

# The Nature of Burnout and Secondary Traumatic Stress of a Police First Responder: A Case Study

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## Abstract

Over time, the challenging nature of police work may threaten the well-being of police first responders. This study described the nature of police burnout and secondary traumatic stress brought by exposure and helping victims of violence. The participant is a female 40-year-old police first responder who handles cases of violence against women and children. The study used psychological inventories, observations, and interviews to gather essential data. Further, this research used the Professional Quality of Life Theory to evaluate and analyze the case studied. The results showed that burnout and secondary traumatic stress were the mental health concerns of the participant. In addition, the participant described that burnout happens when there is high job demand, unbalanced case workload, and the absence of support and supervision. At the same time, secondary traumatic stress exists due to exposure to people who experienced traumatic, stressful events. Moreover, the participant expressed the need to have a mental health program at the workplace. The study's overall findings highlighted principles and guidelines for a mental health program framework catered to police first responders working with victims of violence. This mental health program must include regular assessment of the overall psychosocial functioning of police first responders, undergo regular debriefing, improve competencies in handling violence against women and children cases, have a flexible work schedule and a balanced caseload. Lastly, conducting a further study on the variables examined with a bigger sample size through quantitative research is highly recommended.

**Keywords:** burnout, secondary traumatic stress, police first responders, mental health program framework

## INTRODUCTION

Serving and protecting lives and properties are the ideals that police officers oath to do when they enter the helping profession. In addition, the coming of the COVID-19 pandemic and the New Normal gave more duties and responsibilities for the police to guarantee proper social behaviors to keep communities safe and prevent the spread of COVID-19 (Edwards & Kotera, 2021). Doing all these tasks can be highly demanding and stressful (Queirós et al., 2020). Reports about police stress are widely alarming. Police work was ranked number four in the top ten most stressful jobs in America in 2019 (Min, 2019). Similarly, police work was the second most stressful occupation in Australia in 2019 (Mckay, 2019). Considering the Philippines, police and

other law enforcement jobs were revealed as the second among the top nine stressful jobs in 2020 (Jobs Ph, 2020).

With police work, one of the challenging and stressful functions is being a "first responder." As the first to arrive at the crime scene to provide initial police action, police first responders face hazardous conditions, traumatic situations, human suffering, critical incidents, and occurrences of violence. At the same time, police first responder still has to carry the load that comes from daily job requirements (Voss, Keady, & Swensen, 2021). All these can be taxing and, when not correctly addressed, may lead to burnout and the development of secondary traumatic stress affecting the police officer's mental and physical health, job performance, interactions with the community, and personal relationships (Voss, Keady, & Swensen, 2021; Maran, Zito, & Colombo, 2020; Queirós et al., 2020; Kirshman, 2018). Burnout and secondary traumatic stress can be too costly and have many negative impacts (Maran, Zito, & Colombo, 2020).

Nevertheless, despite the exposure to hazards and stressful job demands, police first responders must cope well and develop positive adaptation to manage adverse situations they face. One of the ways to do these is by deeply understanding the nature of burnout and secondary traumatic stress explicitly coming from the lens and experiences of a police first responder. As a result, the findings can recommend insights and strategies for healthy coping and a contextualized mental health program framework for police first responders.

### **Burnout and Secondary Traumatic Stress**

This research used the Professional Quality of Life perspective by Stamm (2010) in explaining burnout and secondary traumatic stress. In this view, "quality" is defined as how individuals feel towards their work as a helper. The concept of "helper" refers to the working professions who respond to individual, community, national, and even international crises. They can be social service workers, health care professionals, teachers, attorneys, transportation staff, clean-up crews, firefighters, and others who assist when crises happen (Stamm, 2010). Professional quality of life can be experienced positively and negatively by police first responders as well. The positive experience is known as Compassion Satisfaction or the pleasure and positive feelings that stem from being able to function well by helping and having the ability to contribute to the work setting and even for the greater good of the society (Stamm, 2010).

