an increasing number of Aboriginals and Newcomers, the presence

of urban Aboriginal gangs, and several areas of the city that were characterized by high levels of poverty and disorder. As well, the Winnipeg police, similar to their counterparts across North America, are experiencing increasing workloads due to downloading caused by cutbacks in programs and services. These conditions could understandably impact the health and wellness of the officers in the WPS.

The Method

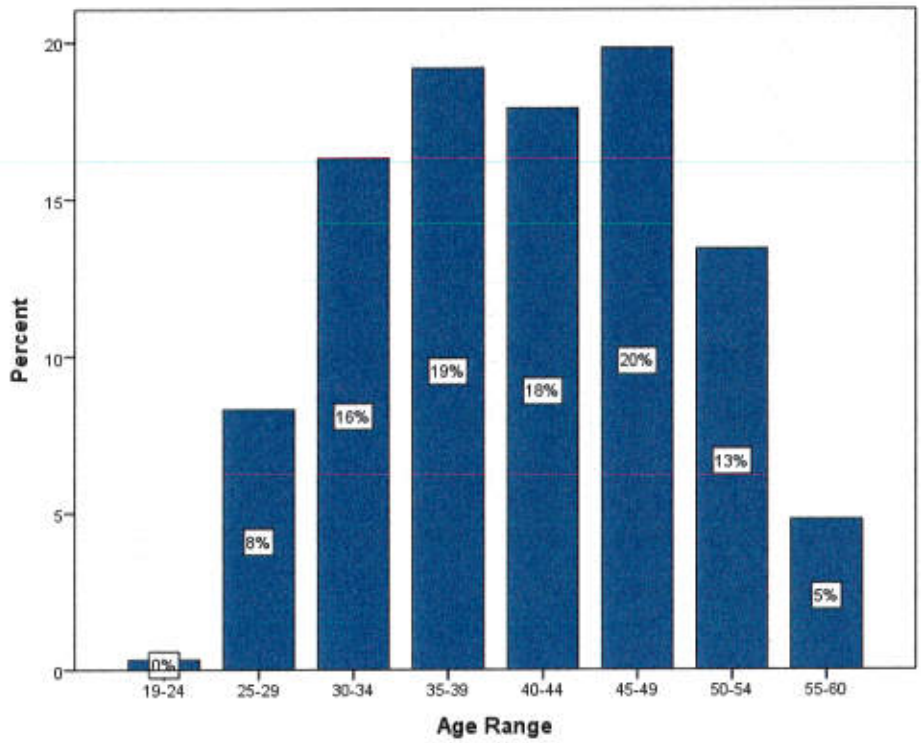
The survey instrument was constructed from several clinical and non-clinical scales that measure: 1) stress; 2) burnout; 3) alcohol and drug use; 4) job satisfaction; 5) PTSD; 6) quality of life; and, 7) anxiety. Multiple scales were used in an attempt to examine the health and wellness of the officers using a variety of measures. In addition, the officers were asked a number of occupational and organizational questions.

The survey was placed on-line via the WPS intranet and the link was sent to all members of the police service. An introduction to the survey explained the reason for the study and guaranteed respondent anonymity.

The Sample

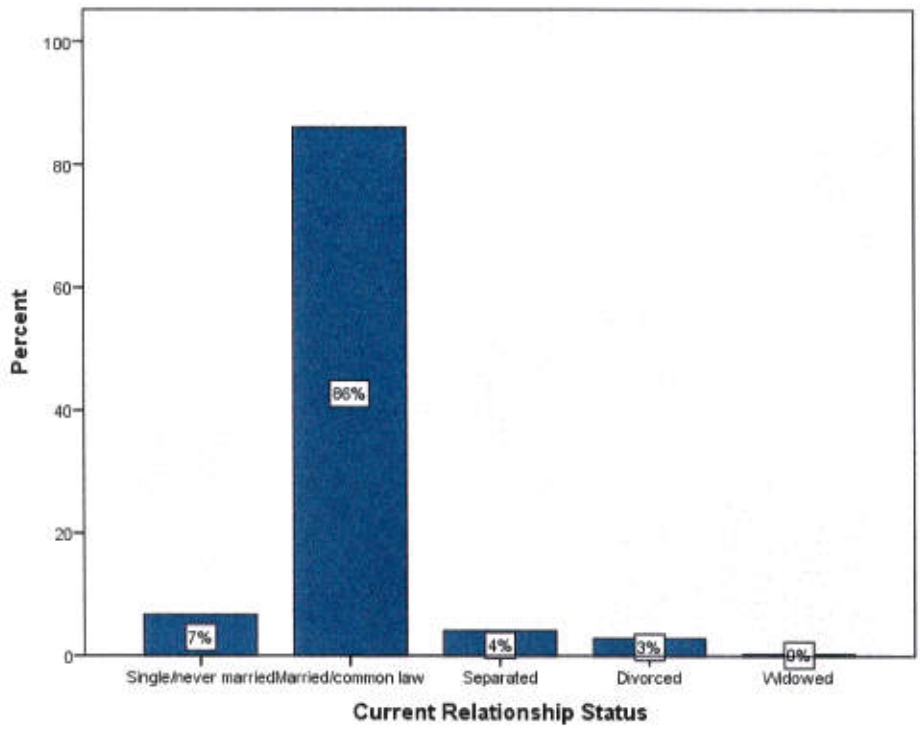
Approximately 28% (N=420 officers) responded to the survey. Not all police members responded to every question and thus the N varies from scale to scale. Of the 313 responses to the question of gender, 80.5% were male and 19.5% were female. The majority of respondents were under 50, and 62% were under 44 years old. See Figure 1. Ninety percent of the respondents self-identified as White/Caucasian, with 66% being Constables, and another 22% holding the rank of Sergeant. There were few responses from the higher ranks. Thirty-six percent of respondents held a Bachelor's degree, with another 22% holding a diploma or Associate degree.

Figure 1: Age of Respondents



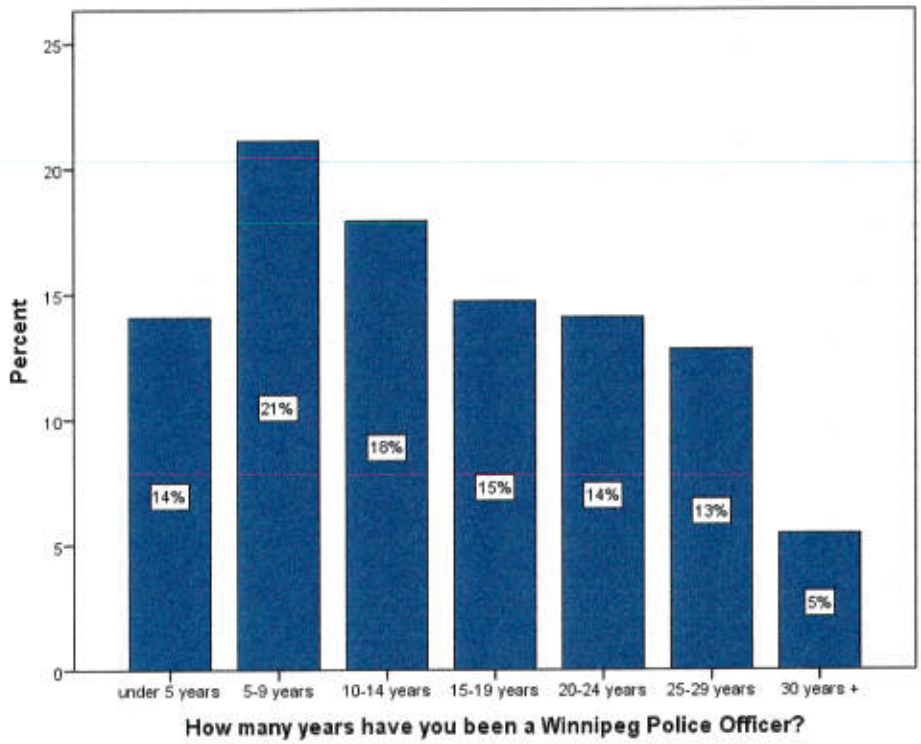
The vast majority of respondents were married or common law, and the majority had not been divorced. See Figure 2.

