

**EXPERIENCE OF STRESS AND COPING MECHANISM
AMONG POLICE OFFICERS IN IBADAN METROPOLIS,
OYO STATE.**

BY

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DEDICATION

This project is dedicated to the God Almighty and those who inspired me to further my studies in Health promotion and education.

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ABSTRACT

Policing is considered one of the most stressful occupations which expose police officers to occupational, organizational, and personal stressors. This is true in a country like Nigeria with increased profiling of crime and peace-threatening activities, like kidnapping, ethnic crisis, armed robbery, religious crisis, extra-judicial killing, political violence, and, of recent, the Boko Haram saga. The stressful conditions that law enforcement officers are exposed to can affect their work-related and physiological wellbeing. The studies conducted in Nigeria have not assessed the knowledge of stress and coping mechanism among police officers. Therefore, this study assessed stress experienced and coping mechanism among police officers in Ibadan metropolis.

This study was a descriptive cross-sectional study which utilized quantitative method of data collection using a pre-tested self-administered questionnaire. A multi stage sampling technique was used to select 342 respondents; one out of five Local Government in Ibadan metropolis, the police Divisional Headquarters and 5 police stations in Ibadan North Local Government Area. Questionnaire items elicited information on knowledge of stress and coping mechanism, prevalence of stress and coping mechanism of stress among police officers. Knowledge was scored on a 13-point scale; scores of ≤ 6 , $\geq 7-10$ and $\geq 11-13$ were classified as poor, fair and good knowledge respectively and coping mechanism was scored on a 15 points scale; scores of 0-5, 6-10 and >10 were classified as good, fair and poor coping mechanism. Data were analysed using descriptive statistics, Chi-square test and Fishers exact test at $p=0.05$.

The mean age of respondents was 42.1 ± 14.4 years. Many (58.1%) of the respondents were males, less than half (40.6%) of the respondents were within the age of 33 and 44 years and majority (73.2%) of the respondents were of the Yoruba tribe. Majority (92.5%) of the respondents had poor knowledge of stress with a mean knowledge score of 5.4 ± 1.7 and mean coping score of 5.0 ± 3.0 . Many (93.4%) reported prevalence of stress, more than half (53.1%) of the respondents stated that they are sometimes uncomfortable with their weekly shifts rotation. Most (93.8%) of the respondents stated that their coping techniques were effective and good because it works best for them and make them healthy, while 6.2% of the respondents said their coping techniques were not effective because they still perceive the symptoms of stress.

This study showed that knowledge of stress was poor and respondents still perceived that they experienced stress and its symptoms. Strategies such as training using teaching, discussion and explanation to educate the police officers about stress and its coping mechanism and advocacy to facilitate the construction of standard stress management centres would be appropriate strategies to reduce stress and to increase the knowledge of police officers on stressors and its coping mechanism.

Keywords: Experience, Stress, Coping mechanism, Police officers.

Total words: 460

CERTIFICATION

I certify that this work was carried out by AJAYI AderonkeOyeyemi in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan, Nigeria.

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GLOSSARY OF ABBREVIATIONS

PSTD Posttraumatic stress

CPR Cardiopulmonary Resuscitation

VIP Very important person

DEFINITION OF TERMS

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Experience: A process by which an individual or group undergo a certain feelings.

Stress: simply a reaction to a stimulus that disturbs our physical or mental state.

Coping Mechanism: simply refers to strategies to reduce stress level.

Police Officers: an officer in a law enforcement agency.

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CHAPTER ONE

INTRODUCTON

1.1 Background of the study

Stress is simply a reaction to a stimulus that disturbs physical or mental equilibrium, in other words, it is an omnipresent part of life. A stressful event can trigger the “fight-or-flight” response, causing hormones such as adrenaline and cortisol to surge through the body (Hammen, 2005). Stress is the body's reaction to a change that requires a physical, mental or emotional adjustment or response, therefore, stress is a part of daily lives. Stress is not a bad thing; in fact, when human beings react to stress by correctly identifying problems and implementing sound problem solving techniques, in other words, manage stress, it can be credited with motivating the human body toward equilibrium. Stress can be negative or positive; it can sometimes help to motivate to get a task finished and can also be harmful if we become over-stressed and it interferes with ability to get on with normal life for too long (Glanz and Schwartz, 2008).

Sometimes stress can be brief and specific to the demands and pressure of a particular situation, such as deadline, a performance or facing up to a difficult challenge or a traumatic event, these types of stress often called acute stress which is the most common type of stress (Leserman, Petitto, Golden, Gaynes, Perkins, Silva and Folds, 2000). It is body's immediate reaction to a new challenge, event, or demand, and it triggers your fight-or-flight response. Severe acute stress such as stress suffered as the victim of a crime or life-threatening situation can lead to mental health problems, such as post-traumatic stress disorder or acute stress disorder. Some people seem to experience acute stress and when it is experienced it is referred to as episodic acute stress. These kinds of repetitive stress episodes may be due to a series of very real stressful challenges, for example, losing a job, then developing health problem. For some people episodic acute stress is a combination of real challenges and a tendency to operate like a “stress machine”, some people tend to worry endlessly about bad things that could happen. Many are frequently in a rush and impatient with too many demands on their time, which can contribute to episodic acute stress (Leserman *et al*; 2000). The third type of stress is chronic stress which is harmful to people's health and well-being, as it involves ongoing demands, pressure and worries that seem to go on forever, with little hope of letting up, even though, people can sometimes get used to chronic stress and may feel they do not notice

it so much, it continues to wear people down and has a negative effect on their relationship and health (Alderson, 2010).

General overview of stress among police officers

All over the world, police is an important arm of government which is responsible for the enforcement of law and order. Nonation could excel without a well-trained and disciplined force that could protect life and property of the citizens. Police officers are affected by daily exposure to human indecency and pain dealing with a suspicious and sometimes hostile public takes its toll on them. The shift changes, the long periods of boredom, and the ever-present danger that are part of police work do cause serious job stress (Miller, 2005). Police stress arises from several features of police work. Alterations in body rhythms from monthly shift rotation, for example, reduce productivity; the change from a day to a swing, or graveyard, shift not only requires biological adjustment but also complicates officers' personal lives. Role conflicts between the job, serving the public, enforcing the law, and upholding ethical standards and personal responsibilities as spouse, parent, and friend act as stressors. Other stressors in police work include: threats to officers' health and safety, boredom alternating with the need for sudden alertness and mobilized energy. In addition, responsibility for protecting the lives of others, continual exposure to people in pain or distress, the need to control emotions even when provoked (Collins and Gibbs, 2004). Also, the presence of a gun, even during off-duty hours, the fragmented nature of police work, with only rare opportunities to follow cases to conclusion or even to obtain feedback or follow-up information (Morash, Haarr and Kwak, 2006).

Stress can come in many forms, some sources can be internal or external, pressure to succeed, conflicts among family and friends, a lack of self-confidence, or even not getting enough sleep. This is especially difficult for the police family; as they often do not understand why their spouse is not home with the family, the family often feels that the police officer places his or her job significantly above his or her family which can cause conflict among the members of the family. Spouses and children of officers often live separate due to frequent redeployments, this affect their children's moral development and even their academic and social life and it can also lead to divorcement which usually, causes yet another stressor in the officers life (Dempsey and Forst, 2013). Police officers are prone to sexually transmitted diseases as a result of this.

Coping mechanism

Coping can be defined as action-oriented and intrapsychic efforts to manage the demands created by stressful events, it can be recognized for both its significant impact on stress-related mental and physical health outcomes and for its intervention potential. We have healthy and unhealthy coping strategies, some healthy coping strategies are: exercise, down time for self-care, balancing work and play, time management and meditation. Some of unhealthy coping strategies are alcohol or drug use, avoidance of event, procrastination, overeating and self-injury.

Social support is another significant coping resource. It can be as defined as the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations (Roberts, Walton and Viechtbauer, 2006). Social support reduces psychological distress, such as depression or anxiety, during times of stress and promotes psychological adjustment to a broad array of chronically stressful conditions (Taylor, 2007). Social support also contributes to healthy physical life and survival. Studies also show that enhancement of awareness and self-esteem can decrease the impact of stress among police personnel (Ranta, 2004) and that physical exercise can play an important part both in reducing stress and in increasing police officers' ability to cope with stressful situations.

1.2 Statement of Problem

Globally, police work is a highly stressful occupation characterized by unpredictable events, exposure to trauma, extended periods of boredom, inconsistent shift work, and tension associated with organizational issues (Violanti, O'Hara, and Tate, 2011). Police officers are assigned to a particular shift and they must work regardless of holidays or other special occasions. Studies have indicated that law enforcement personnel who engage in frequent shift-work are at risk, not only for experiencing adverse physiological and emotional effects, but also for exhibiting symptoms of compromised judgment (Violanti *et al.*, 2011) and perception, and psychomotor functioning (Vila, 2009). Excessive stress can have serious consequences on one's physical health, as well as mental health.

Adverse effects of work-related stress are job dissatisfaction, poor public relations, reduced productivity, absenteeism, and high staff turnover; adverse personal effects are anxiety

depression, and burnout (Gershon, Lin and Li, 2002). Particularly, depression caused by a stress creates a barrier that can prevent one from feeling and experiencing life to the fullest in all aspects. Depression is a serious medical condition that has a variety of symptoms such as weight loss or weight gain, a loss of motivation to perform normal daily activities, development of suicidal thoughts, extreme fatigue and feeling a sense of worthlessness. Also anxiety and depression have been identified as significant factors associated with excessive stress. Studies have shown that depression can be linked to suicide, which is one of the leading causes of death among police officers (Steyn, Vawada, Wyatt and Williams, 2013).

A previous study conducted in Puduchery in India showed that majority of policemen (88.89%) had moderate level of stress (Saya and Venkata, 2014). Research also shows that about 28.1% of police officers are suffering from post-traumatic stress disorder symptoms and suicidal ideation in South Africa (Steyn, Vawada, Wyatt, William and Madu, 2013). A study conducted in Ibadan metropolis, revealed that there were significant effects of work-stress and frustration on psychological well-being of police employees in Ibadan metropolis (Adegoke, 2014). Research tells us that chronic fatigue affects the mental and physical health of police officers (Basińska, 2012; Senjo, 2011). Fatigued officers have impaired judgment, experience weight gain or unhealthy weight loss, show an increase in and presence of severe mood swings, demonstrate impaired eye-hand coordination, have increased change of substance-abuse addiction, and show increased gastrointestinal problems (loss of appetite and or stomach ulcers). They also have increased reports of back pain and frequent headaches, have increased chance of posttraumatic stress disorder, and demonstrate inappropriate reactions to a situation (excessive use of force). They show increased risk of serious health problems such as diabetes or cardiovascular disease due to work-related stress (Czaja-Miturai, Merez-kotand Szymczak, 2013) with the increase in burden of non-communicable disease risk factors in many countries.

Alcoholism and drug addiction are also prevalent in policing and most of these police officers do not have adequate knowledge on the health consequences of stress. Alcohol abuse among police officers is a serious and widespread problem; because drinking has been an acceptable part of the police culture and has been a way for police officers to cope with stressors of their work, they also believe that it helps to increase their morale (Lindsay, 2008). Research has revealed a strong connection between occupational stress and alcohol and drug abuse. Alcohol consumption among police officers is also correlated with officer suicides and

domestic violence and mental health (Adelson, 2006). Police department officials have reported informally that as many as 25% of the officers in their respective departments have serious alcohol problems in United States of America (Journal of Police Science and Administration). The health risks of alcohol includes cirrhosis of the liver, cancer, cardiovascular diseases, depression, high blood pressure, mental problem, which have adverse effects on the health of Police officers.

The stress among police officers and the consequences had been highlighted; however, the knowledge of police officers on the health consequences of stress and coping mechanism had been under-researched. There is a need to identify the burden of stress and its associated factors among the police personnel, so that appropriate interventions can be initiated for their benefit. This study was designed to assess the level of stress experience, respondent's knowledge on the health consequences of stress, various factors influencing stress and the various coping strategies that police officers in Ibadan metropolis employed in dealing with this stress.

1.3 Justification

Study revealed that psychological factors such as self-esteem, self-monitoring and locus of control do not predict work stress of the policemen in Nigeria (Ilevbare and Ogunjimi, 2014). Another study also showed that age, marital status, academic qualification and job tenure were found to influence job burnout (Odedokun, 2015). These studies have not thoroughly examined the stress experienced among police officers like work-related stress, operational, organization and personal-related stress, knowledge of stress and its health effects and most especially their coping mechanism because some police officers adopt the negative or ineffective coping strategies (self-medication with alcohol or other drugs) which ultimately exacerbate their problems.

Hence, this study focused on the health effects of stress, prevalence of stress, factors influencing it and the various mechanisms of coping with it. The findings from this study have the potential to identify the appropriate interventions that can be initiated for the benefit of police officers and their agencies. Findings from this study would be also useful in establishing frame works that can guide future research on stress and its management and also add to the body of knowledge on stress experienced and the coping mechanism among police officers.

1.4 Research Question

The study has the following research questions:

1. What are the respondents' levels of knowledge of health effects of stress?
2. What are the prevalence of stress among the respondents?
3. What are the factors influencing stress among the respondents?
4. What are the coping mechanisms for managing stress among the respondents?

1.5 Broad objective of the study

The broad objective of this study is to investigate the level of stress experienced and coping mechanism among police officer in Ibadan metropolis, Oyo State.

1.6 Specific objectives

The specific objectives of this study are as follow:

1. To assess the respondents level of knowledge of health effects of stress
2. To determine the prevalence of stress among police officers in Ibadan metropolis
3. To identify factors influencing stress among the police officers in Ibadan metropolis
4. To identify various coping mechanisms for managing stress among police officers in Ibadan metropolis

1.7 Research hypothesis

Ho₁: There is no significant relationship between the gender of the respondents and experience of stress.

Ho₂: There is no significant relationship between the Job description (crime investigation units, administrative officers, traffic warden) of the respondents and experience of stress.

Ho₃: There is no significant relationship between the age of respondents and knowledge of stress.

Ho₄: There is no significant relationship between the level of education of the respondents and the knowledge of stress

CHAPTER TWO

LITERATURE REVIEW

2.1 Stress

Stress is what we feel when we have to respond to a demand on our energy, it is a natural part of life, and occurs whenever there are significant changes in our lives, whether positive or negative. Stress isn't always bad, stress within your comfort zone can help you perform under pressure and motivate you to do your best, but when stress becomes overwhelming, it can damage your health, your mood, your productivity, your relationships, and your quality of life (Galt, 2005). One can protect himself by recognizing the signs and symptoms of stress overload and taking steps to reduce its harmful effects. Stress is your body's way of responding to any kind of demand or threat. Under stress, your body releases chemicals that give you the added strength and energy you need to protect yourself, but it can also shut down your ability to think, feel and act and your body's ability to repair itself (Lehrer, Paul, David, Barlow, Robert, Woolfolk, Wesley and Sime, 2007). When you feel threatened for any reason, realistic or not, your body's defences kick into high gear in a rapid automatic process known as the "fight or flight" response in rarer traumatic instances, the body may even freeze, these responses are your body's way of protecting you.

When working properly, stress helps you stay focused, energetic, and alert. Stress can also help you rise to meet challenges. Stress is what keeps you on your toes during a presentation at work, sharpens your concentration when you are attempting the game-winning free throw, or drives you to study for an exam when you should rather be watching television.

2.2 Causes of stress

Stress can be caused by external and internal factors, external factors are: major life changes, work or school, relationship difficulties, financial problems, being too busy, children and family. Internal causes of stress are: chronic worry, pessimism, negative self-talk, unrealistic expectations or perfectionism, rigid thinking, lack of flexibility, all-or-nothing attitude.

2.3 Symptoms of stress

Physical symptom

The most common physical symptom is headaches, long term stress can lead to digestive problems including ulcers, insomnia, fatigue, high blood pressure, nervousness and excessive sweating, heart disease, strokes and even hair loss, dizziness, chest pain, frequent cold, nausea, rapid heartbeat. Individuals that work in the police force can show a number of varied and differing physical symptoms which include, headaches, ulcers, troubled sleeping, change in sexual drive, decreased immunity, fatigue, drinking too much (Glanzet *al.*, 2008)

Emotional symptoms

Stress affecting the mind which includes anxiety, anger, depression or general unhappiness, irritability, frustration, over-reaction to everyday problems, memory loss and a lack of concentration for any task, inability to relax, moodiness, agitation, feeling overwhelmed, sense of loneliness and isolation.

