

Burnout and psychopathological symptoms among police officers: reciprocal predictors

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1. Background & Aims

According literature, policing is one of the most stressful occupations, affecting police officers’ health (Habersaat et al., 2015). They are repeatedly exposed to operational stressors in the form of unpredictable and potentially dangerous or traumatic situations (Albuerne et al., 2015; Balmer et al., 2014; Yung et al.,2015). Studies associated burnout and psychopathology, suggesting a decrease in psychological wellbeing elicited by job tasks (Vendel et al.,2010; Zhang et al., 2014). Several authors (Kelty & Gordon, 2015; Stanley et al., 2016) referred that police officers have high risk to develop occupational stress and suicidal thoughts, prejudicing individuals and organizations. This study aims to identify burnout and psychopathological symptoms among police officers from Portuguese National Police (PSP), and to know the relationship between burnout and psychopathological symptoms, checking if they are reciprocal predictors.

2. Methods

Data were collected during regular and official psychological assessment done by Psychology Unit of PSP to 952 police officers during their 1st year working on Lisbon. All were male, mean age of 26.29 years (SD=2.44), and they fulfilled Portuguese versions of MBI (Maslach et al., 1997; Marques-Pinto & Picado, 2011) and SCL90-R (Derogatis, 1977; Batista, 1993).

3. Results

Regarding burnout (Table 1) low levels were found, as well low presence of psychopathological symptoms (all psychopathological symptoms were low, less than 1, using a 0-4 scale). Emotional exhaustion correlates stronger with depression, somatization and hostility, while professional achievement correlates negatively with psychopathological symptoms (excepting disease degree). Age only correlates negatively and weakly with depersonalization. Regression analysis (Table 2) revealed that psychopathological symptoms explain 38% of emotional exhaustion, 22% of depersonalization and 11% of professional achievement, with depression contributing more, positively, to emotional exhaustion (30%) and, negatively, to professional achievement (10%), while hostility contributes more, positively, to depersonalization (20%). Reciprocally, burnout dimensions explain 38% of psychopathology severity and 30% of symptoms diversity, and only 10% of disease degree, being emotional exhaustion the major predictor (between 9% and 34%). Professional achievement didn’t contribute to explain disease degree.

Table 1. Mean, SD and R Pearson correlations between age, burnout and psychopathological symptoms						
MBI and BSI dimensions	Mean	SD	Age	Emo. exh	Depers.	Prof. achiev.
Emotional exhaustion (0-6)	0,92	0,79	-,037			
Depersonalization	0,83	0,79	-,083*			
Professional achievement	4,70	0,87	-,002			
Somatization (0-4)	0,36	0,32	-,020	,528**	,318**	-,248**
Obsessions	0,67	0,41	-,044	,447**	,321**	-,246**
Interpersonal sensibility	0,30	0,31	-,016	,441**	,304**	-,266**
Depression	0,32	0,32	,006	,546**	,364**	-,320**
Anxiety	0,23	0,26	-,027	,488**	,346**	-,277**
Hostility	0,31	0,37	-,022	,503**	,448**	-,244**
Phobias	0,07	0,17	-,005	,303**	,212**	-,257**
Paranoid traits	0,52	0,46	-,042	,492**	,376**	-,208**
Psychotic traits	0,12	0,22	,017	,448**	,341**	-,265**
Various symptoms	0,58	0,41	,005	,475**	,346**	-,224**
Symptoms’ severity (0-4)	,343	,26	-,020	,581**	,413**	-,311**
Disease degree (0-4)	1,18	,24	-,035	,307**	,215**	-,060
Symptoms’ diversity (0-90)	25,40	17,77	-,023	,507**	,379**	-,311**

p*<0.050 *p*<0.010

Table 2. Regression (Stepwise) analysis of predicted value of psychopathological symptoms on burnout and burnout on psychopathology							
Dependent variable	Predictors	R ²	R ² change	β	t	p	F (p)
Emotional exhaustion	Depression	,298	,298	,205	4,234	,000	
	Somatization	,340	,042	,242	6,618	,000	
	Hostility	,363	,023	,179	4,933	,000	114,652
	Paranoid traits	,374	,011	,188	4,665	,000	(,000)
	Interpersonal sensibility	,378	,003	-,101	-2,281	,023	
Depersonalization	Hostility	,201	,201	,347	9,680	,000	132,563
	Paranoid traits	,219	,018	,168	4,672	,000	(,000)
Professional achievement	Depression	,103	,103	-,259	-6,840	,000	59,563
	Phobias	,110	,007	-,106	-2,800	,005	(,000)
Symptoms’ severity	Emotional exhaustion	,338	,338	,467	15,251	,000	190,111
	Depersonalization	,362	,025	-,152	-5,680	,000	(,000)
	Professional achievement	,376	,014	,139	4,604	,000	
Disease degree	Emotional exhaustion	,094	,094	,268	7,436	,000	51,830
	Depersonalization	,099	,004	,076	2,099	,036	(,000)
	Professional achievement	-	-	-	-	-	
Symptoms’ diversity	Emotional exhaustion	,257	,257	,385	11,911	,000	137,495
	Depersonalization	,289	,032	-,174	-6,132	,000	(,000)
	Professional achievement	,304	,015	,143	4,478	,000	

4. Conclusions

Despite the presence of low burnout level and low psychopathological symptoms, depression and emotional exhaustion were correlated, and reciprocal predictors present the same value, alerting for the need to regular assessment of these professionals to prevent occupational stress and to define stress management programs focused on police officers’ needs (Anshel & Brinthaup, 2014; Garbarino & Magnavita, 2015; Grubb et al., 2015; Mihara & Martin, 2012; Patterson et al., 2015). As Maslach (2015) referred, “*its’s time to take action on burnout*”, and to follow EU-OSHA (2016) campaign about workplace stress management.

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