Figure 2: Relationship Status



Experience within the respondents was relatively evenly spread evening from under five years up to 29 years. Only those with more than 30 years or over were underrepresented, likely due to retirements. See Figure 3.

Figure 3: Experience with WPS



THE FINDINGS

The following discussion presents the findings from the survey. The results are presented for each scale that was contained in the survey.

Quality of Life Enjoyment and Satisfaction Questionnaire Short Form (Q-LES-Q-SF)

The Q-LES-Q-SF is a self-report scale designed to measure the degree of enjoyment and satisfaction experienced by participants in their general activities of daily functioning. The scale contained response choices ranging from Very Poor ("1") to Very Good ("5"). The median response category for nearly all questions was 4, indicating that half of the respondents reported "good" or "very good" to the questions asked. Although nearly 41% of respondents indicated their satisfaction with medication was 'poor' or 'very poor', this question was only answered by 115 of the over 400 respondents, so although it was a problem for those on medication, it did not appear to be as prevalent in the general respondent population. See Table 1.

Table 1: Quality of Life Enjoyment and Satisfaction Questionnaire

	Poor or Very Poor		
Satisfaction with...	**N**	**%**	***Total Responses***
Medication	47	40.9	*115*
Sexual Drive	57	13.6	*419*
Mood	46	11	*421*
Physical Health	43	10.2	*421*
Work	41	9.7	*420*
Economic Status	35	8.4	*420*
Social Relationships	34	8.1	*419*
Overall Life Satisfaction	29	7	*419*
Household Activities	27	6.4	*419*
Vision	23	5.5	*420*
Overall Sense of Well Being	21	5.1	*419*
Leisure Activities	13	3.1	*419*
Living/Housing Situation	10	2.4	*418*

Post-Traumatic Stress Disorder (PTSD) Checklist

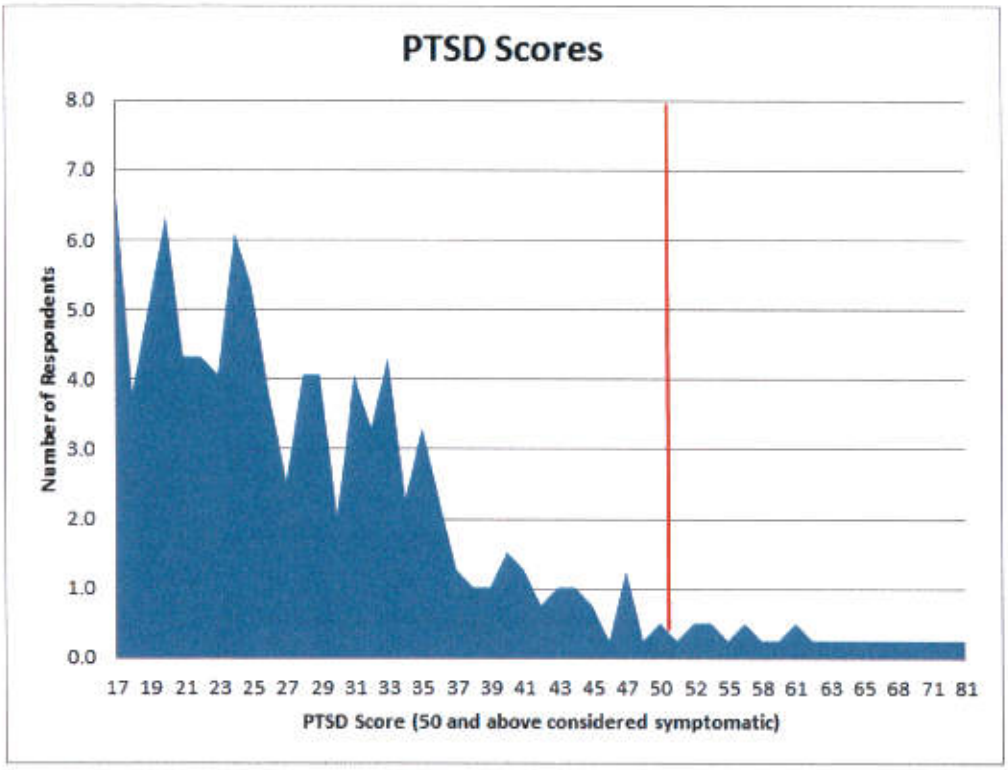
The PTSD Checklist is a 17-item self-report measure of the 17 DSM-IV symptoms of Post-Traumatic Stress Disorder (Weathers, 1993). For this measure, a score of 50 is considered a conservative cut-off.

A total of 393 responses were gathered for this scale. The mean (average) was just under 30, indicating no presence of PTSD among 94% of the respondents. Overall, a small percentage of individuals showed responses that indicated PTSD (approximately 6% of those that responded to this section). See Table 2 and Figure 4.

Table 2: PTSD Scores (N)

PTSD Scores	N	% of respondents
< 50 (not symptomatic)	369	94%
> 50 (PTSD symptoms)	24	6%

Figure 4: PTSD Scores (graph)



Although the relationship between PTSD symptoms and age, as well as the length of time of WPS service were significantly correlated (sig. < 0.05 for both), the relationship was very weak (0.143 and 0.116 respectively).

Depression, Anxiety, Stress Scale (DASS-21): short version

The DASS is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress.

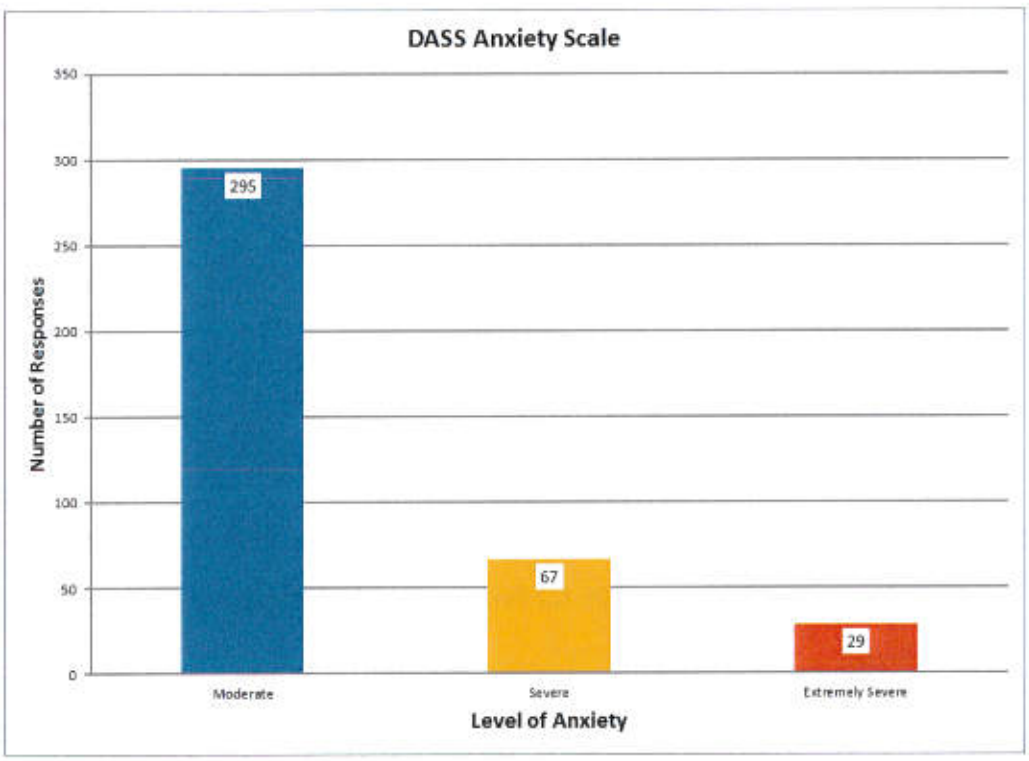
Anxiety Scale

A large majority (75%) of respondents indicated they had a moderate level of anxiety. See Table 3 and Figure 5.