Anxiety is normally shown as a response to loss, failure, danger or a fear of the unknown. Anger is a common response to frustration or social stress and can become a danger to other individuals if not kept in check. Depression is frequently seen as an emotional response to upsetting situations such as the death of a loved one, illness and failure (Glanzet *al.*, 2008). High levels of stress in policing can lead to serious emotional symptoms such as, depression, poor motivation, loneliness, feel out-of-control and so on (Rademaker, Van Zuiden and Vermetten, 2011).

Psychological or mental symptoms

Long-term stress can cause psychological problems, in some individuals; symptoms include withdrawal from society, phobias, compulsive behaviours, eating disorders and night terrors. Most of us experience stress at one time or another, without stress, there would be no life. However, excessive or prolonged stress can be harmful. Stress is unique and personal. A situation may be stressful for someone but the same situation may be challenging for others. For example, arranging a world level symposium may be challenging for one person but stressful to another. Some people have habit of worrying unnecessarily (Williams, 2003). Stress among police officers has also been connected to police misconduct and can also have a negative effect on the law enforcement organization due to lawsuits resulting from officer's

performance; others include: anxiety, irritability, aggressive outbursts, poor concentration and forgetfulness (Van der Velden, Kleber and Grievink, 2010).

2.4 How to deal with the symptoms of stress

Stress management involves changing the stressful situation when you can, changing your reaction when you cannot take care of yourself, and making time for rest and relaxation. The ways by which you can deal with stress are mentioned below:

Physical activities: Physical activity plays a key role in managing stress. Activities that require moving both your arms and your legs are particularly effective. Walking, running, swimming, dancing, and aerobic classes are good choices, especially if you exercise mindfully (focusing your attention on the physical sensations you experience as you move). Focused movement helps to get your nervous system back into balance. If you have been traumatized or experienced the immobilization stress response, getting active can help you to become "unstuck" (Rademaker *et al* 2011)

Engage socially: Face to face talk, the simple act of looking at a friendly face and opening up can release hormones that reduce stress even if you are still unable to alter the stressful situation. Opening up is not a sign of weakness and it won't make you a burden to others. In fact, most friends will be flattered that you trust them enough to confide in them, and it will only strengthen your bond (Sapolsky, 2005). Quickly recognize and reduce stress in any setting or situation, face and deal with anxiety, depression and other uncomfortable feelings, repair wounded feelings and damaged relationships.

Relaxation: Relaxation techniques such as yoga, meditation, and deep breathing activate the body's relaxation response, a state of restfulness that is the opposite of the stress response.

Healthy diet: Well-nourished bodies are better prepared to cope with stress, start your day with a healthy breakfast, reduce your caffeine and sugar intake, and cut back on alcohol and nicotine.

Enough sleep: Feeling tired can increase stress by causing you to think irrationally, keep your cool by getting a good night sleep.

2.5 Police officers and stress

Police officers work stress reactions are always classified as physiological, emotional and behavioural reactions, physiological reactions maybe termed as having higher than normal probability of death from certain illnesses specifically heart attack and myriad of health problems such as headaches, high blood pressure and stomach problems and the physical symptoms can be problems urinating, frequent headaches, chest pains, diarrhoea, constipation and intestinal pain. On the other hand, emotional reactions may include depression and extreme cases of suicide, it can also be so severe which may be termed as posttraumatic stress disorder (PTSD) (Waters and Ussery, 2007).

Posttraumatic stress disorder is always associated to severe and prolonged after one exposure to a series of traumatic events and the symptoms include loss of interest in sex, isolation, especially from loved ones, sleeping too much. This may lead to job dissatisfaction, apathy and cynicism. Whereas behavioural reactions may entail reduced level of job performance, errors of judgment, irresponsibility, low morale, absenteeism, tardiness, early retirement and quitting the police services altogether at the organizational level, however at the individual level they include aggression, violence, isolation, excessive drinking and smoking, alcoholism and drug abuse.

2.6 Prevalence of stress among police officers

Generally, stress is a critical factor in determining individual's health and well-being. It is a phenomenon that has generated a lot of researches mostly as a result of its negative perception and its bio-medical effect on human behavioural manifestation. In Nigeria, a high level of stress have been observed among the working class, especially workers who involved in personal interaction with people such as police who are more vulnerable to occupational stress and job burnout (Aremu, 2014). A study conducted by (BunmiOmolayo, 2012) in Ekiti State revealed that Female police officers experienced a significant higher job stress than Male counterparts, it was also found in the study that senior Police officers do not experience as much stress on the job than junior officers.

Burnout is a type of psychological stress; job burnout is characterized by exhaustion, lack of enthusiasm and motivation, feelings of ineffectiveness, and also may have the dimension of frustration or cynicism and as a result of reduced efficacy within the workplace (Bakker, Demerouti and Sanz-Vergel, 2014). A study conducted by Odedokun and Solomon Adekunle (2015) showed that a single individual experiences more burnout than the married individual; Police officers with more years in the service experience less job burnout than their counterparts that have spent few years, older Police officers experience less job burnout compared with the younger Police officers, those with higher academic qualification experiences higher job burnout compared with officers with lower educational qualification.

2.7 Factors influencing stress among Police officers

A job serves as a rewarding means through which one can achieve economic means for survival. It is often the most integral arena of life, and where individuals can reach the higher goal of self-actualization, on a different note, employment often exposes individuals to a host of occupational stressors. Thus, employees are exposed to experience work-related stresses, diseases, and even death. Among innumerable occupations available in modern society police work is regarded as one of the most stressful jobs all over the world, the police are an important arm of government which is responsible for the enforcement of law and order. No nation could excel without a well-trained and disciplined force that could protect life and property of the citizens, limit civil disorder (Anshel, 2000)

Police officers are generally charged with the apprehension of criminals and the prevention and detection of crime, protection and assistance of the general public, and the maintenance of public order. Police officers may be sworn to an oath, and have the power to arrest people and detain them for a limited time, along with other duties and powers. Some police officers may also be trained in special duties, such as counter-terrorism, surveillance, child protection, VIP (very important person) protection, civil law enforcement, and investigation techniques into major crime including fraud, rape, murder, and drug trafficking. Although many police officers wear a corresponding uniform, some police officers are plain-clothed in order to dissimulate as ordinary citizens. Police are also responsible for reprimanding minor offenders by issuing citations which typically may result in the imposition of fines, particularly for violations of traffic law. Traffic enforcement is often and effectively accomplished by police officers on motorcycles called motor officers, these officers refer to the motorcycles they ride

on duty as simply motors. Police are also trained to assist persons in distress, such as motorists whose car has broken down and people experiencing a medical emergency, they are also trained in basic first aid such as cardiopulmonary resuscitation CPR.

Policing job, perhaps more than any professions, not only requires absolute professionalism, but also total commitment expected to make the practitioners proactive and efficient. This becomes expedient in a multi-ethnic country like Nigeria with increase profiling of crime and peace-threatening activities, like kidnapping, ethnic crisis, armed robbery, religious crisis, extra-judicial killing, political violence, and of recent, the Boko Haram saga, all these could exert much pressure on the personnel of the Nigeria Police. The peculiarity of the profession also makes the practitioners to experience job-related stressors such as dealing with unlawful things, often dangerous actions of citizens, inadequate or broken equipment, and abusive treatment in the workplace which eventually leads to increased rate of illness, posttraumatic stress and decreased levels of job satisfaction (Jaramillo, Nixon and Sam, 2005).

Several studies of law enforcement stress have found that work-related factors are the main source of stress for law enforcement personnel which can be poor management, regular changes in duties for example spending one day filling out paperwork and the next intervening in a violent domestic dispute and poor working conditions. Therefore, work-related stress or occupational stress can be defined as “a situation wherein job-related factors interact with a worker to change that is disrupt or enhance his or her psychological or physiological condition such that the person mind-body is forced to deviate from normal functioning.” Even though in recent years many law enforcement agencies have devoted significant time and effort to dealing with the stress of their employees, stress has nevertheless been described as an individual problem for each law enforcement officer to deal with, rather than organizational problem stemming from the characteristics of organizations (Stinchcomb, 2004).

Police officers work stress reactions are always classified as physiological, emotional and behavioural reactions (Morashet *et al.*, 2006). Physiological reactions maybe termed as having higher than normal probability of death from certain illnesses specifically heart attack and myriad of health problems such as headaches, high blood pressure and stomach problems (Jaramillo *et al.*, 2005). On the other hand, emotional reactions may include depression and extreme cases of suicide. Emotion reaction can also be so severe which may be termed as

posttraumatic stress disorder (PTSD). Posttraumatic stress disorder PTSD is always associated to severe and prolonged after one exposure to a series of traumatic events. This may lead to job dissatisfaction, errors of judgment, irresponsibility, low morale, absenteeism, tardiness, early retirement and quitting the police services altogether at the organizational level, however at the individual level they include aggression, violence, isolation, excessive drinking and smoking, alcoholism and drug abuse.

Work environment is one of the sources of police stress; it can be internally and externally. Internally work environment include factors that are related to organizational structure and climate, which can be even greater sources of stress for police officers. Shift schedules that disrupt normal sleep patterns and social life, authoritarian, torture by senior officers, management styles, poor interpersonal-relationships with supervisors, interdepartmental politics, lack of adequate planning and resources, lack of promotion and transfer opportunities, excessive paperwork, decisions without proper information, lack of organizational or departmental support, lack of autonomy in performing duties and lack of recognition for work accomplishments are among the organizational stressors faced by members of the police force (Shunmuga, Sundaram and JeyaKumaran, 2012). Therefore, Organizational stress is broadly defined as certain characteristics of the organization and behaviours of its employees that may create stress for the employees. In contrast to many other sectors where organizational stress factors receive attention necessary to mitigate their effects on employees, law enforcement agencies do not put enough effort into identifying organizational stressors and their potential effects on employees. The success of any law enforcement organization depends largely on a comprehensive understanding of the stressors within the organization and on the efforts to identify and mitigate their impacts (Palmer, 2006).

The way the police men operate can also cause stress which is known as “operational stress” The normal day-to-day incidents confronting police officers create a stressful environment for them to deal with. Their reactions to these incidents often have the potential for negative emotional, physical, and psychological effects unless well managed (Chapin, Brannem, Singer and Walker, 2008). Operational stressors are usually faced daily by law enforcement officers as part of their job. Exposure to traumatic events, murder, assaults, shootings, dealing with crime victims and perpetrators also add to their stress (Michelson, 2006). Operational stressors, or inherent stressors, in police life also include boredom, the continual exposure to citizens and their complaints, the use of force, and the sense of working under the strong

possibility of violence, dangerous events, and death. All these clearly are psychologically and physically harmful to wellbeing (Dowler and Arai, 2008).

Violent and unpredictable incidents (He, Zhao, and Archbold, 2002) and frequent physical contacts with suspects (Dowler, 2005) are also strong factors in stress and burnout. (Chapin *et al.*, 2008) emphasize the importance of recognizing the consequences of exposure to traumatic events on the wellbeing of officers. Common reactions immediately after traumatic exposure include loss of sleep, emotional distancing from friends and family, hyper vigilance, and numbing. In most officers, these reactions are transient and resolve with support and conversation, when the reaction is severe enough to impair occupational or social functioning, the reaction is called “acute stress disorder.” If the reaction does not resolve within a matter of months, the officer may be experiencing posttraumatic stress symptoms or may be affected physically especially the way they think and behave. Therefore, acute stress is defined as “unpleasant verbal input, pain or injury, making wrong decisions, shooting inaccuracies, making errors when making arrests, uncertain or dangerous situations, and reprimands from a supervisor (Anshel, 2000).

Family problems for example divorce, loss of loved ones, lack of time to be with their family, financial problem, health problems, taking second job to make extra income, childcare responsibilities, financial worries, bereavement and housing problems can increase stress for police officers. Women are especially likely to experience these sources of stress, since they still carry more of the burden of childcare and domestic responsibilities than men. In addition, women are concentrated in lower paid, lower status jobs, may often work shifts in order to accommodate domestic responsibilities and may suffer discrimination harassment at the place of work. Others factors include, Non-cooperation from public and negative public image, political pressure, lack of government Support (BusharaBano, 2011).

2.8 Health-related effects of stress

Stress has been shown to directly shorten human’s lifespan, but it is also associated with various detrimental changes in physical health (eg, through its impact on the immune system, gastrointestinal function, and the urogenital system), which affect the human’s quality of life. Stress has also been associated with various gastrointestinal diseases in humans, including functional bowel disorders, inflammatory bowel disease, peptic ulcers, and gastroesophageal reflux, (McEwen, 2002). Stress can also cause by internal and external factors, external causes

are dangers, threats, and declining respect from the public while on patrol. Internal stressors are described as negative attitudes toward upper management, such as feeling lack of support from administration, demanding work, lack of clarified job descriptions, as well as insufficient acknowledgement for a job well-done. It has been determined that a well-defined job description, positive supervisor support, beneficial working relationships and positive perception of change leads to a happier work environment. Police stress is known to be linked with various health problems; they suffer disproportionately from cardiovascular, gastrointestinal and metabolic diseases as well as menagerie of psychological disorders, they also experiencing interpersonal relationship problems.

Stress also becomes harmful when people use alcohol, tobacco, or drugs to try to relieve their stress. Unfortunately, instead of relieving the stress and returning the body to a relaxed state, these substances tend to keep the body in a stressed state and cause more problems. Stress can play a part in problems such as headaches, high blood pressure, heart problems, diabetes, skin conditions, asthma, arthritis, depression, and anxiety (Bourne and Yaroush, 2003). Populations that live in more stressful environments i.e. communities with higher divorce rates, business failures, natural disasters, etc. smoke more heavily and experience higher mortality from lung cancer and chronic obstructive pulmonary disorder (Sapolsky, 2005). Life in stressful environments has also been linked to fatal accidents and to the onset of bulimi. Another variable related to stress that could provide a link to health is the increased sleep problems that have been reported after psychological trauma (Harvey, 2003).

Shift-work and health: Shift-work is a necessary part of modern society, but this may come with a price. The opportunity to work shifts is valued by many employees for a variety of reasons, including social and domestic, in some industries e.g. hospitals and police work which they must cover 24 working hours, in other situations, the imperative for 24-hour shifts is economic (Sapolsky, 2005). Different people display different tolerances for shift-work, but there is clear evidence that shift-work can have long-term health consequences. Shift-workers, particularly those on rotating shifts, have a higher incidence of sick leave, a higher rate of visits to clinics at the work site, and poorer scores on a variety of indices of health. Shift-work may also be a risk factor in such pregnancy outcomes as low birth weight and pre-term births. Other factors such as gender, age, ethnicity and occupation may moderate the experience of stress. In today's working environment the fear of redundancy, lack of job security, diminished career prospects, and a preoccupation with restructuring are all potential

stressors not necessarily present in previous generations' experience of work. It has long been felt plausible that all these factors may diminish health status as well as increase feelings of personal insecurity and the enjoyment of work.

2.9 Coping Mechanism in relation to police work

Coping is the process of spending mental, conscious energy in dealing with problems in life. However, extensive research on stress provides probative evidence that the effects of stressors can vary depending on individuals' coping strategies and coping resources. Coping strategies and resources serve as moderators of the impacts of stressors. At the risk of oversimplification, coping strategies can be organized into two clusters which are constructive coping and destructive coping (Heet *et al.*, 2002). Constructive coping is construed as more effective in reducing occupational stress, it decreases the amount of stress perceived and experienced, examples of constructive coping include cognitive problem-solving strategies, talking with family members or friends about stressful experiences, reliance on religion, or physical exercise (Gershonet *et al.*, 2008), (He *et al.*, 2002). In contrast, destructive coping can result in maladaptive or negative outcomes such as psychological and physical health problems. Self-destructive methods, including increased drinking, smoking or drug use, and avoidance techniques are a few examples of destructive coping. Destructive or negative strategies diminish symptoms of stress without addressing the real problem or disorder. Research shows that police officers who employ destructive coping practices are likely to suffer from chronic stress, burnout, withdrawal from work, or serious health problems (Gershonet *et al.*, 2008).