On the other hand, the negative experience of working as a "helper" is Compassion Fatigue. These have two aspects – burnout and secondary traumatic stress. According to Stamm (2010), "burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively." A person feels that there is no difference in the efforts done at work. Moreover, burnout may result from a very high workload and a non-supportive work environment (Stamm, 2010). Further, the World Health Organization describes burnout as an "occupational phenomenon and a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed which may lead to feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy" (World Health Organization, 2019). Studies about

occupational stress and burnout have become of significant interest in the scientific community as it is known as a serious psychosocial risk and a professional hazard (Queirós et al., 2020).

Another aspect of Compassion Fatigue is Secondary Traumatic Stress. This phenomenon from work happens when the "helper" is exposed to people who extremely experienced traumatic, stressful events. Secondary traumatic stress results in fear, sleep difficulties, intrusive images, and avoiding thinking of the other person's trauma experiences (Stam, 2010). In the study of Injeyan (2011) and Figley (2002), a distinct discussion about burnout and secondary traumatic stress among police officers. Burnout is rooted in prolonged work, while secondary traumatic stress comes from repeated and extended exposure to people who are suffering traumatic events (as cited by Queirós et al., 2020). However, despite the distinction, both are prevalent among police officers considering the nature of their work. Thus, importantly, an in-depth study on the nature of burnout and secondary traumatic stress focusing on police first responders may provide more insights and recommendations to address and further prevent these "costly psychosocial risk and professional hazards."

### **Objectives of the Study**

According to Thielen (2018), it is crucial to promote a healthy workplace supportive to personnel's mental health. Notably, this research supports the campaigns for healthy workplaces and the "Mental Health Act" in the Philippines. This Republic Act promotes mental health by upholding it in all areas from the educational institutions, the community, and most especially the workplace. In support of these ideals, this research identified three objectives. First, this study identified and described the mental health concerns of a police first responder, such as burnout and secondary traumatic stress. This leads to the second objective of recommending a more focused mental health program framework for police first responders. The third is to provide literature on the limited and unexplored research on burnout and secondary traumatic stress among Filipino police first responders. In doing so, this research opens an avenue and platform for mental health support and advocacies for police first responders.

## **METHODOLOGY**

### **Research Design and Participant**

This study utilized the case study research design to have an in-depth and detailed understanding of burnout and secondary traumatic stress in the context of a police first responder and a suggested mental health program framework for police first responders. The participant is a 41-year-old female, married, police first responder who handles cases of violence against women and children (VAWC). The police first responder who participated in this research was chosen considering the nature of work duties, responsibilities, and prolonged exposure to abuse and traumatic cases experienced by women and children.

### **Measures**

The research instrument used in this study contains three parts. The first part described the demographic profile of the participant in terms of age, civil status, gender, and work assignment

as a police officer. The second part measured the participants' quality of work-life and mental health status. The Professional Quality of Life by Stamm (2010) was used to measure the participants' level of compassion satisfaction, burnout, and secondary traumatic stress. Further, the Mental Health Inventory (MHI 18) by Veit and Ware (1983) was used to measure the mental health status of the participant. Lastly, the third part of the research instrument had open-ended interview questions to understand the themes/meanings of burnout and secondary traumatic stress of a police first responder and the mental health program framework to address such.

### **Procedure and Data Analysis**

After the approval of the research proposal, the researchers pursued the validity testing of the research instrument (parts 1 and 3) through expert analysis. Once the research instrument's validity was determined, the researchers accomplished the necessary authorizations and permissions to conduct the study. Further, the researchers secured the necessary informed consent given to and approved by the participant. When all of these were accomplished, data gathering commenced. All data gathered were transcribed examined through thematic analysis and literature review. The researchers gave debriefing to the participant after data gathering.

## **RESULTS**

This part shows the findings of the study. Respectively, the mental health concerns of the participant are presented. The description of the variables followed as well. Finally, the last part presented the mental health program framework recommended for police first responders, also expressed by the participant.