Table 3: DASS Anxiety Scale

DASS Anxiety Scale	Sum	%
Moderate	295	75%
Severe	67	17%
Extremely Severe	29	7%

Figure 5: DASS Anxiety Scale



With 24% of respondents indicating their anxiety was "severe" or "extremely severe", this is an area that the WPS may need to explore further to address these issues and get assistance to those that may benefit.

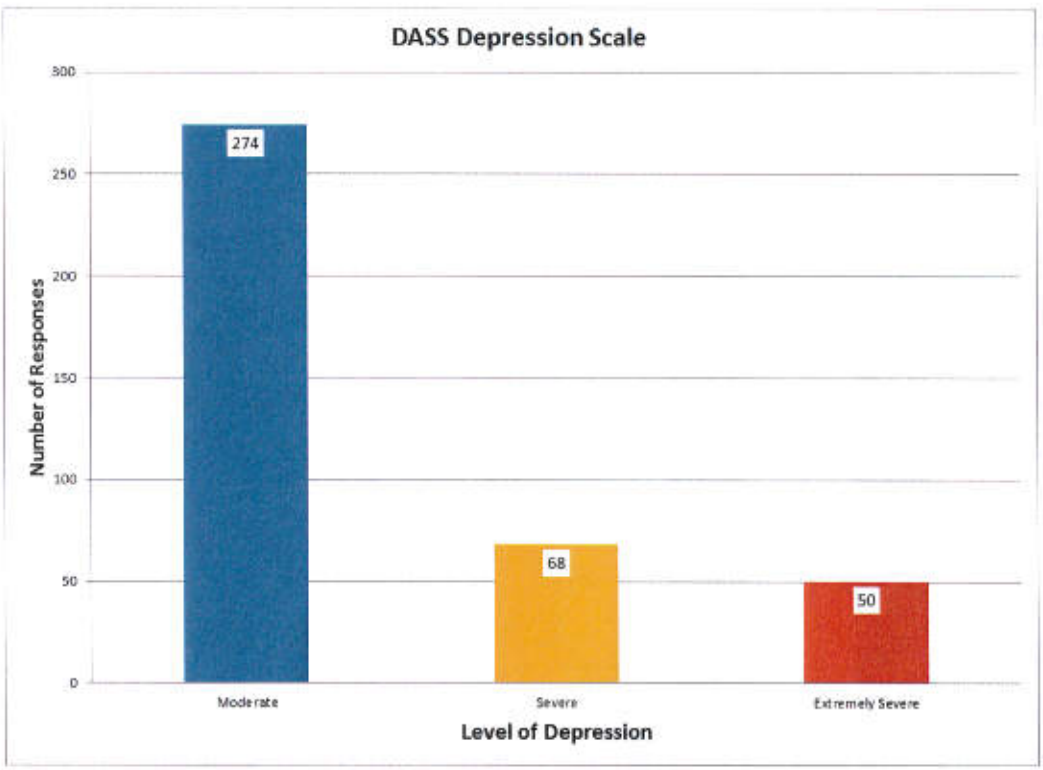
Depression Scale

As with the anxiety scale, the majority of respondents reported moderate depression; however, 30% reported severe or extremely severe depression. See Table 4 and Figure 6.

Table 4: DASS Depression Scale

DASS Depression Scale	Sum	%
Moderate	274	70%
Severe	68	17%
Extremely Severe	50	13%

Figure 6: DASS Depression Scale



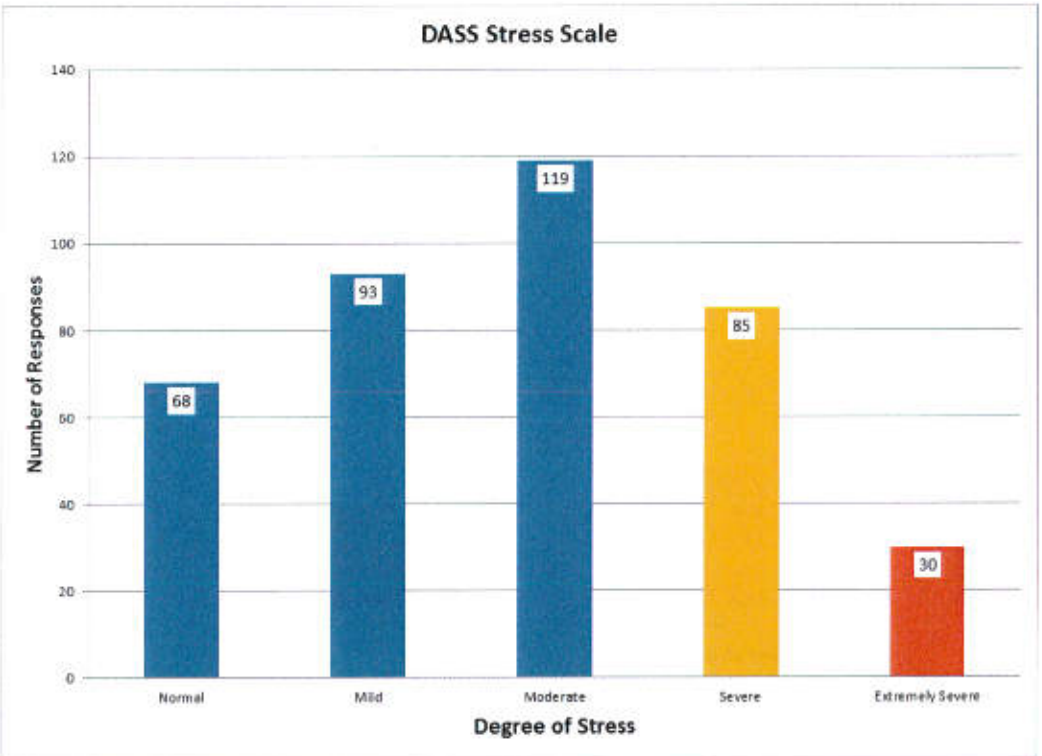
Stress Scale

Compared to the anxiety and depression scales, WPS respondents appeared more distributed in the "normal" to "mild" categories for stress. However, 30% of the respondents reported "severe" to "extremely severe" stress. See Table 5 and Figure 7.

Table 5: DASS Stress Scale

DASS Stress Scale	Sum	%
Normal	68	17%
Mild	93	24%
Moderate	119	30%
Severe	85	22%
Extremely Severe	30	8%

Figure 7: DASS Stress Scale



In examining the relationship between these three scales, it was found that all are positively correlated with each other, meaning a higher score on one scale will also be related to a higher score on another. Stress and depression demonstrated the strongest correlation (r = .705), followed by anxiety and stress (r = .560) and anxiety and depression (r = .550). All were significant at the 0.001 level. What this indicates is that stress, anxiety and depression do not often occur in isolation from one another. Rather, one symptom may co-occur with the other, or one may trigger the other. What this seems to suggest is that if an individual is dealing with

feelings of depression, they are also likely to be dealing with feelings of stress and anxiety, and vice versa. This may have implications for treatment.