In addition to varying coping strategies that individuals may attempt to employ, having access to related coping resources, such as social support from family, friends, or co-workers, also appear to influence the effects of job stressors. Family and support from superiors at work ameliorate some of the adverse effects of police stressors (Thompson, Kirk and Brown, 2005). Police peer support groups have been also suggested as an effective way of addressing work-related stress (Gershonet *et al.*, 2008; Slate *et al.*, 2007). Conversely, officers who lack such support from families or peers appear particularly vulnerable to the negative effects of stressors (Gershonet *et al.*, 2008). Coping can be regarded as conscious use of cognitive or behavioural strategies that are intended to reduce perceived stress or improve a person's resources to deal with stress (Anshel, 2000).

Selecting employees based on emotional stability and personality characteristics was also found to reduce the amount of excessive force associated with workplace stress. Hiring applicants with high scores on conscientiousness, emotional stability, coping skills, and religious affiliations could prevent future suicides (Pienaar *et al.*, 2007). Hiring officers who have college educations and are properly instructed and evaluated in the academy can assist in reducing officer stress. Police academics should ensure to receive the necessary tools to face the demands of police work (Gershon *et al.*, 2009). College educated personnel might also help develop more proactive policies (Scott, Evans and Verma, 2009).

In regards to improving police officers coping skills, police stress management programs should be tailored to fit the specific need of a police department. A sensible approach would involve the assessment of police officers physical and psychological stress, which includes identifying both internal and external stressors, monitoring police officers adaptive and maladaptive coping skills and effective use of appropriate intervention strategies such as peer counselling. Stress management in policing is essential because police work is such a highly stressful profession. In addition, police officers who are unable to deal effectively with stress might fail to provide efficient quality police services to citizens.

2.10 CONCEPTUAL FRAMEWORK

Precede Model

The PRECEDE framework was first developed and introduced in the 1970s by Green and colleagues (Green and Kreuter, 2005). PRECEDE is based on the premise that, just as a medical diagnosis precedes a treatment plan, an educational diagnosis of the problem is very essential before developing and implementing the intervention plan.

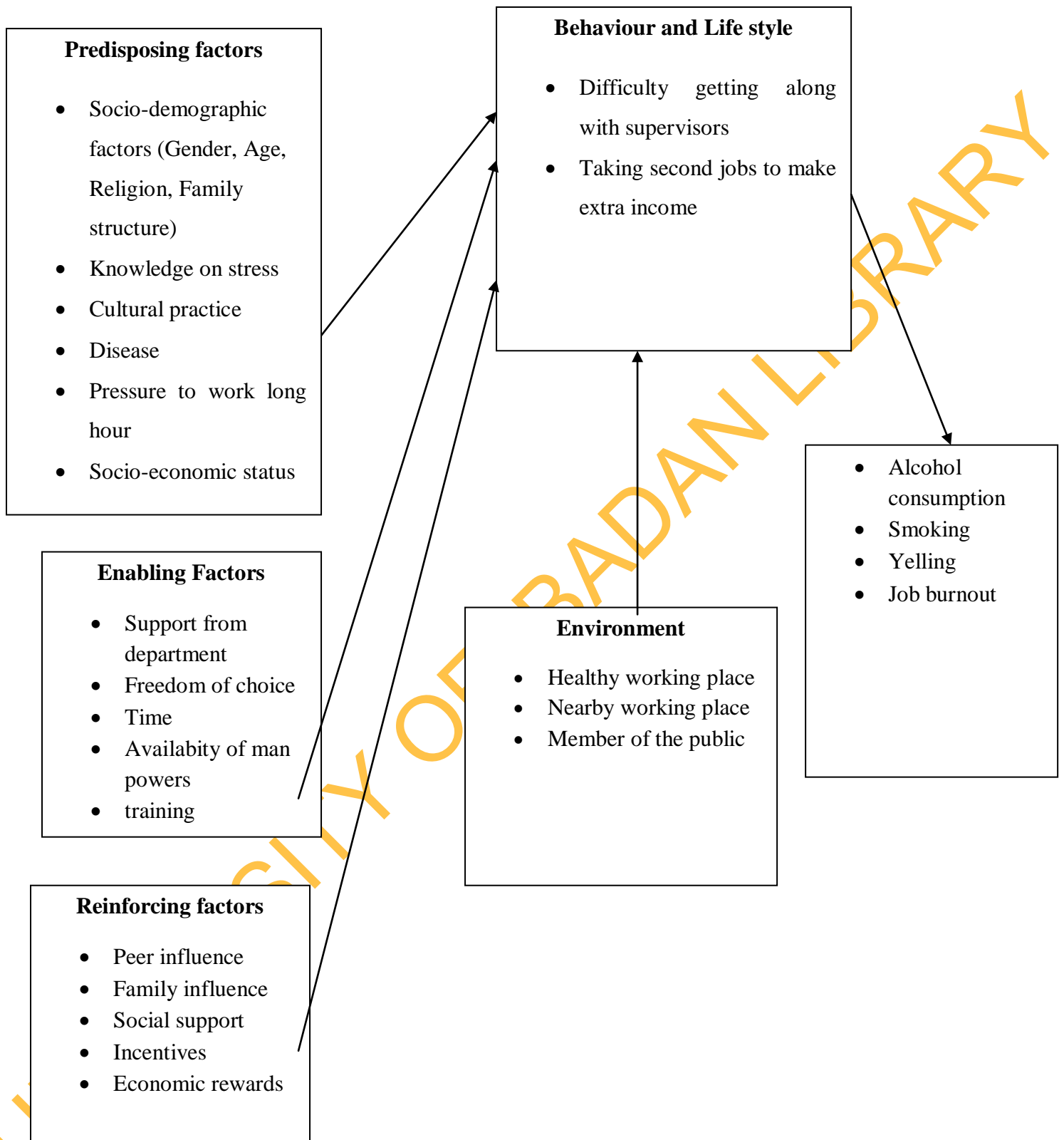
PRECEDE framework comprises five steps which are diagnostic addressing both educational and environmental issues. These include: (1) social assessment, (2) epidemiological assessment, (3) behavioural assessment (4) educational and ecological assessment, the practitioner identifier antecedent and reinforcing factors that must be in place to initiate and sustain change. Behaviour is shaped by predisposing, reinforcing and enabling factors. (5) Administrative and Policy Assessment

Predisposing factors: Knowledge, attitudes, beliefs, and personality traits would definitely determine how an individual reacts to a stress. Knowledge and attitudes can reduce stress by providing the police men with necessary information and useful skills that will lead to stress reduction. They should also engage themselves with positive thinking.

Reinforcing factors include factors that reward or reinforce the desired behaviour change, including social support, economic rewards, and changing social norms. Family, friends, and peers that provide social identity, support, and role definition also influence the extent to which an individual experiencing stress. One major positive coping strategy identified in dealing with stress is speaking out your mind with friends.

Enabling factors are skills or physical factors such as availability and accessibility of resources or services that facilitate achievement of motivation to change behaviour, supportive policies and assistance. In law enforcement agencies, a good counselling centre with the right policies and a good therapeutic system in place would be effective in helping police men get over stress in a healthy way

Fig 2.1. Diagram illustrating precede model



Adapted from: GreenL. <http://www./green.net/precede htm> (Accessed May,2009)

Application of preceed model to experience of stress and coping mechanism among police officers in Ibadan metropolis, Oyo state.

Predisposing factors: Predisposing factors such as socio-demographic factors such as gender, sex, age, level of education, knowledge, attitudes, beliefs, and personality traits would definitely determine how an individual reacts to a stress. Knowledge and attitudes can reduce stress by providing the police men with necessary information and useful skills that will lead to stress reduction. (Questions 3, 2, 4, appendix 1).

Reinforcing factors: Reinforcing factors include social support, economic rewards like incentives, family friends and peers that provide social identity, reduction of working hours, giving enough annual leave can also reinforce the desired behaviour change. Role definition also influences the extent to which an individual is affected by the stress. (Questions 27, 34, 59, 62, appendix 1).

Enabling factors: enabling factors include given assignment with compatible partners, sufficient man-power to adequately handle the job, understanding job roles and responsibilities, adequate supervision, adequate support by the supervisors, adequate support by department. Training on stress of police officers will enable them to know how to manage stress effectively, another factors are time and freedom of choice. (Questions 28, 32, 33, 35, 36, 37, appendix 1).

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter three contained how the data was collected and the method used. It comprises the study design, study area, study population, inclusion and exclusion criteria, sample size determination, sampling techniques, instrument for data collection, validity and reliability of the instrument, procedure for data collection, data analysis and ethical approval.

3.2 Study design

This is a descriptive cross-sectional study which utilized quantitative method of data collection using self-administered questionnaire.

3.3 Study area

Ibadan is the capital city of Oyo State, Nigeria and the largest city in West Africa. In spite of its size, its population of about 2.5 million (Tomori, 2007) is small when compared to Lagos, even though this is not enough to populate some countries in the world.

There are five (5) Local Governments in Ibadan Metropolitan areas consisting of:

- Ibadan North, its headquarters are in Agodi. It has an area of 27km² and a population of 306,795 at the 2006 census. Ibadan North-East, its headquarters are in Iwo road.
- Ibadan North-West, its headquarters are in Dugbe/Onireke, it has an area of 26km² and a population of 152,834 at the 2006 census.
- Ibadan South-East local Government Area, its headquarters are in Mapo, it has an area of 17km² and a population of 266,046 at the 2006 census.
- Ibadan South-West Local Government, its headquarters are in Oluyole Estate in Ibadan, it has an area of 40km² and a population of 282,585 at the 2006 census.
- Ibadan North-East Local Government, its headquarters are in Iwo Road. It has an area of 18km² and a population of 330,399 at the 2006 census.

3.4 Study population

The study population is among Police officers that are in service, in Ibadan metropolis. Law enforcement agencies are headed by Commissioner of Police followed by Deputy

Commissioner of Police. They are categorised into State Police Command, Area Police Command, District Police Command, Police Divisional Headquarters and Police Post. These are headed by senior police officers.

3.5 Inclusion criteria

Police officers in Ibadan metropolis who were willing to give an informed consent were included in the study; Police officers with minimum of three years of experience on the job were also included.

3.6 Exclusion criteria

Police officers in Ibadan metropolis who were not willing to give an informed consent or those who resided outside Ibadan were excluded from the study. In addition, police officers with less than three years of experience were also excluded from the study.

3.7 Sample size determination

The sample size for the study were estimated using the estimation formula

$$n = \frac{Z^2 pq}{d^2} \text{ (Leslie kish formula)}$$

n=desired sample size

Z=the standard normal deviate usually set at 1.96 which is corresponds to the 95% confidence level.

P=proportion estimated to be obtainable in the target population which is 28.1% =0.281 (R steynet al; 2013)

q=proportion that does not have the characteristics that will be investigated (q=1-p=0.719)

d=precision for the study which is set at 5%

$$n = \frac{3.8416 \times 0.202039}{0.0025}$$

$$n = 310.5$$

$$n = 310.5$$

Approximately to 311, with non-response rate of 10%

10% were added to the sample size to compensate for police men who did not wish to participate in the study to give 342 as the total respondents.

3.8 Sampling technique

A multi stage sampling technique was used to select a desired study population; there are five (5) Local Governments Area in Ibadan Metropolitan area consisting of Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-East and Ibadan South-West Local Government.

The Law enforcement agencies are categorized into:

- State police command
- Area Police Command
- District Police Headquarters
- Police Divisional Headquarters
- Police post

Police divisional headquarters are the most common because they are located in each local government.

Stage one: Purposive sampling methods were used in selecting Ibadan North Local Government because it has more police divisional headquarters than others.

Stage two: All the police stations under Ibadan North Local Government Police Divisional Headquarters which are Ashi, Agodi, Sango, Yemetu and Bodija were used in order to obtain required target population.

Stage three: Proportionate sampling was adopted to determine the number of respondents from each police station. A record review was conducted in the Police Headquarter to determine the total population of Police officers in each Police station. This can be seen in Table 3.1 below:

The proportion of Police officers needed in each police station was calculated using the formula below:

Proportion needed in each police station X =

$$\frac{\text{Total number of Police officers in each station X sample size}}{\text{Total number of Police officers in all the stations}}$$

E.g. Proportion of Police officers needed in Agodi $\frac{168 \times 342}{500} = 115$

500

Table 3.1 Population of Police officers in Ibadan North Local Government Police Divisional Headquarters

Police station	No. of policemen	No. of policewomen	Total no. of police officers	Sample size determination	No. of respondents
Agodi	112	56	168	168x342/500	115
Sango	90	23	113	113x342/500	77
Bodija	70	28	98	98x342/500	67
Ashi	40	25	65	65x342/500	45
Yemetu	30	26	56	56x342/500	38
Total	342	158	500		342

Source: Record department, State Police Command Eleyele Ibadan

Stage four: Selection of respondents was done across each police stations based on the sample size.

Stage five:In each police station, simple random sampling (balloting techniques) was employed in selecting the required number of respondents from consenting police officers.

3.9 Instrument for data collection

A quantitative method of data collection using self-administered questionnaires was used. A validated self-administered questionnaire prepared in English Language was used to elicit information from the respondents. The questionnaires was adapted from the instrument for a study (level of stress and coping strategies employed by police service officers) by Mwebwa, (2008) using Spielbergerscale and brief cope inventory (1997).The design of the questionnaire was also based on the research objectives, review of literature, and guidance of the research supervisor. The semi-structured questionnaire consisted of five sections. The first section was used to obtain socio-demographic information of the respondents while the second section was used to assess the respondent's level of knowledge of health effects of stress. The third section was used to determine the prevalence of stress among Police officers in Ibadan metropolis, factors influencing stress among police officers was the focus of the fourth section. The fifth section identified coping mechanisms for managing stress.

3.10 Validity and reliability of the instrument

3.11 Validity

Several steps were taken to ensure the validity of the instrument. First, validity of the content was achieved through consultation of relevant literature, formulated objectives to guide in the development of the instrument and previous research works to develop relevant questions. Secondly, the questionnaire was reviewed several times by the supervisor and colleagues who had a wealth of the experience on this field for content and structure validity and finally, the questionnaires were pre-tested among 10% of minimum sample size of police officers in Ibadan which they were 34 in number, these respondents were recruited from the Ibadan South-West Local Government police stations which are; Orita Challenge Divisional Police Headquarters, Iyangaku State Police CID and Oluyole Police Divisional Headquarters respectively which is similar to the main study area as regards population, characteristics and socio-demography.

Pre-test of the Questionnaires

The pre-test of the study was done at Orita Challenge Divisional Police Headquarters, Iyangaku Oyo State Police CID and Oluyole Police Divisional Headquarters Ibadan as it had similar characteristics with the proposed study location and target population. The researcher went to the field with two research assistants who had been trained earlier on how to administer the instrument without causing any harm to the respondents whose consent were secured before conducting the study in order to uphold the principle of ethical research conduct. The data collection lasted for six hours each day. Data were collected from 18 respondents on the first day and 13 respondents on the second day and three questionnaires were returned back. After each session, the instruments were checked for possible errors so as to facilitate the analysis of the data.

After the administration of the questionnaires, they were asked about the simplicity of each question, whether they understood the questions or not and suggested the removal of some questions. After the pre-test, appropriate modifications were made to the instrument based on the results from the pre-test, the instrument was revised after the pre-test as some questions were removed and some added. Question number 8 and 9 Section A, “how many years have you been working as a Police officer and how many years have you been working at this station” were added in order to know their stress experienced. More so, questions 51 on

coping mechanism for managing stress were rectified, and more questions were added in order to effectively probe the respondents. The amendment helped ascertain the effectiveness of the instrument in collecting appropriate data relevant to the research objectives.

3.12 Reliability

A measure is said to have a high reliability if it produces consistent results under consistent conditions. Thirty four (34) questionnaires were pre-tested among Police officers in Iyanganku, Oluyole and Orita Challenge police stations to determine its consistency and accuracy. The outcome of the pre-tested instrument helped in modifying the final questionnaire where some revisions were made to improve the clarity of the questions. Measure of internal consistency was determined using Cronbach's Alpha coefficient method. For this method of reliability measurement, the result which shows a correlation coefficient greater than 0.5 which is 0.83 said to be reliable as it moves closer to 1.

