

Impact of rational emotive occupational health coaching on work-related stress management among staff of Nigeria police force

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Abstract

Background: Empirical studies indicated that job-related stress is threatening the well-being of Nigerian public workers. The objective of this investigation was to examine the impact of REOHC for improving work-stress management among Staff of Nigeria Police Force in southeast Nigeria.

Method: This is a pretest-posttest control group design study with follow-up. A total of 63 Nigerian police officers (randomized into one of 2 groups: $n=32$ for treatment group, $n=31$ for waitlist control group) completed the study. Two self-report questionnaire measuring organizational and operational stressors associated with police general well-being were used as outcome measures. The intervention group received a 12-week REBC manual intervention. The intervention and waitlisted groups were evaluated at 3-time points: Time1, Time2, and Time3. Statistical analyses were achieved using repeated-measures ANOVA.

Results: Results showed that there was no significant difference between the REOHC group and waiting-list control group in initial work-related stress management among staff of Nigerian Police Force. REOHC program had a significant effect on work-related stress management among staff of Nigerian Police Force when compared to their counterparts in the waiting-list control group.

Conclusion: Therefore, REOHC program is a time-effective treatment approach for improving work-stress management among Staff of Nigeria Police Force in southeast Nigeria.

Abbreviations: ΔR^2 = Adjusted R^2 , ANOVA = analysis of variance, CI = confidence Interval, Mean (SD) = mean (standard deviation), η^2 = effect size, p = probability value, PICF = participant informed consent form, PSQ-Op = operational police stress questionnaire, PSQ-Org = organizational police stress questionnaire, REBT = rational emotive behavior therapy UMIN-CTR = UMIN clinical trials registry, REOHC = rational emotive occupational health coaching.

Keywords: Nigeria police force, rational emotive occupational health coaching, REOHC, stress management, work-stress

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1. Introduction

Stress at work is one of the major occupational health tropical issues.^[1,2] It is a major because of its negative impacts on the lives and productivity of workers.^[3] The impacts have also protractedly posed a significant challenge to both developed and developing countries such as Japan,^[4] United States,^[5] Sweden,^[6] Liberia, Cameron, Togo,^[7] and Nigeria.^[2] Studies showed that Nigeria career workers are facing high level of stress due to excess workloads with a poor salary.^[8,2] Other Nigerian studies reported that the work environment in Nigeria is too stressful.^[3,9] The working condition has become threatening and unsafe to well-being of workers to the extent many of them look unhappy and frustrated.^[10,8] To date, about 85% of public civil servants in Nigeria police inclusive are experiencing psychological and occupational stress.^[2]

Policing is a public service that involves the performance of a range of important tasks that usually accompanied by latent life-threatening situations.^[11,12] Police stressors could be traced to organizational system and operational system.^[13,14] Organizational stressors occur due to supervision, change of policy and routine in workplace.^[13] Operational stressors are caused by performing the essential task during operation such as arresting

criminals.^[13] Police officers get stressed when they witness brutality, community clashes, killings oil blasts, flood, and bomb.^[11,12] These incidents expose Nigerian police officers to feel exhaustion, trauma, and depression.^[12] Police reportedly confirmed that these stressors (e.g., mass killings, consistent exposure to traumatic situations) make them be vulnerable to personal problems such as symptomatology,^[11,14] and severe psychological trauma.^[15,16]

Previous evidence showed that persistent work-related stress is associated with psychiatric symptoms like depression and suicidal behavior,^[17,18] as well as engaging in substance abuse.^[19] Specifically, work-related stress and depression are commonly associated with medical illnesses,^[17] and emotional pains.^[20] Studies have shown that medical illnesses have been identified as significant risk factors for both suicidal behavior and suicidal ideation, especially among older adult depressed individuals.^[18,19] These stressful experiences among employees could be linked to cultural-demands for occupational excellence especially in policing. Possibly, the high increase of stress in the work environment could have caused some workers to engage in suicidal behavior/thought, terrifying mood and developed dysfunctional cognition.