The scores on each scale of the DASS were also significantly correlated with higher scores on the PTSD scales, which indicate the higher levels of stress, anxiety and depression, then the higher score on the PTSD scale. This does not mean, however, that an officer who is experiencing stress has PTSD. Again, this is another dimension that should be explored clinically, and may have ramifications for treatment. The PTSD symptoms may be triggering the feelings of depression or anxiety in some individuals, for instance.

Alcohol Use Disorders Identification Test (AUDIT)

The Alcohol Use Disorders Identification Test (AUDIT) is a simple ten-question test developed by the World Health Organization to determine if a person's alcohol consumption may be harmful. This test is used as a screening tool and a score of eight or higher indicates harmful or hazardous drinking. A score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence. See Table 6.

Table 6: Alcohol Use Disorders Identification Test

	Count	*% of total respondents*	*% within gender of respondents*
Harmful or Hazardous Drinking:	67	24%	
Dependence Scores (male & female)	23	8%	
Female alcohol dependence (score > = 13), N = 56	4		7%
Male alcohol dependence (score > = 15), N = 224	19		8%
TOTAL RESPONSES	***280***		

Among the respondents, approximately 24% (N=67) individuals) had scores indicating harmful or hazardous drinking. Alcohol dependence appeared to be present in 8% of the respondents (N=23).

Drug Abuse Screening Test (DAST)

The Drug Abuse Screening Test (DAST) is a 28-item screening instrument developed by Skinner for clinical screening and treatment evaluation research in the substance abuse field. In a sample of 250 psychiatric patients drawn from four treatment programs, the DAST evidenced high internal consistency reliability and good item-total score correlations. A factor analysis of the DAST item correlation matrix revealed a predominantly unidimensional scale with the possibility of rotating five additional factors reflecting a continuum of drug abuse. The five factors were interpreted as (a) self-recognition of a drug problem, (b) serious social consequences of drug use, (c) help-seeking for drug abuse, (d) illegal drug-related activities, and (e) inability to control drug use. The diagnostic validity of the DAST in discriminating patients according to DSM-III Substance Abuse diagnostic criteria was high and a range of valid clinical DAST cut-off scores from 5/6 through 10/11 was identified. The DAST appears to be a valid measure of drug involvement and abuse in a psychiatric patient population, a finding of increasing clinical relevance.

Using a cut-off score of six appears to identify those with possible substance abuse problems. A score of 12 denotes a definite substance abuse problem. Of the 303 respondents to this category in the WPS, only 18 reported any score on the DAST. However, all 18 scores were well below the cut-off of six for possible substance abuse problems.

This indicates that drug abuse and non-medicinal use do not appear to be present in the respondents. However, there may also be reluctance on the part of those respondents to fully disclose such behaviours, so these results should be viewed with a degree of caution.

Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) has been recognized for more than a decade as the leading measure of burnout. The MBI has three general scales:

i. Emotional exhaustion measures, feelings of being emotionally overextended, and exhausted by one's work

ii. Depersonalization measures an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction

iii. Personal accomplishment measures, feelings of competence, and successful achievement in one's work

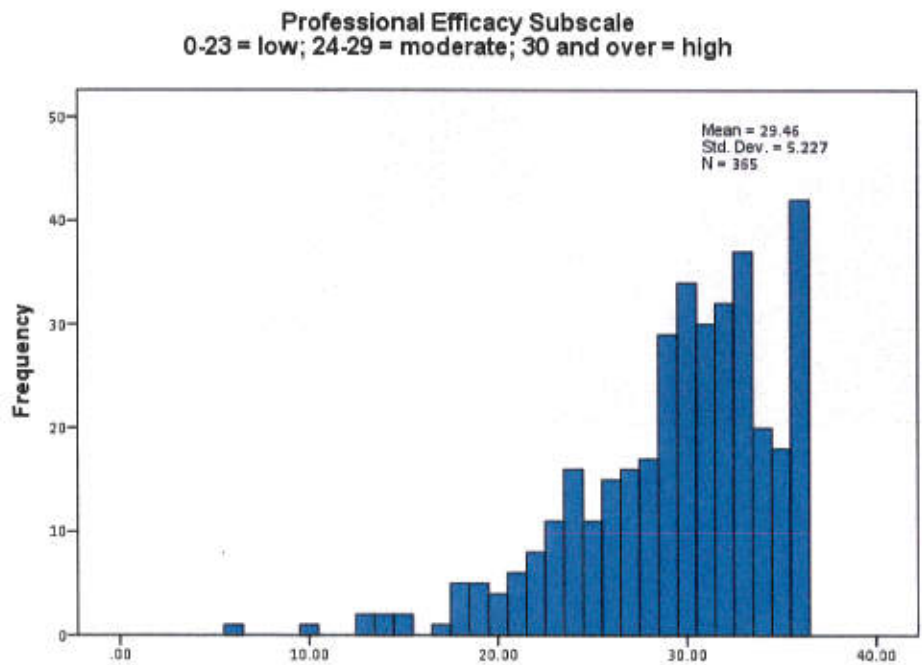
Professional Efficacy Scale

On the professional efficacy scale, respondents tended to score as moderately or highly effective, indicating that the officers feel competent and successful in their work. A smaller percentage rated as low efficacy. See Table 7 and Figure 8.

Table 7: Professional Efficacy Scale

Professional Efficacy	N	%
Low Efficacy	48	13%
Moderate Efficacy	104	28%
High Efficacy	213	58%
Total Responses	*365*	

Figure 8: Professional Efficacy Scale



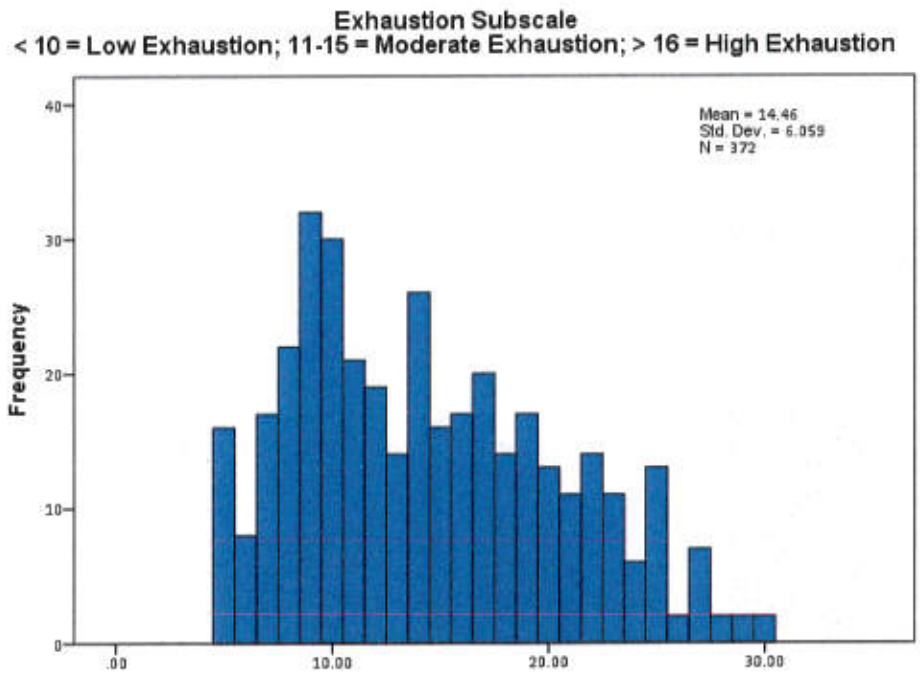
Exhaustion Subscale

With respect to exhaustion, many respondents scored in the "moderate" to "high" categories for exhaustion. Of particular note is the over 40% of officers who scored in the "high" range for exhaustion. See Table 8 and Figure 9.