Recruitment and Training of Research Assistants

Five research assistants were recruited mainly to facilitate data collection; they were trained for one day but three research assistants were engaged for the study, one of the criteria for selecting the research assistants was the knowledge of the research and the potential for bias with the participants. The training covered data collection procedures, how to swiftly review questionnaires to ensure completeness, issues relating to privacy and good interpersonal relations.

3.13 Procedure for data collection

A letter of introduction was obtained from the Head of Department of Health Promotion and Education, Faculty of Public Health, College of Medicine to Oyo State Government in order to obtain permission to sample the police officers in Ibadan metropolis, Oyo state with a draft of the questionnaire to determine its consistency. The administration of the questionnaire was done by the researcher and two trained research assistants; a male and a female. The questionnaires were distributed in police stations within Ibadan North Local Government

from 8:am to 6:pm for four weeks. It started in the last week of October 2016 and ended in the last week of November. In every police stations' selected for the data collection, the consent of the participants was sought before the distribution of the questionnaire by explaining the purpose of the research. The questionnaires were retrieved immediately from the respondents after checking for completeness. The open-ended questions which are string variables were coded using numerical values.

3.14 Procedure for data analysis

The questionnaires were serially numbered for control and recall purposes. It was checked for completeness and accuracy on a daily basis. It was also sorted, edited and coded manually by the investigator with use of coding guide. The data were imputed into the computer and the analysis was carried out using the SPSS software version 20. Frequency counts were run to detect missing cases while the data also underwent cleaning. Descriptive statistics and (chi-square) were used for the analysis. The Pearson's Moment Correlation was conducted to test the association between the organisational factors and the total knowledge scores.

Descriptive statistics such as frequency counts, percentages, mean and standard deviation was used to analyse the data using the Statistical Package for Social Sciences (SPSS) version 20. Where applicable, the chi-square test statistic was employed to describe associations between two categorical variables and compare proportions with p-value set at < 0.05 at a confidence interval of 95%. A 15-point scale for strategies of coping, in which 0-5, 6-10 and >10 were classified as good, fair and poor coping mechanism and a 13 point knowledge scale were used to assess the respondents' scores (≤ 6 , $\geq 7-10$ and $\geq 11-13$ were classified as poor, fair and good knowledge of stress management).

3.15 Ethical approval

Ethical approval for the study was obtained from the Oyo State Ministry of health Ethical Review Committee. These were done to ensure that this study met all the acceptable principles and national ethical guidelines in research involving human subjects. The study was explained to the participants, informed consent was obtained from each participant. Permission was also obtained from the Oyo State Police Command Eleyele, to carry out the study among their police officers. The trust of the participants was gained by assuring them

that there will be no means of identification on the forms. The information gotten from them was stored properly in a safe and confidential place.

Confidentiality of Data: In order to assure respondents of confidentiality of the information that was supplied, names of respondents were not required, only identification number was assigned to the questionnaires by the investigator for proper recording.

Beneficence to participants: Although there are no direct and immediate benefits to participants, the information gathered from this study can be used towards improving the quality of life of police officers. It may also help concerned authorities to design effective interventions for management of stress.

Non-maleficence to participants: The research did not require collection of invasive materials. Therefore, safety of the participants was guaranteed.

Voluntariness: Participation in the study was strictly voluntary; as a result, participants were free to withdraw from the study at any time. Exposures to risk were also discussed with each respondent. Only respondents who are able to give written informed consent were recruited into the study. The written consent obtained did not require the names of the participants or any other identifiers but require the dates and location of place of job. They were informed that participation is voluntary and that data collected would be used mainly for research purposes. Anonymity and confidentiality of responses was ensured.

CHAPTER FOUR

RESULTS

4.1: Socio-demographic characteristics

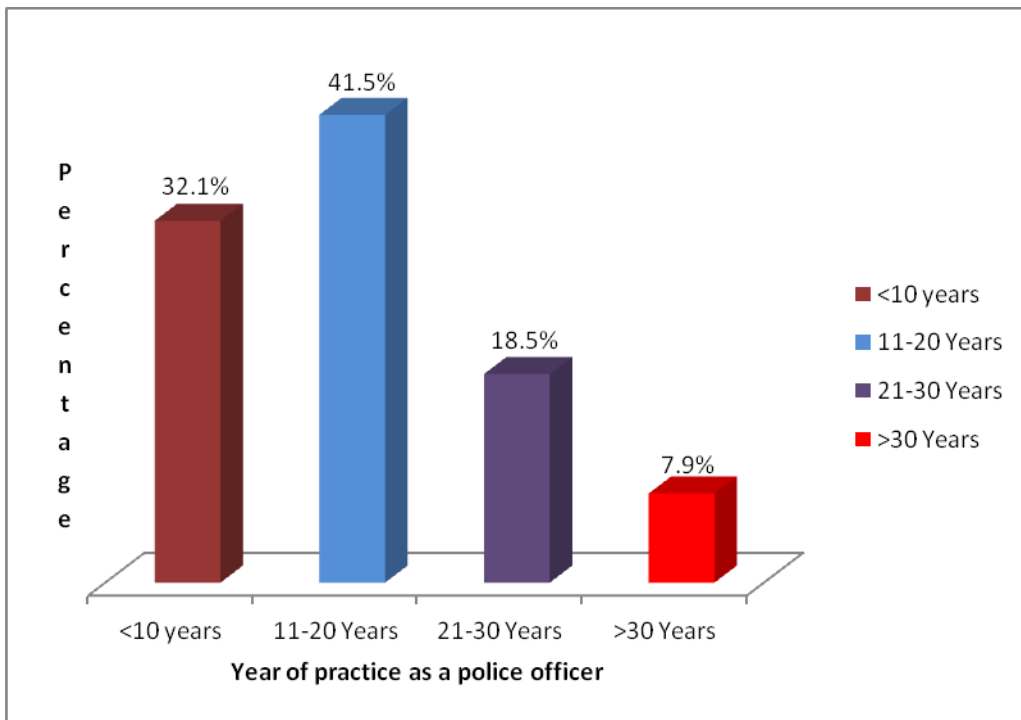
Data for the socio-demographic details are presented in table 4.1. 32.9% of the respondents were from Agodi police station, 22.8% of the respondents are from Sango police station while few (19.6%) of the respondents are from Bodijapolice station. The age of the respondents ranged from 22-59 years with a mean age of respondents was 42.1 ± 14.4 , median age of 40.0. 40.6% of the respondents are within the age range of 33-44 years, some (26.5%) of the respondents were aged 22-32 years, few (22.9%) fall within the 44-54 years age group. A little above half (58.1%) of the respondents were males while female were 41.9%, 71.2% of the respondents were of the Christian while 25% and 0.6% were of the Islam and Traditional religion respectively. Majority, (73.2%) of the respondents were of the Yoruba ethnic group, while 12.9% and 7.8% was of the Igbo and Hausa ethnic groups respectively. (33.5%) of the respondents holds a National diploma qualification, while few (3.4%) of the respondents had a Master's degree.

41.5% of the respondents has practiced for 11-20 years, some (32.1%) had practiced for 3-10 years, few (18.5%) of the respondents had practiced for 21-30 years as a police officer while 7.9% had practiced for >30 Years, (figure 4.1). Figure 4.2. Reported duration of working in their present duty station. The mean years of practice of the respondents were 7.4 ± 20.5 years, a median of 2.0 years, with a minimum and maximum year of practice being 0.5 Years and 16 years respectively. Majority, (89.4%) of the respondents had practiced for >5 years, some, (7.1%) of the respondents had practiced for 6-10 years; few (3.5%) had practiced for 11-16 years. Rank of the respondents was shown in table 4.2. One third, (32.0) of the respondents was Sergeants, some, (23.9) of the respondents were corporals and few, (0.3%) were Chief Superintendents of police. Table 4.3 shows the representation of the respondents' police duty, More than half, (57.1%) of the respondents were on general duty, some (12.5%) of the respondents were traffic wardens, few (17.6%) were administrative officers while 10.6% were Crime investigation officers.

Table 4.1: Socio-demographic characteristics of the respondents

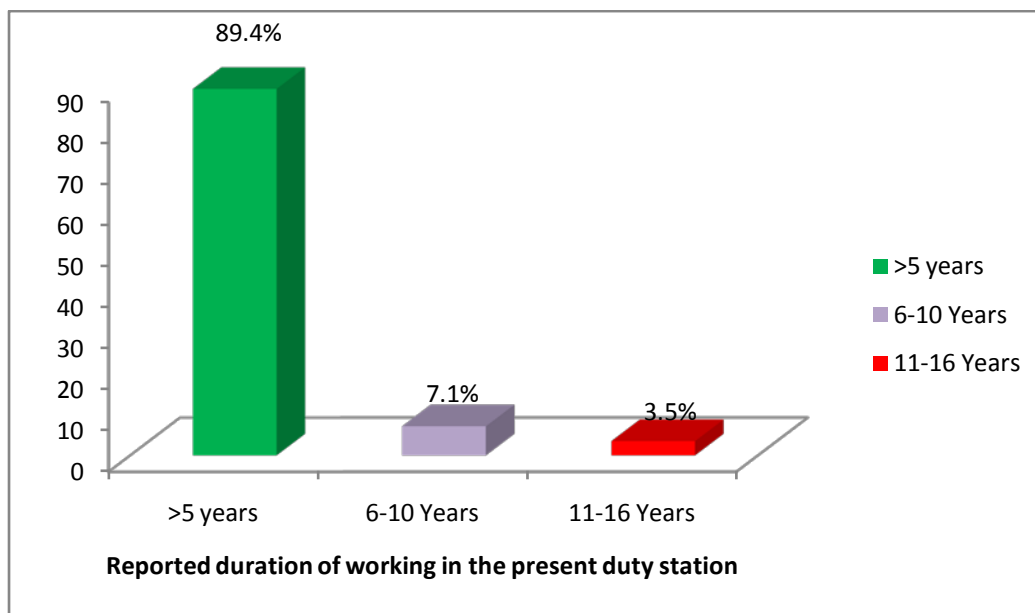
Demographics	N	(%)
Agodi	111	32.9
Sango	77	22.8
Bodija	66	19.6
Ashi	45	13.4
Yemetu	38	11.3
Age*(N=340)	90	26.5
22-32 Years	138	40.6
33-43 Years	78	22.9
44-54 Years	34	10.0
>55 Years	90	26.5
Sex (N=322)		
Male	187	58.1
Female	135	41.9
Religion (329)		
Islam	85	25.0
Traditional	2	0.6
Christianity	242	71.2
Marital Status (330)		
Single	37	11.2
Married	289	87.6
Divorced	3	0.9
Widowed	1	0.3
Ethnicity (317)		
Yoruba	232	73.2
Igbo	41	12.9
Hausa	25	7.8
Others	19	5.9
Level of Education (322)		
National Diploma Certificate	108	33.5
Secondary Education	96	28.9
University Education	58	18.0

Means age= 42.1±14.4, Median=40.0, Minimum22, Maximum=59Edo=1(0.3%), Igala2=(0.6%), Esan=3(0.9), Urhobo=9(2.8%), Ukwani=1(0.3%),Egun1(0.3%), Ekoi2=(0.6%), Higher National Diploma=49(15.2%),Masters=11(3.4%)



Mean score=16.9±13.9, Median=15.0, minimum=3 Years, Maximum=34

Figure 4.1 Years of Experience of work as a police officer N=340



Meanscore 7.4 ± 20.5 years, Median=2.0 years, Minimum=0.5 Years, Maximum=16 years

Figure 4.2 Reported duration of working in their present duty station N=340

Table 4.2 Respondent's rank in the police force

Rank(334)	N	(%)
CSP	1	0.3
Superintendent of police	8	2.4
Deputy superintendent of Police	6	1.8
Assistant Superintendent of Police	57	17.1
Inspector	70	20.9
W/Sergeant	5	1.5
Sergeant	107	32.0
Corporal	80	23.9

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Table 4.3 Representation of the respondents' police duty

Duty	N	(%)
Traffic Warden	41	12.5
Administrative Officer	58	17.6
CID	35	10.6
Investigation Officer	1	0.3
General duty	188	57.1
Signal	2	0.6
Medical	2	0.6
Supervisor	1	0.3
Communication	1	0.3
Total	329	100

4.2: Knowledge of stress and coping mechanism

Table 4.4 Respondents reported definition of stress. One third, (35.6%) of the respondents indicated that stress is a state of being overworked, few (16.3%) of the respondents correctly indicated that stress is a state of mind due to fatigue, while few, (0.6%) of the respondents wrongly stated that stress is when somebody moves from one place to the other. Respondents reported health effect of stress. Majority, (64.8%) of the respondents reported that stress results into headache, discomfort and negative impact on the individual's wellbeing, an equal proportion of (10.6%) of the respondents reported that stress can lead to high blood pressure and other health hazard, while few, (10.2%) of the respondents reported that stress results into a physical symptoms of illness, this can be seen in table 4.5. Figure 4.3 shows what respondents believed on stress. Majority, (62.1%) of the respondents stated that stress is an illness while about one third, (35.7%) of the respondents correctly stated that it is not an illness.

Table 4.6 Reported illnesses that may be caused by stress. About one third, (35.2%) of the respondents stated that results in to Body pains and loss of appetite and headache, tiredness, trauma fever, some, (28.7%) of the respondents stated that stress causes high blood pressure and headache and diabetes, few, (11.1%) stated that stress may cause high blood pressure and Stroke. Table 4.7 shows the reported effect of stress. More than half, (53.5%) of the respondents correctly stated that stress cannot lead to an increase in the likelihood of smoking while more than one third, (46.5%) said 'Yes' it can lead to an increase in the likelihood of smoking the statement. Majority of the respondents also reported that stress does not increase the likelihood of been promiscuous while a little above one third of the respondents stated otherwise.