### **Mental Health Concerns of the Participant**

#### ***Burnout***

The participant admittedly had experiences of burnout and have observed it as well among other police first responders. As stated by the participant,

*“I experienced a lot of over fatigue. I usually get tired if there are only a few personnel handling the investigation and I get so emotional, impatient, easily get angry, and hot-tempered. I also know some who “shot” their immediate superiors for not allowing them to apply for vacation leave. As I observed among my colleagues, BURNOUT is the most mental health/well-being problem police personnel have encountered. They have low tolerance in facing situations that bothers their day-to-day activities. For me, they must consider some failures or deficiencies in your working environment. Such failures must be dealt with positive endeavors or as a lesson and motivation to not disturb or affect you being an efficient and effective person. Because if you take it negatively, you are associated with the feeling of hopelessness and difficulties in dealing with your work effectively. As a result, some police personnel might turn to quit his/her position or transfer of assignment to escape the situation”.*

#### ***Secondary Traumatic Stress***

Another mental health concern expressed by the participant is secondary traumatic stress. As stated by the participant,

*"When I started handling gender-based violence cases, I am not aware that I already experienced Secondary Traumatic Stress (STS) where my psychological and physical symptoms are manifesting on my day-to-day activity like emotional ups and downs, poor sleep, and heart palpitations. These symptoms are triggered while hearing and seeing victims tell their stories and predicaments. With that, I may become cautious and vigilant to the people whom I trust for. More often than not, most of the stressful/difficult part of my job is when every effort on my part as a police officer was exerted, then at the end of the day, my complaint/victim will retract or her/his statement without my knowledge. I can accept/understand if my complaint/victim no longer want to pursue legal proceedings for justifying reasons such as a victim can no longer undergo traumatic court proceedings and wanted to move on with his/her life, but it was so upsetting when I found out that it is because of amicable settlement that involves money. Also, I get so affected when a victim is a child, maybe because I am a mother. I cannot recall anymore how many times I dreamt about my client and her/his perpetrator. I even told my husband not to lay down beside our daughters when he is drunk due to stories of incidents from my complainants/victims as precaution/proactive solution".*

### **Recommended Mental Health Program Framework for Police First Responders**

#### ***Assessment on Mental Health Concerns***

As stated by the participant,

*"For me, assessment should be made thoroughly. Consolidate those personnel as to their issues and concerns. I think not all of us are open to reality. Somehow, others may know already about mental health issues or are reluctant to expose their attitude and beliefs, which is against their will. Maybe some would lie on their present situation".*

#### ***Regular Debriefing and Training on Handling Trauma Cases***

As stated by the participant,

*"Regular debriefing programs for police personnel who handles traumatic cases, post-operation debriefing, and other mental health programs that can help us deal with situations on hand. Every person must be aware of his/her weakness and strengths. We, service providers, must be knowledgeable on mental health issues. We are the frontlines or first contact of all complaints on gender-based violence. Though we are aware of how to deliver our functions to our clientele groups, we are also humans with feelings and undertakings. Thus, our knowledge and awareness play a vital role first and foremost to ourselves, secondary to other people's lives behind us. If this would be achieved, every person will discharge his/her duties/service effectively in an appropriate time, manner and place".*

#### ***Flexible, Reshuffling Work Schedule; Vacation Days and Regular Teambuilding Activities***

As stated by the participant,

*"Having five days break every two months will help front-liners handle VAWC cases. Team building and reshuffling of office work at least yearly can help us balance our life and work. We can gain energy from resting ourselves. It will keep us on track, recharge, and revitalize our eagerness and dedication to what our job requires us to do".*

## **DISCUSSION**

The first mental health concern that police first responders may experience is burnout. Based on the findings of the study, burnout is manifested by having over fatigue, being emotional, and having low tolerance in facing challenging situations. This may happen when there are a few personnel handling VAWC investigations and when the work environment is not properly managed. Failure to address burnout may lead to more drastic consequences. These results are consistent with works of literature about burnout. According to Stamm (2010), burnout is one element of the adverse effects of being in the helping/caring profession, such as police work known as compassion fatigue. Burnout may lead a person to experience feelings of hopelessness and difficulties in dealing with and doing their work effectively. Also, an individual experiencing burnout may perceive that their work does not make any difference (Stamm, 2010). Interestingly, burnout may result from a high workload, lack of resources to meet the work demands, and no supportive work environment (Stamm, 2010; Mayo Foundation for Medical Education and Research, 2021).