Table 8: Exhaustion Subscale

Exhaustion	N	%
Low Exhaustion	125	34%
Moderate Exhaustion	96	26%
High Exhaustion	151	41%
Total Responses	*372*	

Figure 9: Exhaustion Subscale



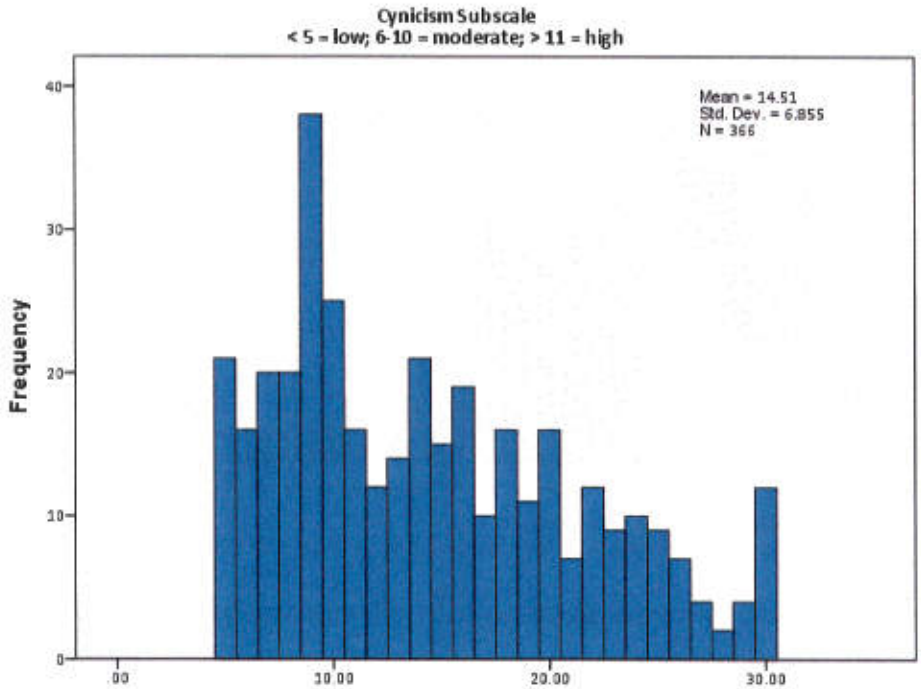
Cynicism Subscale

The majority of the officers scored in the moderate to high range for cynicism. Only a small percentage of the officers in the sample were noted as being low on cynicism. See Table 9 and Figure 10.

Table 9: Cynicism Subscale

Cynicism	N	%
Low Cynicism	21	6%
Moderate Cynicism	119	33%
High Cynicism	226	62%
Total Responses	*366*	

Figure 10: Cynicism Subscale

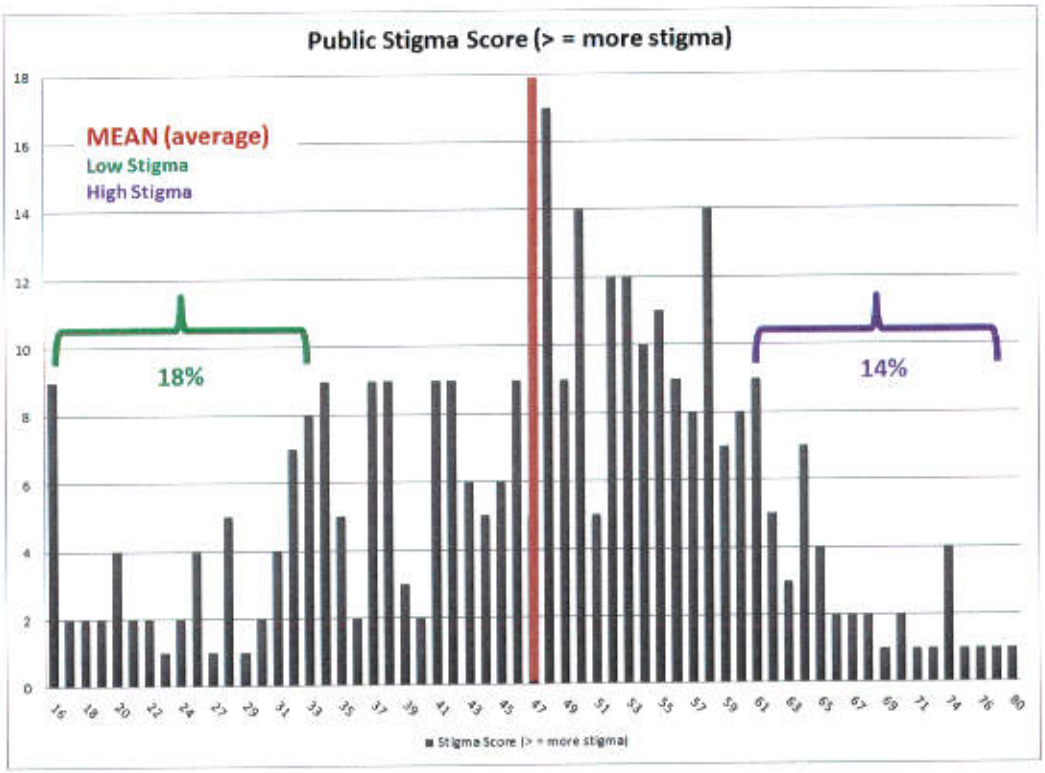


Military Stigma Scale

The Military Stigma scale is a non-clinical scale which has been modified for police. This 26-item scale is designed to measure public and self-stigma - two theorized core components of mental health stigma (public stigma and self-stigma). For this set of questions, respondents were asked to indicate how they would feel about each statement. The statements included how the respondent felt personally about seeking mental health help ("My view of myself would change if I made the choice to see a therapist") and how the respondent thought others would respond

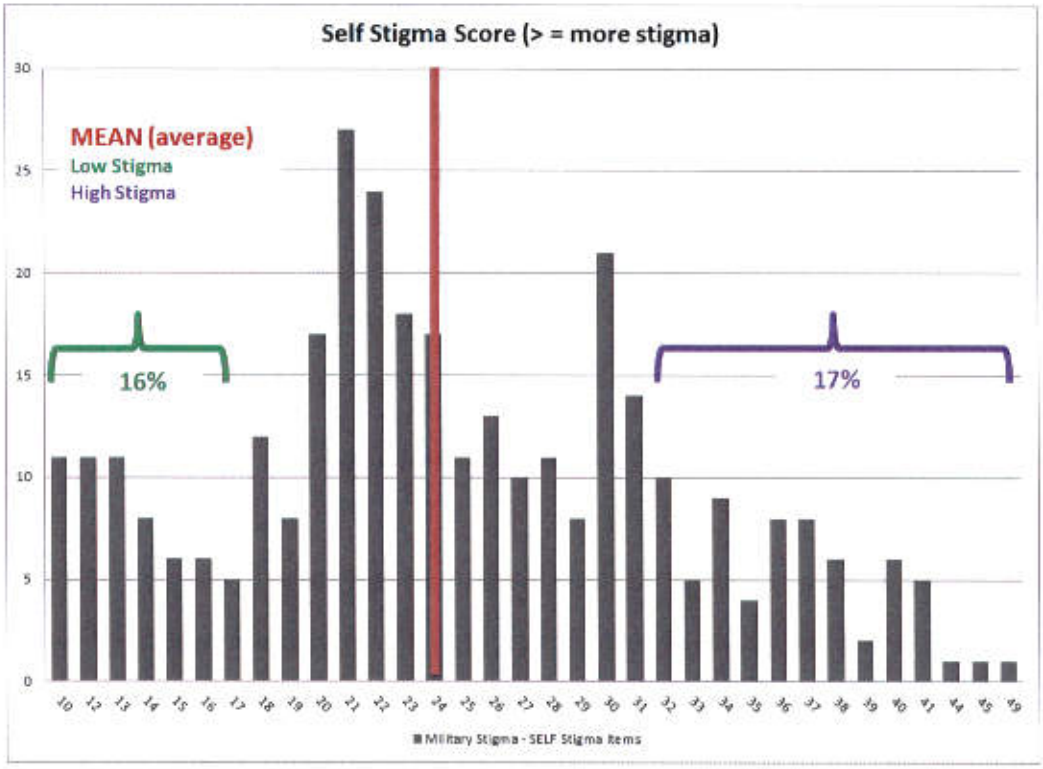
("My reputation in my community would be harmed if people knew that I had seen a mental health provider"). See Figure 11 and Figure 12.