Respondents knowledge of coping mechanism, more than two-third of the respondents defined coping mechanism as a way to handle problems, some (27.8%) reported that it is how stress is managed by quality relaxation after, and few, (5.7%) of the respondents stated that it is a mechanism that will enhance our ability to function under stress, this can be seen in table 4.8

Table 4.4 Respondents reported definition of what stress is

Statement	N	%)
Body's way of responding to any threats or demands	32	10
Feelings we have when under pressure	31	9.7
External force applied on body when working under poor working condition	36	11.3
State of being overworked	114	35.6
Somebody that moves from one place to another	2	.6
A state of mind due to fatigue*	52	16.3
Stress is what you do beyond your able strength	10	3.1
A state of mental and Emotional feeling about a certain situation or problem of life	43	13.4
Total	320	100

*:indicates most appropriate responses

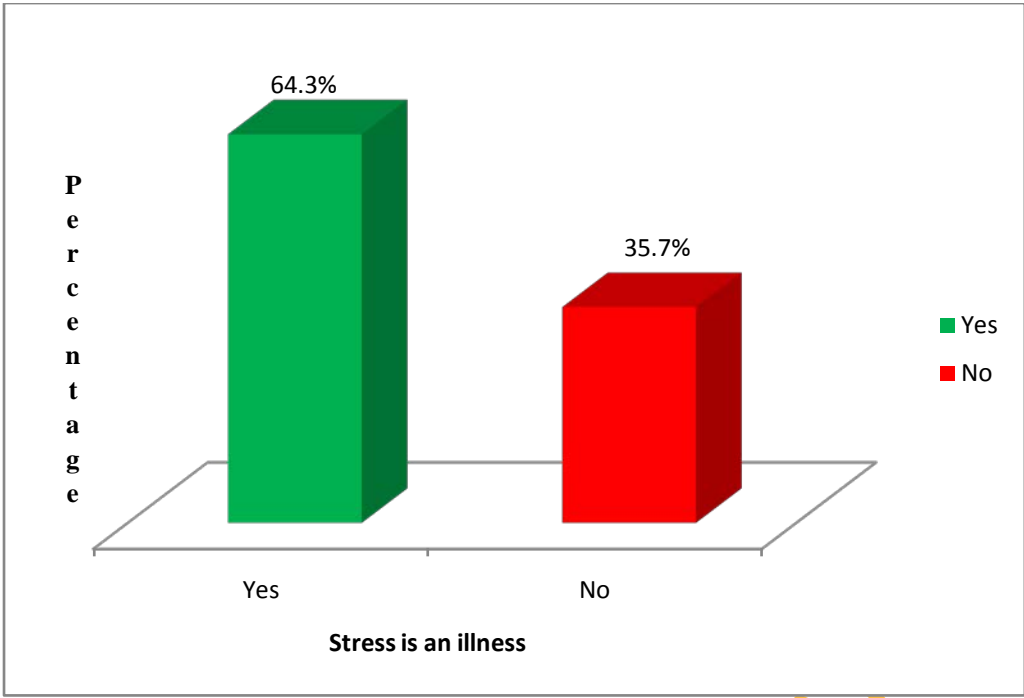


Figure 4.3 Respondents' knowledge on stress N=328

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Table 4.5 Respondents reported health effect of stress

Effect of stress	N	(%)
Headache and discomfort and negative impact on the individual's wellbeing	183	64.8
It can lead to high blood pressure and other dangers	30	10.6
Disease and health hazard caused by stress	30	10.6
Physical symptoms of illness	29	10.2
Sleepiness due to inadequate time to rest	4	1.4
Collapsing or any negative effect as a response to stress	4	1.4
It can lead to mental and emotion health disorder	2	0.7
I don't know	1	0.3
Total	282	100

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Table 4.6 Reported illnesses that may be caused by stress

illnesses caused by stress	N	(%)
Body pains and loss of appetite and headache, tiredness, trauma fever*	76	35.2
High blood pressure and headache and diabetes*	62	28.7
High blood pressure and Stroke*	24	11.1
Malaria, sleeplessness, body pains and headache*	21	9.7
Mental and physical illnesses*	13	6.0
Heart attack and headache*	10	4.7
Dizziness or weakness and tiredness*	7	3.2
Anxiety and depression*	2	0.9
Urinary incontinence and irritation of the nerves*	1	0.5
Total	216	100

*Multiple responses

Table 4.7 Reported effect of stress

Effect of stress	Yes(%)	No(%)	Total(%)
Increases the likelihood of smoking and excessive alcohol	154(46.5)	177(53.5)	331(100)
Increases the likelihood of being promiscuous	133(41.3)	189(58.7)	322(100)

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Table 4.8 Respondents knowledge of coping mechanism

Coping mechanism defined as;	N	(%)
Ways to handle problems	145	48.4
How stress is managed by quality relaxation after work	83	27.8
A mechanism that will enhance our ability to function under stress	47	15.7
Alternative mental and emotionally way of controlling stress	10	3.3
I don't know	6	2.0
Things that help us to persevere and do our best on duty	5	1.7
Strategies that do not attract stress	2	0.7
Facing stressful situation we cannot handle at a time	1	0.3
Total	299	100

4.2.1: Level of knowledge and relationship of knowledge categories with selected Socio-demographics characteristics

The categories of knowledge among the respondents were presented in Table 4.9. The mean knowledge score was 5.4 ± 1.7 points with the minimum and maximum knowledge being 3 and 13 points respectively. Almost all, (92.5%) of the respondents had a poor knowledge while 5.5% had good knowledge. Very few (2.1%) respondents had fair knowledge of stress management respectively. A 13 point knowledge scale was used to assess the knowledge scores. Using <3 or $=6$ as poor knowledge, 7-10 as fair knowledge and a score range of 11-13 points representing good knowledge of stress management and coping mechanism. Table 4.10 shows the categorisation of knowledge by sex. Majority (95.0%) of the male respondents had poor knowledge while 1.2% and 3.8% of the same population had fair and good knowledge respectively. Similarly, majority (88.9%) of the female had poor knowledge, while 3.2% and 7.9% of the same population had fair and good knowledge respectively. The Fishers Exact Test showed that there was no significant relationship between knowledge and sex of respondents ($X^2=1.86$, $df=2$, $p\text{-value}=0.41$).

Categorisation of knowledge by rank is shown in Table 4.11. Almost all, (87.5%) of respondents who were inspectors had poor knowledge while 3.1% and 9.4% had fair and good knowledge respectively. All 100.0% of respondents who were assistant superintendent had poor knowledge. Almost all, 90.3% of the respondents who were corporals had poor knowledge while 9.7% had good knowledge. All, 100.0% of the respondents who were W/Sergeants had poor knowledge. Similarly, all, 100.0% of the respondents who were superintendents had poor knowledge on stress and coping mechanism. Almost all, 91.7% of the respondents who were sergeants had poor knowledge while an equal number of 4.2% had fair and good knowledge respectively. All, 100.0% of the respondents who were CSP had poor knowledge. ($X^2=6.59$, $df=14$, $p\text{-value}=0.73$).

Table 4.12 shows categorization of knowledge by duration of experience, almost all, (91.1%) of the respondents who had less than 10 years' experience had poor knowledge while 8.9% of the same had good knowledge. Almost all, (92.3%) of respondents who practiced for 11-20 years had poor knowledge while 4.6% and 3.1% of the same population had fair and good knowledge respectively than four fifth, (92.0%) of the respondents who had practiced for 21-30 years had poor knowledge while 8.0% had good knowledge. All, (100.0%) of the respondents who had practiced for more than 30 years had poor knowledge. The Fishers Exact

Test showed that there was no significant relationship between knowledge and ethnicity of participants. ($X^2=6.348$, $df=6$, $p\text{-value}=0.37$).

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Table 4.9: Categorisation of knowledge among respondents

Knowledge Categories*	N	%
Poor (≤ 6)	135	92.5
Fair ($\geq 7-10$)	3	2.1
Good ($\geq 11-13$)	8	5.5
Total	146	100.0

*Mean knowledge score was 5.4 ± 1.7 , median knowledge Score = 5.0, minimum knowledge Score = 3 points, maximum knowledge score= 13 points.

A 13 point knowledge scale was used. Using ≤ 6 as poor knowledge, $\geq 7-10$ = fair knowledge and a score range of $\geq 11-13$ points representing good knowledge of stress management and coping mechanism.

Table: 4.10: Categorisation of knowledge by sex

Sex	Knowledge Categories			Total (%)	**X ²	df	P-value
	Poor (%)	Fair (%)	Good (%)				
Male	76 (95.0)	1 (1.2)	3 (3.8)	80 (100.0)	1.869	2	0.410*
Female	56 (88.9)	2 (3.2)	5 (7.9)	63 (100.0)			
Total	132 (92.3)	3(2.1)	8 (5.6)	143 (100.0)			

*Not significant at P<0.05

**Fishers Exact test was used

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Table: 4.11: Categorisation of knowledge by Rank

Age group (in years)	Knowledge Categories			Total (%)	**X ²	df	P-value
	Poor (%)	Fair (%)	Good (%)				
Inspector	28(87.5)	1 (3.1)	3(9.4)	32(100.0)	6.595	14	0.737*
Assistant Superintendent of Police	25 (100.0)	0 (0.0)	0 (0.0)	25 (100.0)			
Corporal	28(90.3)	0 (0.0)	3(9.7)	31 (100.0)			
W/Sergeant	2(100.0)	0(0.0)	0(0.0)	2(100.0)			
Deputy Superintendent of police	3(100.0)	0(0.0)	0(0.0)	3(100.0)			
Sergeant	44(91.7)	2(4.2)	2(4.2)	48(100.0)			
Superintendent of Police	2(100.0)	0(0.0)	0(0.0)	2(100.0)			
CSP	1(100.0)	0(0.0)	0(0.0)	1(100.0)			
Total	133(92.4)	3 (2.1)	8 (5.6)	144 (100.0)			

*Not significant at P<0.05

**Fishers Exact test was used

Table: 4.12: Categorisation of knowledge by Duration of experience

Age group (in years)	Knowledge Categories			Total (%)	**X ²	df	P-value
	Poor (%)	Fair (%)	Good (%)				
<10 Years	41 (91.1)	0 (0.00)	4(8.9)	45(100.0)	6.348	6	0.379*
11-20Years	60 (92.3)	3 (4.6)	3 (3.1)	65 (100.0)			
21-30Years	23(92.0)	0 (0.0)	2 (8.0)	25 (100.0)			
>30Years	11(100.0)	0(0.0)	0(0.0)	11(100.0)			
Total	135 (92.5)	3 (2.1)	8 (5.5)	146 (100.0)			

*Not significant at P<0.05

**Fishers Exact test was used

4.3 Reported (prevalence) of stress among police officers

Figure 4.4 shows the reported experience of stress among police officers. Majority, (93.4%) of the respondents stated that stress is common among police officers while few, (6.6%) of the respondents said No'

Table 4.13 shows the reported reasons for stress among police officers. More, (27.4%) of the respondents stated that stress among the police officers was due to insufficient rest and the deadly nature of the job, few, (24.1%) of the respondents attributed the stress to excessive workload.

Table 4.14 reported reasons for absence of stress among the respondents. Majority, (62.5%) of the respondents stated that it is their job so it should not be seen as stress, more 25.0% of the respondents believed that police officers are not stressed because there is task

Reported signs of stress by the respondents, Majority, 63.6% of the respondents reported that they know they are under stress by feeling symptoms such as body pain, chest pains and headache sleeplessness, some, 80(23.5%) of the respondents said they know they are under stress by having weakness and sickness of the body and few, (3.2%) of the respondents said they know they are under stress when they feel fatigued and have a cracked voice, this can be seen in Table 4.15.

Table 4.16 shows the respondents experience of stress. Majority, (70.1%) of the respondents said they do not get worried excessively. Majority, (60.5%) of the respondents said they usually have headache and body ache. A little above half, (56.6%) of the respondents stated that they usually have stomach problems. Majority of the respondents stated that they can control their emotions when provoked at work. Majority of the respondents stated that they sometimes feel depressed at work. A little above half, (56.6%) of the respondent stated that they do feel like sleeping during work.

Table 4.17 shows the emotions experience as a result of stress. More, 17.8% of the respondents experienced anger, some, (13.2%) experienced tiredness and deep sleep, the same proportion experience depression and confusion, few, (11.6%) were unhappy on their job due to stress.

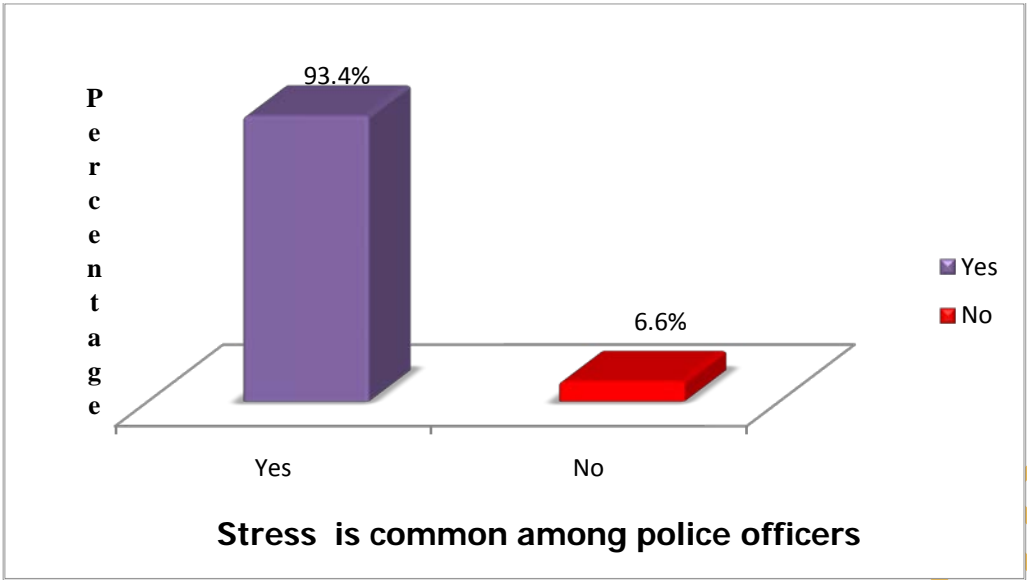


Figure 4.4 Reported incidence of stress N=319

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Table 4.13 Reported reasons for stress among police officers

Reasons for stress	N	(%)
Insufficient rest plus the deadly nature of the job	132	27.4
Because of excessive workload	82	24.1
We do over work we go to special duty	53	2.4
Insufficient manpower	13	3.5
Insufficient salary and proper welfare package	12	2.4
Unnecessary transfer	8	1.8
Because police officers react harshly to minor issues sometimes	1	.3
Total	181	100

Table 4.14 Reported reasons for absence of stress among the respondents

Reasons for absence of stress	N	(%)
It is their job so it is not stress	5	62.5
Because there is shifting	2	25.0
The high rank officers are not as stressed as the junior ones	1	12.5
Total	8	100

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Table 4.15 Reported signs and symptoms of stress

Signs of stress	N	(%)
By feeling symptoms such as body pain, chest pains and headache sleeplessness	185	63.6
Weakness and sickness of the body	80	23.5
Fatigue and/or cracked voice	11	3.2
Low work efficiency	5	1.5
Feeling asleep	1	.3
I know anytime my body needs rest and I cannot rest	1	.3
Strong emotional pressure	5	.3
Stomach upset	3	.9
Total	291	100

Table 4.16 Experience of stress

Experience of stress	Yes (%)	No (%)	Total(%)
I usually get worried excessively	100(29.9)	235(70.1)	335(100)
I usually have headache and body ache	204(60.5)	133(39.5)	337(100)
I always have stomach problems	102(43.4)	233(56.6)	235(100)
I cannot control my emotions whenever I am provoked at work	121(36.3)	212(63.7)	333(100)
Sometimes I feel depressed at work	265(80.1)	66(19.9)	331(100)
I feel like sleeping during work	189(56.6)	145(43.4)	334(100)

Table 4.17 Emotions experienced as a result of stress

Emotional disorder experienced	N	(%)
Anger	46	17.8
Tiredness and deep sleep	34	13.2
Depression and confusion	34	13.2
Unhappiness	30	11.6
Anxiety and nervousness	28	8.2
General body weakness	25	10.9
Dizziness	22	8.6
Headache and body pains	13	5.0
Loss of appetite	8	3.1
Worrisome	5	1.9
Moodiness, Sadness, depression, anger, seeing only the negative and constant worrying	4	1.5
Insomnia	4	1.5
Fever	3	1.1
It make me to be unfit for my work	1	0.3
Total	257	100

4.4 Factors influencing stress

Table 4.18 More than half, (53.1%) of the respondents stated that they are sometimes' uncomfortable with their weekly shifts rotations. Majority, (63.5%) of the respondents stated that they understand their job roles and responsibilities. More than one third, (40.9%) of the respondents stated that sometimes' their fellow officers do not do their jobs as expected. Similarly, more than one third, (45.8%) of the respondents stated that sometimes' physical dangers exists at their working place. Less than one third, (32.5%) of the respondents stated that hostile threat sometimes' exists from their workers. A little above one third, (36.9%) of the respondents stated that that they are Never' given assignments with incompatible partners. A little above one third, (38.5%) of the respondents reported that they sometimes' performed more than one task in the place of work. More than one third of the respondents also reported that they are pressured to work for long hours

A little above half, (39.8%) stated that there are always' an insufficient man power to adequately handle a job, an equal proportion of the respondents stated that they sometimes' have an insufficient man power to adequately handle a job. Majority, (54.2%) of the respondents stated that they are sometimes' placed on special duties after performing normal duty. More than one third, (36.5%) of the respondents stated that sometimes' they are having discomfort in handling unethical assignments. The organizational factors influencing the stress level of the respondents is stated in table 4.19. More than one third of the respondents stated that they are having difficulty getting along with my supervisor. More than one third, of the respondents stated that once in a while' they are competition for promotion at the place of work. More than one third, (40.9%) of the respondents stated that there are poor or inadequate supervision on their job.