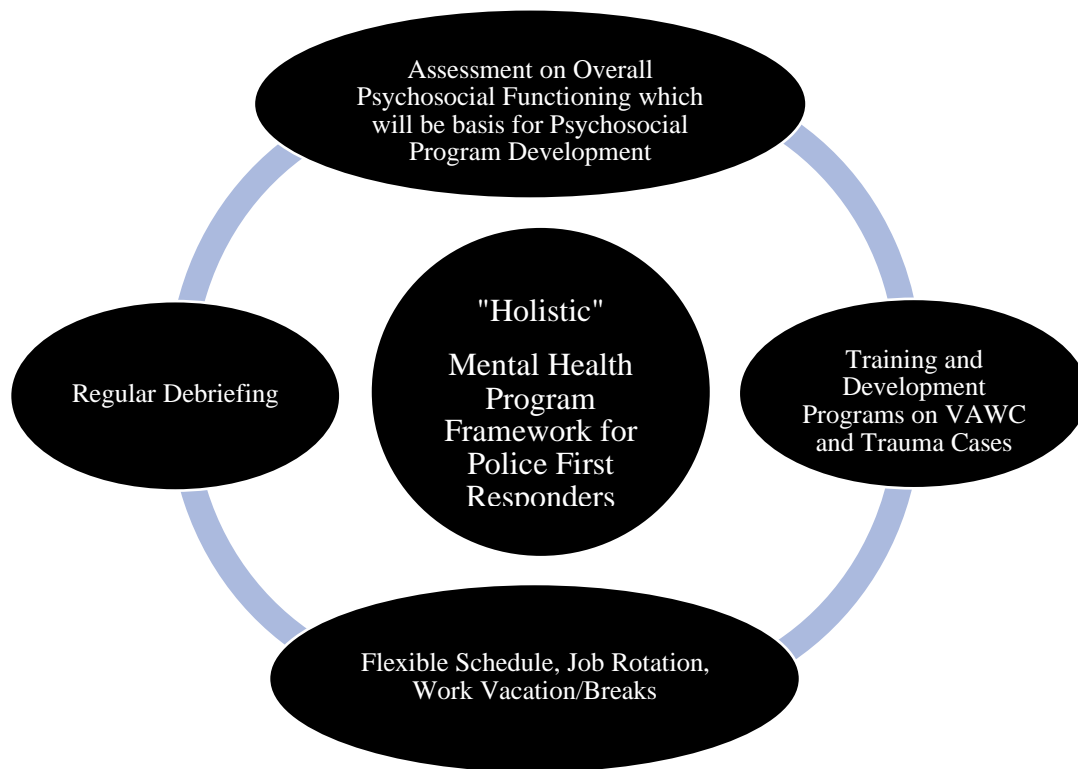
Moreover, seeing the findings of the study, another mental health concern expressed by the participant is secondary traumatic stress. Exposure to the traumatic experiences and conditions of the victims may harm the police first responder. The physical manifestations of secondary traumatic stress include lack of sleep and having heart palpitations, while psychological manifestations include emotional ups and downs, frequent dreams about the victims and perpetrators, and having difficulty trusting people. Remarkably, a condition that can be highly stressful and frustrating for police first responders in dealing with VAWC cases is when the victim retracts from filing and pursuing the case against the perpetrators. These findings are consistent with the literature on secondary traumatic stress. As stated earlier, secondary traumatic stress happens when working professionals are exposed to people who extremely experienced traumatic, stressful events and may result in fear, sleep difficulties, have intrusive images, and avoid thinking of the other person's trauma experiences (Stam, 2010).