Figure 11: Public Stigma Scale



The scores on this scale indicate that most respondents note an average or moderate amount of public stigma surrounding mental health issues, although there is no firm cut-off for this scale. Fourteen percent of the respondents indicated a high level of public stigma, which could influence whether mental health issues are dealt with effectively and/or publically.

Figure 12: Self-Stigma Scale



Slightly more of the officers felt higher levels of public stigma than self-stigma. This may indicate that although an individual may personally feel that it was appropriate to seek help for mental health issues, they would be concerned about how others would view that decision.

The correlations show a strong and significant positive association between the two stigma scales, indicating that those with strong feelings about public stigma also have strong feelings about self-stigma. See Table 10.

Table 10: Self and Public Stigma Correlation

Correlations

		Military Stigma - PUBLIC Stigma Items	Military Stigma - SELF Stigma Items
Military Stigma - PUBLIC Stigma Items	Pearson Correlation	1	.698**
	Sig. (2-tailed)		.000
	N	329	322
Military Stigma - SELF Stigma Items	Pearson Correlation	.698**	1
	Sig. (2-tailed)	.000	
	N	322	335

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

Neither scale was significantly correlated with whether individuals currently, or ever, had taken medication for depression or mental health issues. Indeed, very few individuals ever had taken such medication. Only 2.5% of the respondents (N =13) reported currently being on medication, and only 5% (N=26) reported ever having taken medication for mental health issues.

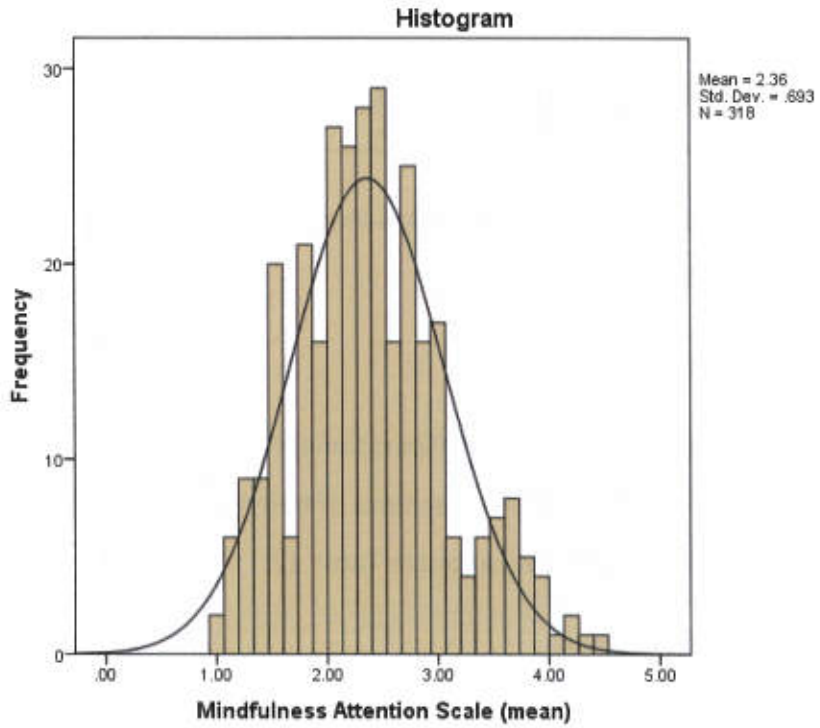
Mindful Attention Awareness Scale (MAAS)

The Mindful Attention Awareness Scale (MASS) is a relatively new scale used in the study of mental health. Its primary focus is on how mindfulness can protect against mental health symptoms. Generally, this scale shows how resilient an individual may be. Questions focus on mental presence during everyday activities, e.g., "It seems I am 'running on automatic' without much awareness of what I'm doing".

Most of the officers had an average score of 3 or less, indicating that they responded with "never", "rarely" or "sometimes" to the questions regarding their mindfulness. Higher scores (4 indicating "often" and 5 indicating "always") would be cause for concern as that individual is noting problematic behaviours relating to their mental health and attention in their everyday life. In this instance, 85% of respondents averaged a score of 3 or less, indicating they only 'sometimes' had experiences with mindlessness or inattention. A small number of officers,

however, had a very high rating (> 4) indicating they may be struggling with some resilience and mental health issues. See Figure 13.

Figure 13: Mindful Attention Awareness Scale



Organizational Police Stress Questionnaire

For this set of questions, officers were asked to rate how each scenario or situation impacted their stress on a scale of 1 (no stress at all) through 7 (a lot of stress), with 4 being "moderate stress". Most of the questions elicited responses that, on average, indicated the situation only caused little or slightly less than "moderate" stress. However, a few questions rated higher, and on average caused "moderate" stress. See Table 11.

Table 11: Organizational Police Stress Questionnaire - High Stress Items

After each item, please indicate how much stress it has caused you over the past 6 months, using a 7-point scale (see below) that ranges from "No Stress At All" to "A Lot Of Stress"	Average Score	Median	Mode
Inconsistent leadership style	3.8	4	4
Lack of resources	4.2	4	4
The feeling that different rules apply to different people (favoritism)	4.0	4	4
Inadequate equipment	3.9	4	2
Staff shortages	4.0	4	4
Bureaucratic red tape	3.9	4	2

Median scores indicate that 50% of the officers selected responses that indicated these elements caused them "moderate stress" to "a lot of stress".

Operational Police Stress Questionnaire

Similar to the Organizational Police Stress Questionnaire, the Operational Police Stress Questionnaire contains a list of items that describe different aspects of being a police officer. The responses that elicited higher levels of stress are presented in Table 12.

Table 12: Operational Police Stress Questionnaire - High Stress Items

After each item, please indicate how much stress it has caused you over the past 6 months, using a 7-point scale (see below) that ranges from "No Stress At All" to "A Lot Of Stress"	Average Score	Median	Mode
Eating healthy at work	3.4	3	4
Finding time to stay in good physical condition	4.0	4	4
Fatigue (shift work, overtime)	3.9	4	4
Occupation-related health issues (back pain)	3.6	4	2

How do you feel about your present job?

The next set of questions related to the respondents' feelings about their current job. They were asked, on a scale of "strongly disagree" to "strongly agree", their feelings about the following statements. The findings are presented in Table 13.