More than one third, (40.2%) of the respondents stated that sometimes' there are inadequate support by the department. A little above one third, of the respondents stated that there was Never' political pressures from within the department which constitutes a stress to them. Similarly, little below half, (46.5%) of the respondent stated that there was Never' an unhealthy working conditions at their place of work. Individual factors influencing stress is shown in table 4.20. More than half, (55.1%) of the respondents stated that they are always' uncomfortable with low salary income. More than one third, (43.2%) of the respondents stated that sometimes' their job schedule is affecting my private life. More than half, (59.0%) of the respondents stated that they have never' taken a second jobs to make extra income. More than one third, (37.9%) of the respondents stated that they sometimes receive personal

insult from member of the public. Table 4.21 other factors that can cause stress. Majority, (54.9%) of the respondent stated that too much work without adequate rest constitutes stress. Some, 10.4% of the respondents stated that they experience sadness and emotional problems and few, (9.7%) stated that they experience insufficient salary.

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Table 4.18: Factors influencing stress on the job

Factors influencing stress on the job	Always(%)	Sometimes (%)	Once(%)	Never(%)	Total(%)
I am uncomfortable with my weekly shift rotations	22(6.7)	173(53.1)	60(18.4)	71(21.7)	326(100)
I do not understand my job roles and responsibilities	15(4.5)	80(24.0)	26(7.8)	211(63.5)	332(100)
My fellow officers do not do their job as expected	18(5.5)	134(40.9)	77(23.5)	98(29.9)	327(100)
Physical dangers exist at my working place	75(22.7)	151(45.8)	53(16.1)	50(15.1)	329(100)
Hostile threats from co-workers	28(8.5)	107(32.5)	89(27.0)	105(31.9)	329(100)
I am given assignment with incompatible partners	15(4.5)	113(34.2)	80(24.2)	122(36.9)	330(100)
I am performing more than one task in the place of work	104(31.3)	128(38.5)	49(14.7)	51(15.3)	332(100)
I am pressured to work long hours	108(32.8)	123(37.3)	54(16.4)	44(13.3)	329(100)
There are insufficient man power to adequately handle a job	129(39.8)	129(39.8)	35(10.8)	31(9.5)	324(100)
I am placed on special duties after performing normal duty	48(14.7)	177(54.2)	66(20.2)	35(10.7)	326(100)
I am having discomfort in handling unethical assignment	35(10.6)	120(36.5)	63(19.2)	110(33.5)	328(100)

Table 4.19: Organizational factors

Organizational factors	Always(%)	Sometimes (%)	Once(%)	Never (%)	Total(%)
I have difficulty getting along with my supervisor	13(3.8)	97(28.9)	78(23.2)	147(43.8)	335(100)
There are competition for promotion at my place of work	55(16.5)	90(27.1)	54(16.2)	133(40.0)	332(100)
There are poor or inadequate supervision	37(11.2)	101(30.6)	57(17.2)	135(40.9)	330(100)
There are inadequate support by supervisors	35(10.5)	127(38.3)	77(32.2)	92(27.7)	331(100)
There are inadequate support by the department	31(9.3)	134(40.2)	63(18.9)	105(31.5)	333(100)
There are political pressures from within the department	29(8.7)	107(32.3)	60(18.1)	135(40.7)	331(100)
My working place conditions are unhealthy	43(12.9)	108(32.4)	27(8.1)	155(46.5)	333(100)

Table 4.20: Individual factors influencing stress

Individual factors	Always (%)	Sometimes (%)	Once (%)	Never (%)	Total (%)
I am uncomfortable with low salary income	184(55.1)	97(29.0)	26(7.8)	27(8.1)	334(100)
My job schedule is affecting my private life	64(19.0)	145(43.2)	63(18.7)	64(19.0)	336(100)
I am taking second jobs to make extra income	19(5.7)	65(19.6)	52(15.7)	196(59.0)	332(100)
I receive personal insult from member of the public	124(37.0)	127(37.9)	50(14.9)	34(10.1)	335(100)

Table 4.21: Other factors that can cause stress

Factors	N	(%)
Too much work without adequate rest	167	54.9
Sadness and emotional problems	33	10.8
Insufficient salary	29	9.5
Sleeplessness	15	4.9
Working with wicked supervisors and partners	15	4.9
Long distance between house and duty post	11	3.6
Sitting for a long time in the office	1	.3
Sickness or stroke	5	1.6
Too much sexual intercourse	2	0.6
Crowd control or civil unrest	8	2.6
Special duty and Discomfort in handling ethical assignment	7	2.3
Loss of a family member of a loved one	6	1.9
Smoking and drinking	2	0.6
Anger	2	0.6
Pregnancy	1	0.3
Impromptu posting	1	.03
Unnecessary transfer	1	0.3
Total	304	100

4.5 Coping mechanism for managing stress

Table 4.22 how respondents handle personal problems, more than one third, (34.4%) of the respondent stated that they coped with the stress by prayers. Some, 25.9% of the respondents coped with stress by sharing it with others. Few, (9.1%) of the respondents stated that they coped with it by sharing it with others. Table 4.23 shows the reported stress coping technique used by the respondents. More (26.2%) of the respondents stated that they engage in Prayer, relaxation, playing and resting as a coping technique, some, (21.7%) of the respondents reported that they sleep well and engage in regular medical check-up as a coping strategy, few (10.4%) of the respondents reported that engaged in listening to music and watching movies as a means of coping with stress, 7.9% engaged in eating fruits and foods as a stress coping mechanism. Table 4.24 shows the reported effectiveness of stress coping mechanism by the respondents. A preponderance, (93.8) of the respondents believed their coping mechanism is effective while less than one tenth, (6.2%) of the respondents said their stress coping technique was not effective.

Table 4.25 shows the reported reasons why respondents think their plans worked. More than one third, (38.5%) of the respondents believed their coping technique is effective because it works for them, some, (10.4%) of the respondents believed it is effective because it worked for them and the same proportion also believed it is effective because it helps them follow their plans accordingly. Table 4.26 shows the reported reasons why respondents believed their stress coping technique is not effective. A little above half, (55.6%) of the respondents believed that their stress coping technique is not effective because it still affect while a little below half, (44.4%) believed the coping technique is not effective because the stress coping technique is not good at all. Reported activities that respondents engage in when stressed. Majority, (91.6%) of the respondents do not smoke cigarette when tired. Majority, (87.8%) of the respondents do not drink excessive alcohol whenever I am worried. More than four fifth, (94.9%) of the respondents said they pray to make things change things. Majority, (87.7%) of the respondents said that they tried to stay away from problems as a coping technique. Almost all, (91.0%) of the respondents stated that they try to stay away from things that make me upset can be seen in table 4.27

Majority, (77.7%) of the respondents stated that they always get help from my friends. Majority, (85.5%) of the respondents stated that they listen to music or watch television in order not to think. Similarly, majority, (85.8%) of the respondents stated that they try to think happy thoughts to control the stress. Majority, (87.3%) of the respondents stated that they

always talk to wife/husband about how I feel in order to cope with the stress they feel. Table 4.28 represents the other ways of coping with stress reported by the respondents. More, (13.0%) of the respondents reported that they cope with the stress by having a good night rest, some, (9.6%) reported that they manage stress by singing and dancing. Few, (8.9%) stated that they cope with the stress by playing and hanging out with friends. A little less than half (48.6%) reported they turned to religion as a way of coping with stress, some (25.2) engage in active coping (table 4.29). table 4.30 represents categorisation of coping mechanism among respondents. 58.8% of the respondents had a fair coping mechanism, more than one third (36.9%) of the respondents had a good coping mechanism, 4.3% of the respondents had a poor coping mechanism.

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Table 4.22:How respondents handle personal problems

Coping mechanism	N	(%)
Through prayer	117	38.3
By sharing it with others	54	17.7
By looking for possible solutions without allowing the problem to affect my job and the people around me	31	10.1
By facing them squarely	33	10.8
Relaxation and games	32	10.4
By good wisdom	5	1.6
Planning ahead of time	15	4.4
Listening to music and watching TV	7	2.2
Avoidance	2	0.7
By being proactive	2	0.7
I laugh over it	2	0.6
Through my husband	1	0.3
Exercise	4	0.6
Total	305	100

Table 4.23: Reported stress coping technique

Coping Technique	N	(%)
Prayer, relaxation, playing and resting	76	26.2
Sleeping and regular medical check up	63	21.7
Eating fruits and foods	23	7.9
Exercise/sports	18	6.2
By listening to music and watching movies	20	10.4
Spending time with friends and families	12	4.1
Singing	12	4.1
Talking	9	3.1
Clubbing	6	2.0
Keeping mute	6	2.0
Reading	5	1.7
Endurance	5	1.7
Avoiding argument	4	1.3
Sharing of ideas	4	1.3
Use of medication	3	1.0
Alcohol	3	1.0
Writing	2	0.6
Mass and social media	2	0.7
I don't know	2	0.7
Sex and sleeping	2	0.7
By visiting the beach	1	0.3
Crying silently	1	0.3
Cooking	1	0.3
Total	290	100

Table 4.24: Reported effectiveness of stress coping mechanism by the respondents

Statement	Yes (%)	No (%)	Total (%)
Is your stress coping technique effective or good	290(93.8)	19(6.2)	309(100)

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Table 4.25: Reported reasons why respondents think their coping techniques were effective

Reasons	N	(%)
Because it works best for me	134	38.5
Because I am healthy	26	10.4
Because I followed my plans accordingly	26	10.4
God answers prayers	17	6.8
Because I feel good all the time	15	6.0
Because it makes my brain effective	7	2.8
It makes me feel relieved and sleep well	7	2.8
Having a good night rest	4	1.6
Because I always get results	4	1.6
It reduces my blood pressure	3	1.6
Because I derive pleasure in doing it	2	0.8
Because you won't be stressed if you manage your time effectively	2	0.8
It reduces my aggression level	2	0.8
Much of special duties	1	0.4
Total	250	100

Table 4.26: Reported reasons why respondents believed their stress coping technique were not effective

Reasons why it is not effective	N	(%)
The stress still affects me	5	55.6
The stress coping technique is not good	4	44.4
Total	9	100

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Table 4.27: Reported activities that respondents engage in when stressed

Statement	Yes(%)	No(%)	Total(%)
I smoke cigarette whenever tired	28(8.4)	307(91.6)	335(100)
I drink excessive alcohol whenever I am worried	41(12.2)	295(87.8)	335(100)
I make sure I sleep well to ease off stress	320(95.5)	15(4.5)	335(100)
I yell sometimes to let my feelings out	204(63.7)	116(36.3)	320(100)
I pray to make things change	318(94.9)	17(5.1)	335(100)
I try to stay away from problem	294(87.7)	41(12.3)	335(100)
I try to stay away from things that make me upset	305(91.0)	30(9.0)	335(100)
I always get help from my friends	258(77.7)	74(22.3)	332(100)
I listen to music or watch television in order not to think	284(85.5)	48(14.5)	332(100)
I try to think only happy thoughts	284(85.8)	47(14.2)	331(100)
I always talk to wife/husband about how I feel	289(87.3)	42(12.6)	331(100)

Table 4.28: Respondents other ways of coping with stress

Coping Methods	N	(%)
By having a good night rest	39	13.0
Singing/dancing	29	9.6
Playing and hanging out with friends	27	8.9
By having quiet time and praying	25	8.3
Annual/casual leave	25	8.3
Sharing experience with others	21	6.9
Watching football and movies	21	6.9
Exercise and sports	14	4.7
Listening to music	13	4.3
Listening to music and watching TV	11	3.6
Clubbing	11	3.6
Relax with wine and then sleep	9	3.0
Medication	8	2.7
Positive lifestyle	8	2.7
Reading and listening to news	7	2.6
Doing what you like most	5	1.6
Thinking good thoughts	4	1.3
Regular medical check up	3	0.9
Thinking before taking any action	3	0.9
Making myself happy	3	0.9
By overlooking ugly situations	3	0.9
By leaving the scene of the stress and sharing it with others	2	0.6
Drinking plenty of water	2	0.6
Social media	2	0.6
Travelling	2	0.6
Playing video games	2	0.6
Try to do little and leave the rest	1	0.3
Playing piano	1	0.3
Total	301	100

Table 4.29 Reported coping orientations to problems (cope) based on the respondents responses.

Reported Coping Orientations to Problems (COPE) based on the respondents responses	N	%
Active coping	83	25.2
Planning	7	1.8
Seeking social support for instrumental reasons	9	2.8
Seeking social support for emotional reasons	3	0.9
Suppression of competing activities	19	5.8
Turning to religion	159	48.6
Positive reinterpretation	1	0.3
Restraint coping	2	0.6
Acceptance	14	4.3
Focus on emotions	16	4.9
Denial	7	2.2
Mental disengagement	3	0.9
Behavioural disengagement	2	0.6
Alcohol-drug disengagement	1	0.3
Sense of humour	1	0.3
Total	325	100

Mean=5.0±3.0, Median=6.0, Minimum=1, maximum= 15

The mean coping mechanism score was 5.0±3.0 with a minimum score of 1 and a maximum score of 15.

The above scale was achieved by using a 15 point strategy of coping with stress adopted from (Carver Scheier and Weintraub, 1989).

Table 4.30: Categorisation of coping mechanism among respondents

Coping categories	Mechanism	N	(%)
Good coping		120	36.9
Fair Coping Mechanism		191	58.8
Poor Coping Mechanism		14	4.3
Total		325	100.0

Mean=5.0±3.0, Median=6.0, Range 1-15

The mean coping mechanism score was 5.0±3.0 with a minimum score of 1 and a maximum score of 15.

A 15 point coping mechanism scale was used, using 0-5 as good coping mechanism, 6-10 as fair coping mechanism and >10 as poor coping mechanism.

Hypothesis testing

Table 4.31: Hypothesis 1

Hypothesis 1: There is no significant relationship between the gender of the respondents and experience of stress.

In table 4.30, the p-value is greater than 0.5 ($p > 0.5$) which shows is statically significant; therefore, there is a significant relationship between the gender of the respondents and experience of stress ($\chi^2=4.524$, $df=6$, $p\text{-value}=0.606$). Thus the null hypothesis was rejected. Male respondent experienced stress more than the female respondents.

Gender	Experience of stress among police officers		Total	** χ^2	d.f	P value
	Yes (%)	No (%)				
Male	171(95.0)	9(5.0)	180(100)	4.524	6	0.606
Female	115(90.6)	12(9.4)	127(100)			
Total	286 (93.1)	21 (6.8)	307(100)			

Hypothesis 2: There is no significant relationship between the Job description (crime investigation units, administrative officers, traffic warden) of the respondents and experience of stress.

In table 4.31, the p value is less than 0.5 ($p < 0.5$) which depicts statically not significant, therefore, there is no significant relationship between the Job description (crime investigation units, administrative officers, traffic warden) of the respondents and experience of stress ($\chi^2 = 30.044$, $df = 30$, $p\text{-value} = 0.463$). Thus, the null hypothesis was accepted. Respondents that are traffic warden experienced stress as much as respondents that are administrative officers, investigation officers, general duty, signal, medical, supervisor and communication.

Table 4.32: Hypothesis 2

Job duty position	Experience of stress among police officers		Total	** χ^2	d.f	P value
	Yes (%)	No (%)				
Traffic Warden	31(91.2)	3(8.8)	34(100)	30.044	30	0.463
Administrative Officer	50(89.2)	6(10.8)	56(100)			
CID	28(87.5)	4(12.3)	32(100)			
Investigation Officer	1(100.0)	0(0.0)	1(100)			
General duty	174(96.1)	7(3.9)	181(100)			
SIGNAL	1(50.0)	1(50.0)	2(100)			
Medical	2(100.0)	0(0.0)	2(100)			
Supervisor	1(100.0)	0(0.0)	1(100)			
Communication	1(100.0)	0(0.0)	1(100)			

Hypothesis 3: There is no significant relationship between the age of respondents and knowledge of stress.

In table 4.32, the p-value is less than 0.5 ($p < 0.5$) which depicts not significant, therefore, there is no significant relationship between the age of respondents and knowledge of stress. ($X^2 = 5.51$, $df = 6$, $p\text{-value} = 0.46$). Thus, the null hypothesis was accepted. Respondents in the age group of 22-32 years had poor knowledge about stress and its coping mechanism as much as respondents between the ages of 33 and 55 years.