Further, Khan, Hanif, & Tariq (2015) stated, secondary traumatic stress is a work-related exposure to people who have experienced highly or traumatically stressful events. Psychological symptoms of secondary traumatic stress are low mood, irritability, emotional ups and downs, poor sleep, poor concentration, wanting to be alone; recurrent intrusive/unpleasant dreams or flashbacks; and avoidance of anything that will trigger stressful/traumatic memories. This may mean avoiding people, conversations, or other situations, as they cause distress and anxiety; reckless or aggressive behavior that may be self-destructive, and feeling emotionally numb and detached from others (Khan, Hanif, & Tariq, 2015).

This research study helped understand the nature of burnout and secondary traumatic stress experienced by a police first responder. Both can be seen as silent enemies affecting performance,

quality services provided, and quality of life of the police first responder. Without healthy coping and adaptation, burnout and secondary traumatic stress can eventually lead to operational stress injuries like posttraumatic stress, depression, alcohol use disorders, and suicide. Preventive measures may include a mental health program catered for police first responders. A significant contribution of this study is a mental health program framework to address burnout and secondary traumatic stress focusing on police first responders. This framework is presented in Figure 1.

*Figure 1: Mental Health Program Framework for Police First Responders*



The above framework presents four (4) principles that may serve as the basis for a mental health program for police first responders. The first principle includes assessing the overall psychosocial functioning of every police first responder and providing programs considering the results. A mental health wellness program must start with a holistic assessment of the overall psychosocial functioning of personnel. Holistic entails the individual's physical, cognitive, affective, behavioral, intrapersonal, and interpersonal functioning. After which, the overall result of the assessment will serve as the basis for creating specific programs that will cater to the mental health and wellness needs of the police first responder. The second principle involves having a regular debriefing before and after deployment on cases handled. Debriefing is crucial as this is the process of having an actual review of events that happened, including individual and unit reactions to those events. The third principle refers to having regular training and development programs relative knowledge and skills in VAWC and handling trauma cases. Burnout and

secondary traumatic stress may be avoided when police first responders know how to manage stress and individuate themselves from people they help. The fourth principle is to have a flexible, reshuffling work schedule; and have vacation/breaks from work. This can serve as a "time-out" from all the tasks and at the same time refresh the mind.

Finally, the third implication of the research findings pertains to the limitations of the study. A similar study can have police participants from special action forces, support units, and administrative units. Another research design and approach with a bigger sample can be used as well.

## **CONCLUSION**

A police first responder may have tendencies to suffer from burnout and secondary traumatic stress. High job demand, unbalanced case workload, and absence of support and supervision may result in burnout. At the same time, prolonged exposure to people who experienced traumatic and stressful events may lead to developing secondary traumatic stress. When not correctly dealt with and managed, adverse implications may happen, such as operational stress injury at the cost of the personnel and the organization. To prevent such, creating a mental health program for police first responders can help. This mental health program framework includes regular assessment of the overall psychosocial functioning of police first responders, undergoing regular debriefing, improved competencies in handling cases of violence against women and children, having a flexible work schedule, and a balanced caseload. Thus, through this research, police first responders can learn to use healthy coping strategies, be resilient, and develop positive adaptation despite work-life challenges.

### **Ethics Statement**

The researchers ensured that the informed consent from the participant was accomplished before the conduct of the research study. A debriefing program concluded every session/discussion/meeting done. Finally, this study's views, opinions, and literature do not reflect the Philippine National Police.

### **Acknowledgement**

The authors are thankful to the Philippine National Police Academy and the Philippine Public Safety College – National Police College, for providing logistical and technical support. Also, the authors are thankful for the participant who willingly shared personal insights and experiences about the research variables.

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