Table 13: Feelings about Present Job

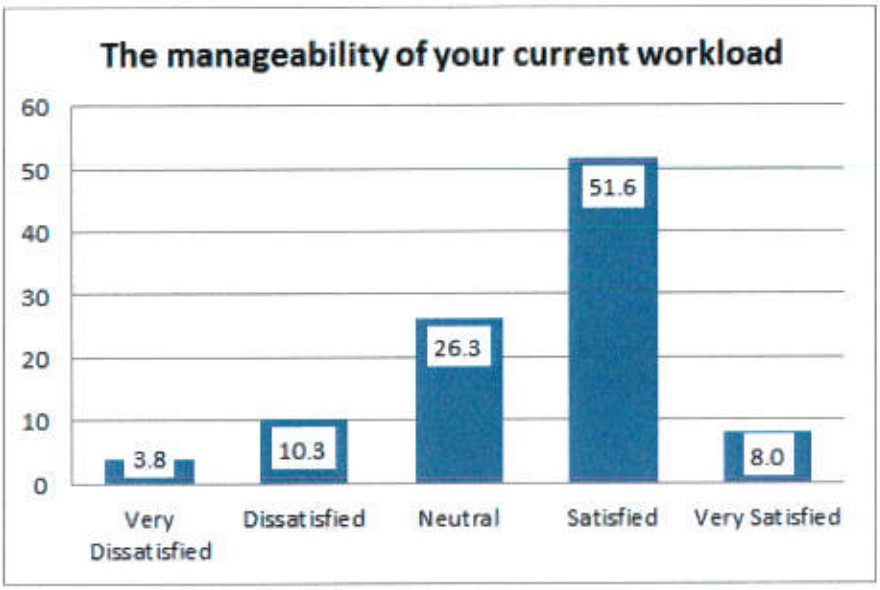
How do you feel about your present job?	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I accomplish worthwhile things every week on my job	3	7	22	53	15
I don't really care about my work very much.	43	39	9	5	4
I feel a sense of purpose and meaning with my job.	3	8	18	52	19
I feel stagnant and bored with my job.	29	34	23	11	3
I feel sufficiently trained in suicide assessment and intervention	6	12	30	43	10
I feel sufficiently trained to respond to mental health calls	4	10	26	51	11
If I had the chance to change departments at the same rate of pay, I would	23	27	29	13	8
I like the kind of work I do very much.	3	5	16	48	28

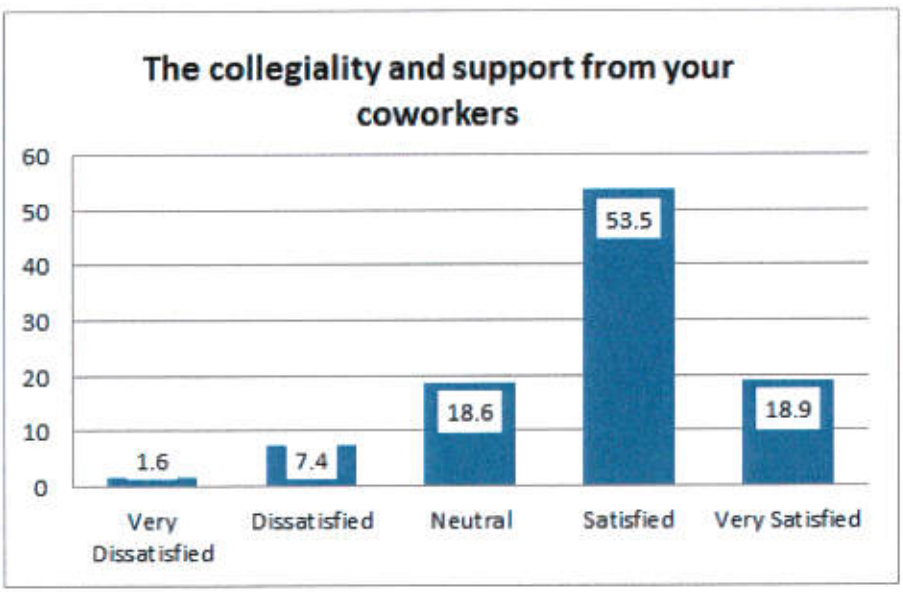
Most respondents felt they accomplished worthwhile things at work, and felt a sense of purpose and meaning with their job. Most did not feel stagnant or bored, and the majority cared about their work. Although most agreed they felt sufficiently trained in suicide assessment and intervention, as well as trained to respond to mental health calls, a large number of the officers responded as 'neutral' to this question.

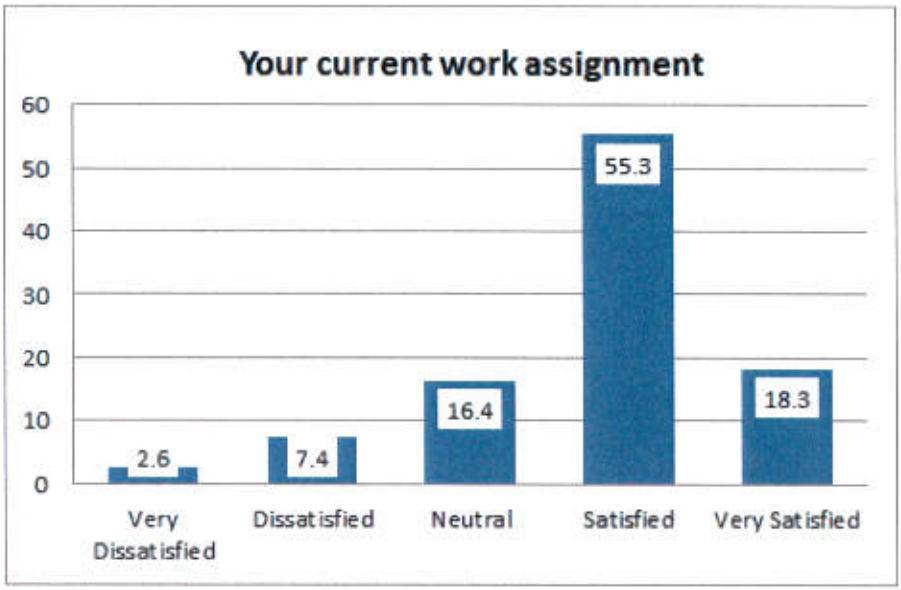
How satisfied are you with...

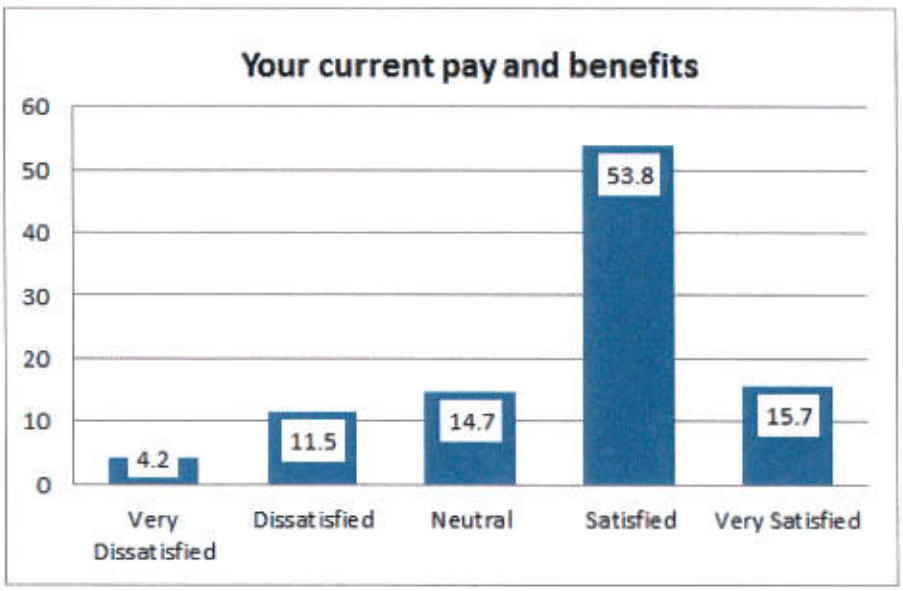
These questions were designed to determine the officers' feelings of satisfaction with certain aspects of their job. The responses are presented in a series of graphs in Figure 14.