Table: 4.33: Hypothesis 3

Age group (in years)	Knowledge Categories			Total (%)	** X^2	df	P-value
	Poor (%)	Fair (%)	Good (%)				
22-32	35 (92.1)	0 (0.00)	3 (7.9)	38 (100.0)	5.517	6	0.468*
33-43	54 (90.0)	3 (5.0)	3 (5.0)	60 (100.0)			
≥44-54	34 (94.4)	0 (0.0)	2 (5.6)	36 (100.0)			
>55	12 (100)	0 (0.0)	0 (0.0)	12 (100.0)			
Years							
Total	135 (92.5)	3 (2.1)	8 (5.5)	286 (100.0)			

*Not significant at $P < 0.05$

**Fishers Exact test was used

Hypothesis 4: There is no significant relationship between the level of education of the respondents and the knowledge of stress.

In table 4.33, the p-value is less than 0.5 ($p < 0.5$) which depicts statically not significant. Therefore, there is no significant relationship between the level of education of the respondents and the knowledge of stress ($\chi^2 = 8.904$, $df = 8$, $p\text{-value} = 0.346$). Thus, the null hypothesis was accepted. Respondents who had secondary school certificates had poor knowledge about stress and it's coping mechanism as much as respondents with national diploma, higher national diploma, B.Sc. and masters certificates.

Table: 4.34: Hypothesis 4

Level of study	Knowledge Categories			Total (%)	** χ^2	df	P-value
	Poor (%)	Fair (%)	Good (%)				
Secondary Education	44 (88.8)	0 (0.0)	5 (10.2)	49 (100.0)	8.904	8	0.346*
National Diploma Certificate	39 (90.7)	2 (4.7)	2 (4.7)	43 (100)			
Higher National Diploma	18 (100.0)	0 (0.0)	0 (0.0)	18 (100.0)			
BSC	24 (96.0)	1 (4.0)	0 (0.0)	25 (100.0)			
Masters	8 (100.0)	0 (0.0)	0 (0.0)	8 (100.0)			
Total	133 (93.0)	3 (2.1)	7 (4.9)	143 (100.0)			

*Not significant at $P < 0.05$

**Fishers Exact test was used

CHAPTER FIVE

5.0 DISCUSSION, CONCLUSION AND RECOMMENDATION

This study explored the experiences of stress and coping mechanism among police officers in Ibadan metropolis. Implication of the findings of this study to health promotion and education was also discussed. Recommendations were made at the end of the report.

5.1 Socio-demographic Characteristics

Majority of the age group of the respondent fell between 33 to 44 years followed by 22-32 years. These plausible explanations of this finding could be attributed to the cultural values of the Nigerian society in which the older ones do not have time to participate in the study but younger ones do. The fact that over half of the respondents were Yoruba could be traced to the fact that the study area is located in the south-western region of the country where the predominant ethnic group are Yoruba's (Adegoke, 2014). The study shows that married Police men participated in the study than the singles because police officers with minimum of three years of practice were recruited in this study.

This study also shows that almost half of the respondents hold a National diploma qualification, while few of the respondents had a Master's degree because junior Police officers with National diploma qualifications responded to the questions than the senior Police officers. This study also shows that a little above half of the respondents were males while less than half are females, this indicates that most traditional societies considered the job of policing to be exclusively reserved for men. This sex-type prejudice had influenced the perception of most people in our society, even up to the 21st century. This is reflective of most people's belief that police force services are not meant for women, while men are not expected to be in woman profession, like nursing profession (Mangwani, 2012).

5.2. Knowledge of stress and coping mechanism

Finding from this study shows that majority of the respondents had a fair and poor knowledge of stress and coping mechanism while few had good knowledge. This is probably because many Police officers did not know that they are passing through stress and they cannot recognise and identify stress (Palmer 2006). Inadequate basic and continuous training of police personnel might also contribute to this (Odedokun and Solomon, 2015).

The study also shows that female respondents had fair and good knowledge of stress and its management than male respondents which shows that there was no significant relationship between knowledge and sex of respondents. This might be due to the fact that women are more willing to learn than men, women spend more time studying, and they read more than men (Rick, 2015) and it might also be due to the fact that more than half of the respondents are male.

The study also shows that secondary school certificate respondents had good knowledge followed by National Diploma Certificate and BSc certificate respondents. This might be the case of the study because more than half of the respondents are those with Secondary School and National Diploma Certificates. This is dissimilar to the study conducted by Odedokun and Solomon (2015) which says it was observed that the officers with higher academic qualification experiences higher job burnout compared with officers with lower educational qualification. It showed that there was no significant relationship between knowledge of stress and its management and level of education of study of respondents.

The study shows that almost all of the respondents who had less than 10 years' experience had poor knowledge while few of the same had good knowledge. Almost all of respondents who practiced for 11-20 years had poor knowledge while few of the same population had fair and good knowledge. (92.0%) of the respondents who had practiced for 21-30 years had poor knowledge while only few also had good knowledge. All of the respondents who had practiced for more than 30 years had poor knowledge, this might be due to the inadequate training on stress and coping mechanism in police organization. This is dissimilar to the study conducted by Ogunjimi (2014).

5.3 Prevalence of stress

More than half of the respondents agreed that Police officers are experiencing stress. Majority of the respondents stated that stress is common among police officers while few of the respondents said 'No'. In Nigeria, a high level of stress have been observed among the working class, especially workers who are involved in personal interaction with people such as Police officers who are more vulnerable to occupational stress and job burnout (Aremu, 2014).

The study also shows reasons for stress among police officers. Majority of the respondents stated that stress among the police officers was due to insufficient rest and the deadly nature of the job, few of the respondents attributed the stress to excessive workload. The Nigerian Police Force as a security apparatus face a lot of stress such as working at mid-night to secure the safety of people in the society, staying under the sun at check points and also work shift that involve working both day and night, which mostly is related to the nature of work being carried out daily to curb crime. The present heightened state of insecurity due to terrorism, kidnapping, arresting fraudsters and ethno-ethnic clashes in the country poised the job challenges and stress to the Nigerian police officers (Adebayo, 2010). Almost half of the Police officers show anger as a result of emotional disorder from stress. It is similar to the study conducted by Adegoke (2014) which revealed that there were significant effects of work-stress on psychological well-being of police employees in Ibadan metropolis, Nigeria.

5.4 Factors influencing stress

Work-related factors

The findings from this study showed that most of the respondents are uncomfortable with the weekly shifts rotations, their fellow officers do not do their jobs as expected, physical dangers exists at their working place. Less than one third of the respondents stated that hostile threat sometimes exists from their co-workers. A little above half, stated that there are always an insufficient man power to adequately handle a job, majority of the respondents stated that they are sometimes placed on special duties after performing normal duty. These contribute to the stress that police officers are experiencing in their place of work; this study is similar to the study conducted by Joseph and Nagarajamurthy (2014) in University of Mysore. The reasons for stress are unhealthy working environment, long working hours, lack of time for family, irregular eating habits, need to take tough decisions, sleepless nights, poor living conditions, torture by seniors, disturbed personal life and the dwindling public confidence in the police force (Water and Ussery, 2007). Police officers are assigned to a particular shift and they must work regardless of holidays or other special occasions. Law enforcement personnel who engage in frequent shift-work are at risk, not only for experiencing adverse physiological and emotional effects, but also for exhibiting symptoms of compromised judgment, (Violant *et al.*, 2011), perception, and psychomotor functioning (Vila, 2009).

Organizational factors

Almost half of the respondents reported that they have difficulty getting along with their supervisor, there is competition for promotion at their place of work, there are poor or inadequate supervision, there are political pressures from within the department and their working place conditions are unhealthy. It is similar to the study conducted by (Adegoke, 2014). Stress occurs in a wide range of work circumstances but often made worse when employees feel they have little support from supervisors and colleagues and where they have little control over work or how they can cope with its demands and pressures (Lasisi, 2013).

Individual factors

More than half of the respondents reported that they are always uncomfortable with low salary, some reported that job schedule is affecting their private life and some also reported that they receive personal insult from member of the public. Other factors reported from the respondents are too much work without adequate rest and they always experience sadness and emotional problems. Source of stress stems from working with the public, including both offenders and victims, which expose police officers to life threatening and traumatic situations that are beyond accidents and natural disasters (Finn and Tomz, 1997; Wilson, et al, 2001). Finally, the family life of officers can be affected by their job-related stress and in turn contribute to their overall stress level, which can contribute to domestic violence, separation, and divorce (Finn and Tomz, 1997; Wilson, et al, 2001). In the study conducted by Joseph and Nagarajamurthy, (2014) revealed that the main cause of stress as perceived by the police officers are political pressure, lack of time for family, non-co-operation from public, negative public image and low salary. In addition, a large number of police officers also reported other causes like lack of government support, work load, frequent transfer, and lack of organisational and departmental support, torture by senior officers. (Joseph and Nagarajamurthy, 2014)

5.5. Coping mechanism

Almost half of the respondents reported that they handle personal problem with prayers while some reported that they shared it with other people. Some of the respondents reported that prayer relaxation, playing, resting and sleeping well, resting and/or and regular medical check-up as what they use to cope with stress which relieves them from stress. Almost all the respondents show that their coping mechanism is effective and good, because it makes them healthy and it works for them. The most effective stress-coping strategies are meditation

techniques, relaxation techniques and the government should provide stressmanagement centres in all police Division inNigeria in order to improvetheir productivity.

5.6.0 Implication of the Study Findings for Health Promotion and Education

The findings from this study affirm that majority of the Police officers have poor knowledge of stress and its coping mechanism. It was also shown in the study that Police work is a highly stressful occupation characterized by unpredictable events, exposure to trauma, extended periods of boredom, inconsistent shift work, and tension associated with organizational issues such asdifficulty getting along with their supervisor, competition for promotion at the place of work, poor or inadequate supervision, inadequate support by supervisors, inadequate support by the department, political pressures from within the department and that their working place conditions are unhealthy.

Findings from this study also show that a lot of Police officers turn to or look to their friends or family members for support or for advice during distress, which further elucidates the important role that a good social support network plays during distress. Findings from this study have health promotion and education implications and suggest the need for interventions directed at tackling the problems. Health promotion and education strategies such as training, health communication using media, health policies like advocacy to create relaxation and sports centre and social support can be utilized to address the stressors and coping mechanism.

5.6.1 Training

Training as a strategy could be used to improve the knowledge of the police officers towards stress, effect of stress and its coping mechanism. Law enforcement agencies at the state level could be trained on the importance of reducing stress in their organization. The idea for this training could be initiated by the Police officers themselves, the Ministry of Health both at the state and federal level or non-governmental organisations. These Police officers could be trained by experts from the Federal or State Ministry of Health. Other experts from the non-government organizations could be of use in this regards. As with most standard training programmes,a training curriculum could be designed to facilitate the training. The content of the curriculum will include training objectives, training contents, training methods, training materials and evaluation. The training could be in form of seminars, lectures, courses,

seminars, workshops and classes. Methods used could include teaching, discussion and explanation. The materials used could include the resource persons, lecture notes, learning manuals, pictorials etc. the mode of evaluation could be feedback, comments, questions and answer as well as pre and post-test. The Police officers that have been trained can then conduct a step-down training for their members. This training could take place on a particular meeting day. Using the similar methods and materials as explained before, it will go a long way in improving the knowledge of the Police officers on stress and coping mechanism in Ibadan metropolis, Oyo state. The training will focus on various ways of managing stress, stress and its effects.

5.6.2 Health Communication

Health communication strategies can inform and influence large numbers of Police officers on ways to improve their health by knowing what stress is, the effect of stress, management of stress and various ways of coping with stress. Examples of media strategies to convey health messages include the following components: radio, television, newspaper, flyers, brochures, internet, social media. Using a variety of communication channels can allow health messages to shape mass media or interpersonal, small group, or community level campaigns. Health communication strategies aim to: increase risk perception, reinforce positive behaviors, influence social norms, increase availability of support and needed services, empower individuals to change or improve their health conditions.

Effective health communication strategies include the following, use of research-based strategies to shape materials and products and to select the channels that deliver them to the intended audience, understanding of conventional wisdom, concepts, language, and priorities for different cultures and settings, consideration of health literacy, internet access, media exposure, and cultural competency of target populations, development of brochures, billboards, newspaper articles, television broadcasts, radio commercials, public service announcements, newsletters, pamphlets, case studies, group discussions, health fairs, field trips, and workbooks among others media outlets.

5.6.3 Social support

The social support programmes entails psychosocial and livelihoods support, social work and community outreach and awareness creation and building community capacity. Psychosocial support includes trauma counseling, marital counseling, and awareness creation on stress that

has the aim of sensitizing the police officers. Community education and outreach is undertaken under the social support programmes, dissemination of information, education and communication IEC material in communities, facilitation of capacity building workshops and seminars that addressed human right, a strategy that allows for interaction with audiences, thus generating feedback, especially on behaviour, attitude and practices.

5.6.4 Advocacy

The problem of prevalence of stress among Police officers can be solved by adopting the strategy of advocacy. Advocacy involves actions designed to generate policies and gain support for a particular health goal. Advocacy will help to facilitate policy formation relating to regulation and management of stress in law enforcement agencies and facilitate the construction of standard relaxation centres, sport centres and stress management centres for Police officers.

5.6.5 Incentives

Incentive is something given to encourage, rouses or motivate (English dictionary 2.3). the government should increase the allowances given to the Police officers, also the police officers should be given enough annual leave or casual leave because many complaint that no enough rest during service.

5.7 Conclusion

The findings from this study indicate that large number of Police officers perceives stress as illness while a significant number of Police officers did not. It was also shown in this study that Police officers have a poor knowledge of stress and coping mechanism this might due to the facts that most of the Police officers do not have the formal knowledge of coping mechanism and stress. It might also be due to the fact that they have not undergone training on stress and coping mechanism before and they cannot identify and recognised stress. Irrespective of this and the level of reactions to stress majority of the respondents experienced one or more negative symptoms. Weekly shift rotation, no enough rest, pressured to work long hours was also stated as the factors contributing to stress among them.

Majority of respondents coped by seeking counsel from friends, prayers, rest and relaxation this further elucidates the important role played by peers as regarding decisions centring on

stress. Some emphasised that these coping mechanism work best for them and it makes them healthy.

5.8 Limitation of the study

This study did not capture police officers who were on maternity or study leave. Future research should capture all police officers on maternity and study leave by giving enough time for data collection, thereby providing a more representative sample of the population and greater generalizability of the study findings.

5.9 Recommendations

Based on the findings from this study, the following recommendations are offered:

- A counselling unit focusing on management of stress and the effects of stress should be instituted in the health system of the organization and the unit should be willing to help police officers going through stress.
- There is need for law enforcement agencies to give adequate annual/casual leave to any police officers when they deserve it.
- There is need for Government to increase the allowances given to the Police officers.
- There is need for the Government to provide powers to adequately handle the job.
- There is need for a new policy on training on stress, its effects and coping mechanism for police officers.
- There is need for the Government and law enforcement agencies to provide relaxation and sport centres for the police officers

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APPENDIX 1

EXPERIENCE OF STRESS AND COPING MECHANISM AMONG POLICE OFFICER IN IBADAN METROPOLIS, OYO STATE

My name is AjayiAderonke Oyeyemi a post graduate student of Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan.

The purpose of this study is to assess the level of stress experience by Police officers and their coping mechanism in Ibadan metropolis, Oyo State.

The findings of this study will help to serve as input in designing education program to reach out to all police officer to help improve their situation and society.

Your identity, responses and opinion will be kept strictly confidential and will be used for purpose of research only. Please note that you do not have to write your name on this questionnaire, your kind assistance is sought for you to answer the questions below as accurately as possible to make the research a success. However, your participation is voluntary.

Would you like to participate in this study?

Yes -----

No-----

Thank you.

Questionnaire

Title of Project:Experience of Stress and Coping Mechanism among Police Officers in Ibadan Metropolis, Oyo State.

Date

Section A:Socio demographic data

Note: Tick the appropriate answers that apply to you, please be honest with your answers:

1. Location of place of work -----
2. Age in years (at last birthday) -----
3. Gender: (a) Male (b) Female
4. Level of Education (a) Secondary School (b) N D (c) HN D (d) BSc (e) Master (f) Others (Specify) -----
5. Rank -----
6. Marital status (a) Single (b) Married (c) Separated (d) Divorce (e) Widow
7. Religion: (a) Christianity (b) Islam (c) Traditional (e) Others (specify) -----
8. Ethnic Group: (a) Yoruba (b) Igbo (c) Hausa (d) Others (specify)-----
9. How many years have you been working as a Police officer?-----
10. How many years have you been working at this station?-----
11. Job duty: (a) Traffic warden (b) Administrative officer (c) CID (d) General duty (e) Others (specify)-----

NOTE: You have to tick the most appropriate options in the boxes provided below

SECTION B: 12-17 (Knowledge Questions on stress and coping mechanism)

12. What is stress?-----

13. What do you understand by health effects of stress?-----

- 14a. Do you think stress is an illness? (a) Yes (b) No
- 14b. If question above is yes, list 2 illnesses caused by stress -----

- 14c. If no, why?-----

15. Do you think stress increases likelihood of smoking and excessive alcohol intake (a)Yes(b) No
16. Can stress lead to being promiscuous? (a) Yes (b) No
17. What do you understand by coping mechanism?-----

SECTION C:Prevalence of Stress

18. Do you think stress is common among Police officers? (a) Yes (b) No

18b. If yes why do you think so?-----

18c. If no why?-----

19. How do you know that you are passing through stress?-----

Please tick the most appropriate answer to these questions.

S/N	STATEMENT	YES	NO
20.	I usually get worried unnecessarily		
21.	I always have headaches and body aches		
22.	I always have stomach problems		
23.	I cannot control my emotions whenever I am provoked at work		
24.	Sometimes, I feel depressed after work		
25.	I feel like sleeping during work		

26. What other emotions did you experience as a results of stress?-----

SECTION D: Factors influencing stress

Please tick the most appropriate answer to these questions.

Work-related factors

S/N	STATEMENT	ALWAYS	SOMETIMES	ONNCE IN A WHILE	NEVER

27.	I am uncomfortable with my weekly shift rotation				
28.	I do not understand my job roles and responsibilities				
29.	My fellow officers do not do their job as expected				
30.	Physical dangers exist at my working place				
31.	There are hostile threats from co-workers				
32.	I am given assignment with incompatible partners				
33.	I am performing more than one task in the place of work				
34.	I am pressured to work long hours				
35.	There are insufficient man powers to adequately handle a job				
36.	I placed on special duties after performing normal duty				
37.	I am having discomfort in handling unethical assignment				

Organization factors

	STATEMENT	ALWAYS	SOMETIMES	ONCE IN A WHILE	NEVER
38.	I have difficulty getting along				

	with my supervisors				
39.	There are competitions for promotion at my place of work				
40.	There are poor or inadequate supervision				
41.	There are inadequate support by supervisors				
42.	There are inadequate support by department				
43.	There are political pressures from within the department				
44.	My working place conditions are unhealthy				

Individual factors

S/N	STATEMENT	ALWAYS	SOMETIMES	ONCE IN A WHILE	NEVER
45.	I'm uncomfortable with low salary/income				
46.	My job schedule is affecting my private life				
47.	I am taking second jobs to make extra income				
48.	I receive personal insult from member of the public?				

49. List other factors that can cause stress? -----

SECTION E: Coping mechanisms for managing stress

50. How do you handle personal problems?-----

51. Mention your stress coping techniques-----

52. Is your stress coping techniques effective/good? (a) Yes (b) No

52b. If yes why?-----

52c. If no why?-----

Please tick the most appropriate answer to these questions.

S/N	STATEMENT	YES	NO
52.	I smoke cigarette whenever I am tired		
53.	I drink excessive alcohol whenever I am worried		
54.	I make sure I sleep well to ease off stress		
55.	I yell sometimes, to let my feelings out		
56.	I pray to make things change		
57.	I try to stay away from the problem		
58.	I try to stay away from things that make me feel upset		
59.	I always get help from my friends		
60.	I listen to music or watch television in order not to think		
61.	I try to think only happy thoughts		
62.	I always talk to wife/husband about how I feel		

63. List other ways you cope with stress?-----

Thank you for your time

APPENDIX 11

Coding guide

**Experience of stress and coping mechanism among police officers in Ibadan metropolis,
Oyo State.**

Sociodemographic data

Variable (Questions/statements)	Variable label	Code
Location of place of work	Sango	1
	Ashi	2
	Agodi	3
	Bodija	4
	Yemetu	5
	Non response	99
Gender	Male	1
	Female	2
	Not applicable	77
	Non response	99
Level of education	Primary	1
	Secondary	2
	Tertiary	3
	Not applicable	77
	Non response	99
Rank	Inspector	1
	Assistant Superintendent of Police	2
	Corporal	3
	W omen Sergeant	4
	Deputy superintendent of Police	5
	Sergeant	6
	Superintendent of police	7
	Not applicable	77
	Non response	99
	Marital status	Single
Married		2
Widow		3
Divorce		4
Not applicable		77
Non response		99

Religion	Christianity	1
	Islam	2
	Traditional	3
	Not applicable	77
	Non response	99
Ethnicity	Yoruba	1
	Hausa	2
	Ibo	3
	Not applicable	77
	Non response	99
Job duty	Traffic warden	1
	Administrative officer	2
	CID	3
	General duty	4
	Not applicable	77
	Non response	99

Knowledge Questions on stress and coping mechanism

Variables (Questions/ Statements)	Responses	Coding and scores allotted
What is stress	An external force applied to a body and causing stress in the body	8
	A state of mental and emotional strain or tension	5
	Body's way of responding to any threats or demands	7
	Exhaustion or pressure that human experience everyday	4
	State of being overworked	6
	Feelings we have when under pressure	2
	Stress is pressure or energy wasted on daily	3

	activity that causes weakness of the body	
	Emotional feeling about a certain situation or problem of life	1
What do you understand by health effects of stress?	Effects of the stress on an individual's wellbeing	8
	It is any change in the environment that require your body to adjust in response	5
	When somebody did not have time to rest	3
	Disease and health hazards caused stress	6
	It can lead to high blood pressure	4
	Collapsing or any negative effect	2
	Dangers that stress can cause in the body	7
	Physical symptoms	1
Do you think stress is an illness?	Yes	0
	No	1
If question above is yes, list 2 illnesses caused by stress?	Heart attack	1
	Headache,	1
	High blood pressure	1
	Urinary incontinence	1
	Irritation of the nerves	1
	Anxiety	1
	Depression	1
If no, why	It's a common thing for human being to experience stress	5
	Stress is not just an illness because it causes great damage to the human being	2
	Stress is not an illness but if not manage that may result to illness	7
	Stress is not a disease it is a normal reaction to	4

Do you think stress increases likelihood of smoking and excessive alcohol intake	when someone overworks himself	
	Because it is what anybody can feel at anytime	1
	Some stress lead to positive results	6
	Because it is a part of every human experience	3
	Yes	1
Can stress lead to being promiscuous?	No	0
	Yes	0
What do you understand by coping mechanism	No	1
	Way to handle the problem	3
	Ability to function under stress	2
	The system one applies to his jobs	1
	Strategies of managing circumstances	5
	Adapting to a situations	4

Prevalence of stress

variables	responses	Coding and scores allotted
Do you think stress is common among police officers	Yes	1
	No	2
If yes why do you think so?	Because of excessive workload	2
	Because of frequent transfer of police men	3
	Place on special duty after normal duty	4
	Lack of proper welfare	1

	package	
How do you know that you are passing through stress?	By feeling symptoms such as body pain, chest pains and headache	3
	Restlessness and difficulty in sleeping	2
	Weakness of the body	4
	When my body can no longer responds to any demands	5
	I know anytime my body needs rest and i cannot rest	1
usually get worried unnecessarily	Yes	1
	No	0
I always have headaches and body aches	Yes	1
	No	0
I always have stomach problems	Yes	1
	No	0
I cannot control my emotions whenever I am provoked at work	Yes	1
	No	0
Sometimes, I feel depressed after work	Yes	1
	No	0
I feel like sleeping during work	Yes	1
	No	0
What other emotions did you experience as a result	Worrisome	1
	Anger	1

of stress?	Anxiety	1
	Moodiness	1
	Sadness	1
	Unhappiness	1
	confusion	1
	Sadness	1
	Unhappiness	1
	confusion	1

Factors influencing stress guidelines coding guide

Work-related factors

Variables (Questions/Statements)	Variables label	Coding and scores allotted
I am uncomfortable with my weekly shift rotation	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
I do not understand my job roles and responsibility	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
My fellow officers do not do their job as expected	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
Physical dangers exist at my working place	Always	3
I do not understand my job roles and	Sometimes	2

responsibility?	Once in a while	1
	Never	0
My fellow officers do not do their job as expected	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
Physical dangers exist at my working place	Always	3
There are hostile threats from co-workers	Sometimes	2
	Once in a while	1
	Never	0
I am given assignment with incompatible partners	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
I am performing more than one task in the place of work	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
I am pressured to work long hours	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
There are insufficient man powers to adequately handle a job	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
I placed on special duties after performing	Always	3

normal duty	Sometimes	2
	Once in a while	1
	Never	0
I am having discomfort in handling unethical assignment	Always	3
	Sometimes	2
	Once in a while	1
	Never	0

Organizational factors

Variables	Variables label	Coding and scores allotted
I have difficulty getting along with my supervisors	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
There are competitions for promotion at my place of work	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
There are poor or inadequate supervision	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
There are inadequate support by supervisors	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
There are inadequate support by supervisors	Always	3

	Sometimes	2
	Once in a while	1
	Never	0
	There are inadequate support by department	Always
	Sometimes	2
	Once in a while	1
	Never	0
	There are political pressures from within the department	Always
	Sometimes	2
	Once in a while	1
	Never	0
	My working place conditions are unhealthy	Always
	Sometimes	2
	Once in a while	1
	Never	0

Individual factors

Variables	Variables label	Coding and scores allotted
I'm uncomfortable with low salary/income	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
My job schedule is affecting	Always	3

my private life	Sometimes	2
	Once in a while	1
	Never	0
I am taking second jobs to make extra income	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
I receive personal insult from member of the public	Always	3
	Sometimes	2
	Once in a while	1
	Never	0
List other factors that can cause stress?	Standing in the sun for too long	1
	Too much work without adequate rest	1
	Insufficient salary	1
	Thinking	1
	Sitting for a long time in the office	1
	Sickness	1
	Long distance between house and duty post	1
	Loss of a family member of a loved one	1
	Impromptu posting	1

Coping mechanisms for managing stress

This scale was used for “how do you handle personal problems, mention your stress coping technique and other ways you cope with stress”

Coping	Meaning	Responses
---------------	----------------	------------------

categorization		
Active coping	Active coping (taking action to try to get rid of or decrease the stressor or its consequences);	By facing them squarely. By being proactive.
Planning	Planning (deliberations how handle the problem);	By looking for possible solutions without allowing the problem to affect my job and the people around me. By good wisdom. Planning ahead of time. Annual/casual leave Thinking before taking any action
Seeking social support for instrumental reasons	Seeking social support for instrumental reasons (asking for advice, help or information);	By sharing it with others Sharing of ideas.
Seeking social support for emotional reasons	Seeking social support for emotional reasons (seeking for emotional support, sympathy or understanding);	Through my husband
Suppression of competing activities	Suppression of competing activities (putting aside other activities not connected to the problem in order to better deal with it);	Personal discretion Thinking happy thoughts.
Turning to religion	Turning to religion (as a source of emotional support or signpost to positive reinterpretation and	Through prayer. Meditation

	development);	singing
Positive reinterpretation	Positive reinterpretation and growth (growing as a person as a result of the experience, seeing events in a positive light);	By seeing it as a normal thing Not a problem
Restraint coping	Restraint coping (waiting for the right time to do something);	By being calm Keeping mute
Acceptance	Acceptance (accepting situation as something irreversible, trying to get used to it and learn to live with it);	Acceptance
Focus on emotions	Focus on and venting of emotions (concern about own emotions and tendency to express them);	Drinking plenty water
Denial	Denial (ignoring, refusal to acknowledge the problems);	I laugh over it Avoidance

Mental disengagement	Mental disengagement (avoiding of consequences by turning to other activities like sleep, watching TV);	<p>Clubbing</p> <p>Exercise</p> <p>Going for a vacation</p> <p>Relaxation and games</p> <p>Listening to music and watching TV</p> <p>Playing games and spending time and social media</p> <p>Reading</p> <p>by eating fruits and resting</p> <p>Exercise/sports</p> <p>By listening to music</p> <p>Sleeping well/resting and/or and regular medical check up</p>
Behavioural disengagement	Behavioural disengagement (helplessness, abandonment of efforts to achieve goals);	Avoiding argument
Alcohol-drug disengagement	Alcohol-drug disengagement (use of alcohol or drugs to relieve unpleasant emotions);	Use of drugs
Sense of humour	Sense of humour(as a way to relieve unpleasant emotions).	<p>Cooking</p> <p>Baking</p>

Variables	Variable label	Coding
Is your stress coping techniques effective/good?	Yes	1
	No	0
If yes why	it makes me healthy	1
	it makes me feel good	1
	it is good for me	1
	it is reliable	1
if no why	it does not work for me	1
	it makes me feel bad	1
	it does not reduce stress	1
I smoke cigarette whenever I am tired	Yes	0
	No	1
I drink excessive alcohol whenever I am worried	Yes	0
	No	1
I make sure I sleep well to ease off stress	Yes	1
	No	0
I yell sometimes, to let my feelings out	Yes	0
	No	1
I pray to make things change	Yes	1
	No	0
I try to stay away from the problem	Yes	0
	No	1
I try to stay away from things that make me feel upset	Yes	1
	No	0

I always get help from my friends	Yes	1
	No	0
I listen to music or watch television in order not to think	Yes	1
	No	0
I try to think only happy thoughts	Yes	1
	No	0
I always talk to wife/husband about how I feel	Yes	1
	No	0

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The Commr. of Police,
Dept. of Fin., And Adm.,
The Nig. Police,
Olayele Ibadan.

30th June, 2016.

The DPOS,
The Nig. Police,
Iyaganku/Challenge, Olayele, Agodi,
Bango/Yemetu, Ashi; Eleyele, Mokola, Map, Apata, & Bodija.

RE: LETTER OF INTRODUCTION

Find attached herewith copy of letter dated 23rd March, 2016 received from Health promotion and Education on the above subject.

The Commissioner of police directs you assist the student to carry out her research, please.

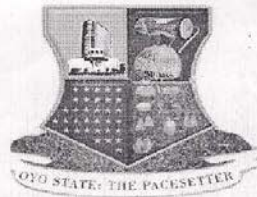
SP. SUNDAY OYEKANMI,
STAFF OFFICER SENIOR, DFA
for: COMMR. OF POLICE,
OYO STATE COMMAND.

UNIVERSITY OF

IRY

TELEGRAMS.....

TELEPHONE.....



MINISTRY OF HEALTH
DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION
PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No.

All communications should be addressed to

the Honorable Commissioner quoting

Our Ref. No. AD 13/ 479/246

1st November, 2016

The Principal Investigator,
Department of Health Promotion and Education,
Faculty of Public Health,
University of Ibadan,
Ibadan,
Oyo State.

Attention: Ajayi Aderonke

**ETHICAL APPROVAL FOR THE IMPLEMENTATION
OF YOUR RESEARCH PROPOSAL IN OYO STATE**

This is to acknowledge that your Research Proposal titled: "Experience of Stress and Coping Mechanism among Police Officers in Ibadan Metropolis, Oyo State." has been reviewed by the Oyo State Ethical Review Committee.

2. The committee has noted your compliance. In the light of this, I am pleased to convey to you the full approval by the committee for the implementation of the Research Proposal in Oyo State, Nigeria.

3. Please note that the National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations, in line with this, the Committee will monitor closely and follow up the implementation of the research study. However, the Ministry of Health would like to have a copy of the results and conclusions of findings as this will help in policy making in the health sector.

4. Wishing you all the best.

A blue circular stamp of the Oyo State Research Ethical Review Committee with a signature over it. The text "Signature & Date" is written across the signature.
Dr. Abbas Gbolahan
Director, Planning, Research & Statistics
Secretary, Oyo State, Research Ethical Review Committee