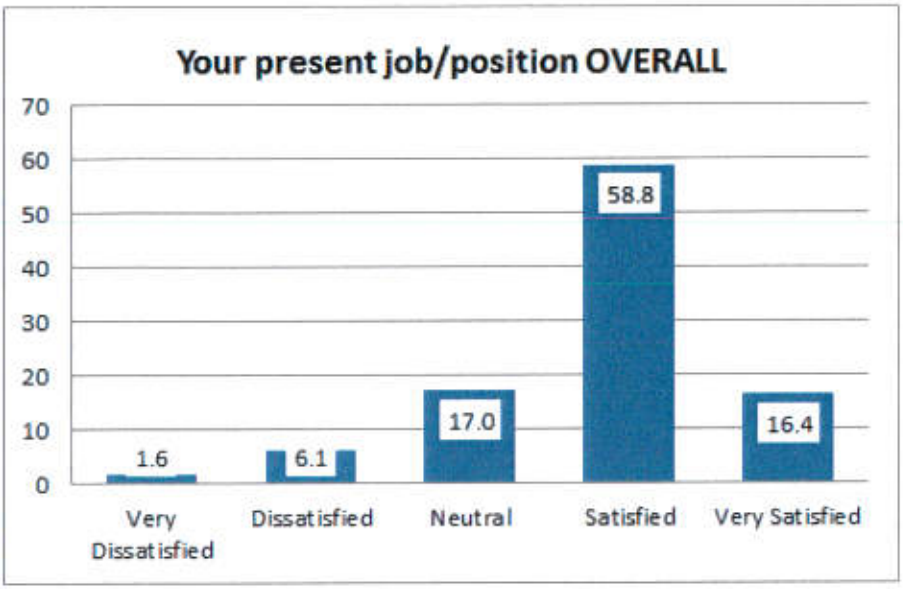
Figure 14: Satisfaction with Respondents' Job

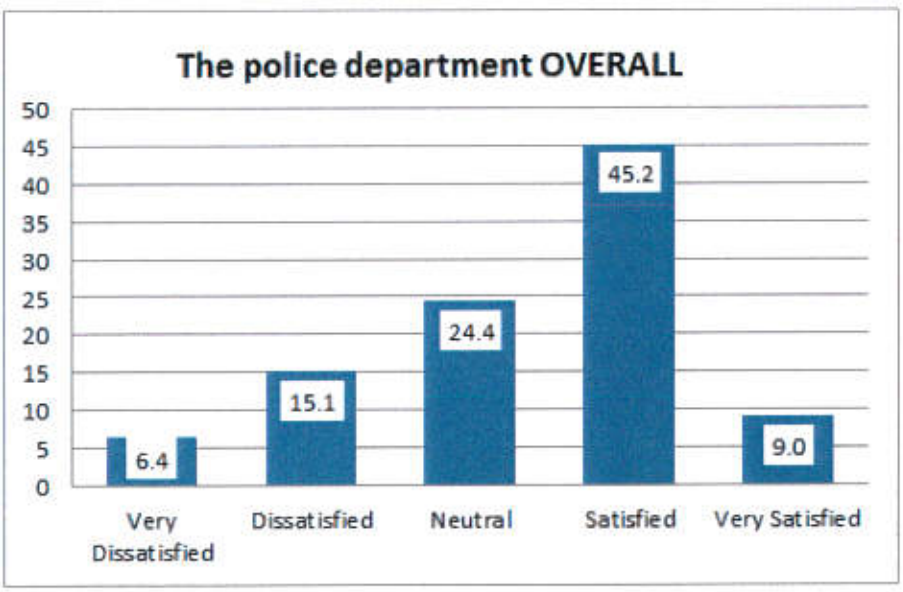





Your current work assignment
60
50
40
30
20
10
0
2.6
7.4
16.4
55.3
18.3
Very Dissatisfied
Dissatisfied
Neutral
Satisfied
Very Satisfied


Your current pay and benefits
60
50
40
30
20
10
0
4.2
11.5
14.7
53.8
15.7
Very Dissatisfied
Dissatisfied
Neutral
Satisfied
Very Satisfied





The findings presented in Figure 14 indicate that, overall, a majority of the WPS officers in the survey sample were either "satisfied" or "very satisfied" with the manageability of their workload; the collegiality and support of their co-workers; their current work assignment; their current pay and benefits; and, overall, their present job/position and the WPS. Notably, however, a lower percentage of officers were satisfied with the WPS "Overall".

SUMMARY OF FINDINGS AND IMPLICATIONS

The results from the survey and the analysis provide insights into the health and wellness of officers in the WPS. Among the more significant findings are the following:

- Approximately six percent (N=24/393) of the respondents are afflicted with PTSD.
- A large majority (75%; N=295/391) of respondents have "moderate" levels of anxiety; nearly a quarter of the respondents (24%; N=96/391) indicated that their anxiety was "severe" or "extremely severe".
- A large majority (70%; 274/392) of the respondents in sample reported moderate levels of depression. However, 30% (N=118/392) reported severe or extremely severe depression.
- 30% (N=115/395) of the officers reported "severe" to "extremely severe" stress. Only 17% (N=68/395) reported "normal" levels of stress.
- When exploring the relationship between these stress, anxiety, and depression scales, all are positively correlated with each other, meaning a higher score on one scale will also be related to a higher score on another. If a police officer is dealing with feelings of depression, they are also likely to be dealing with feelings of stress and anxiety, and vice versa.
- Higher levels of stress, anxiety and depression are correlated with a higher score on the PTSD scale.
- 41% (N=151/372) of the respondents scored in the "high" range for exhaustion, while 26% (N=96/372) scored in the "moderate" range for exhaustion.
- Most respondents (95%; N=345/366) scored either as either "moderate" or "high" on cynicism. The sources of the cynicism are unclear, although it may be related to organizational as well as operational factors.
- Approximately 24% (N=67/280) of the officers had scores indicating harmful or hazardous drinking. Alcohol dependence appeared to be present in 8% of the male respondents, and 7% of female respondents. Overall, 8% of officers showed alcohol dependence (N=23/280).

- The majority (85%; N = 317/365) of the officer respondents scored as either "moderate" or "high" on the professional efficacy scale, indicating a high level of confidence in their effectiveness in their work.
- Drug abuse and non-medicinal use do not appear to be present in the respondent sample.
- Most of the respondents noted an "average" or "moderate" amount of public stigma surrounding mental health issues, although there is no firm cut-off for this scale. 14% (N = 47/329) of the respondents indicated a high level of public stigma, which could influence whether mental health issues are dealt with effectively and/or publically.
- The highest levels of reported stress among the officer respondents were attributed to a lack of resources, the feelings that there is favouritism in the department, and staff shortages.
- Not having the time to stay in good physical condition and fatigue due to shiftwork and overtime were two factors that contributed to the stress levels of officers.
- Most respondents felt they accomplished worthwhile things at work, and felt a sense of purpose and meaning with their job.

Implications

The present study is the most comprehensive assessment of the health and wellness of a sample of police officers conducted to date. The results of the survey indicate that the challenges of policing in Winnipeg are taking a toll on officers although the officers exhibit a high level of resilience in confronting these challenges. A high percentage of officers report being exhausted and as having high levels of anxiety. The WPA and the WPS should address these issues and ensure that officers with these symptoms have access to the appropriate assistance.

As with any self-report survey, caution should be exercised in interpreting the findings. Officers may have been reluctant to report behaviour that would place them in jeopardy, even though confidentiality and anonymity were ensured by the project team. Nevertheless, the survey

utilized multiple indicators of officer health and wellness and so the general findings of the study can be taken as an indication of the challenges facing the officers in the WPS.

The operational review of the WPS found that WPS officers were highly dedicated professionals. The survey findings indicate that a high percentage (74%) were either "satisfied" or "very satisfied" with their work assignment; 70% were either "satisfied" or "very satisfied" with their current pay and benefits; 75% were either "satisfied" or "very satisfied" with their present job/position overall; and 54% were either "satisfied" or "very satisfied" with the WPS overall (the lowest percentage rating). This suggests that officers have concerns about the WPS organization that should be further explored.

The findings suggest that there are particular areas related to the health and wellness of WPS members that require attention. This would include increased access to information, programs and services to ensure that needs of officers are identified and addressed.

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