The Nigerian police force employees (e.g., officers) also feel exhausted, traumatized, depressed, unhappy, agitated in face of detonations, oil blasts, car accidents, flood and bomb blasts.^[12,21] Adegoke^[12] intones that police officers in the patrol team have suicidal attempts due to the cruel experiences that are stressful. Nigerian police system reportedly revealed that the system is currently facing serious psychological distress accruing from the organizational system, operational system, internal and external factors.^[12] The repeated incidence of stress-induced agents in the Nigerian police system appears to have brought about far-reaching effect of terrorism on Nigerians.^[12] Literature showed that stress among Nigeria police officers is high and it associated with poor welfare and wellbeing as well as repeated killing of police officers in the point of discharging their duties.^[13] Nigerian police officers are currently worried over lack of help believing that nobody will provide help if injured.^[22,23] Due to the high increase of stress Nigerian police officers face during patrol, many of them developed dysfunctional cognition and behavioral responses^[12] and as well reduces the immune system.^[24] Upon this, there is no research on management interventions that have significant impacts on police stress that could help them have cognitive and behavioral changes.^[25,26] Given the above worries, the researchers developed rational emotive occupational health coaching (REOHC) using basic assumptions of rational emotive behavior therapy (REBT) by Albert Ellis.

Ellis proposed that human problem is due to irrational thoughts and dysfunctional feelings.^[27] This approach holds that distorted beliefs in individual influences psychological and physiological responses and the negative beliefs originate from cognitive interpretation.^[28] Like REBT approaches, rational emotive behavior coaching (REBC) has been confirmed to be effective in improving Nigerian workers' general wellbeing, job relationship, healthy rational beliefs, and reduces work-related stress using the basic practice of REBT.^[29] Given the above concerns, we investigated the effectiveness of REOHC for improving work-stress management among Staff of Nigeria Police Force in southeast Nigeria. We, therefore, hypothesized that REOHC will be significantly improved stress management over time among Staff of Nigeria Police Force in Nigeria when compared to the intervention group and no intervention group.

2. Research methods

2.1. Ethical approval

Department of Educational Foundations, University of Nigeria approved this study. In addition, the researchers took account of research ethics as enshrined in Ethical Principles and Code of Conduct of American Psychological Association.^[30] This trial is indexed retrospectively at UMIN Clinical Trials Registry (UMIN-CTR) (Trial No.: UMIN000035925).

2.2. Participants

The study participants were 63 Nigerian police officers (56 males and 8 females) in Southeast. A total of 15 police officers were sergeants (%), 28 Constables (%), 7 Detectives (%), and 13 Acting Sergeants (%). The participants are married with children. Participants' years of experience range from 1 to 31 years. The age of the participants is between 25 to 55 years. The participants came from states deployment in southeast such as 15% Abia, 45% Anambra, 34% Ebonyi, 23% Enugu, and 27% Imo. They were recruited using the following criteria: willingness to participate, policing experience must be at least one year. Those that did not participate were excluded based on the following criteria: having low scores (1) using screening measures: PSQ-Org and PSQ-Op, when receiving medical treatment, inability to complete written informed consent, when reported acute psychiatric disorders and being under suspension.

2.3. Measures

Organizational Police Stress Questionnaire (PSQ-Org) developed by McCreary and Thompson.^[31] PSQ-Org has 20 items and measures assess organizational stressors with regards to police officers.^[31] The reliability showed Cronbach's alpha co-efficient of 0.90 with high validity.^[31] PSQ-Org was built on a 7-point Likert-type scale ranging from 1 (*no stress at all*) to 7 (*a lot of stress*). PSQ-Org has also been tested in other cultures and showed psychometrically consistent, for example, in Bangladesh (Cronbach $\alpha = .89$).^[32] This current study also tested the reliability of the PSQ-Org in Nigerian context and found its internal consistency at 0.89 indicating that the PSQ-Org is a reliable instrument.

Operational Stress Police Questionnaire (PSQ-Op) was developed by McCreary and Thompson.^[33] PSQ- Op is 20-item self-report is a psychological measure that assesses the operational stressors associated with police general well-being. PSQ- Op consists of 7 response options ranged from no stress at all (1) to a lot of stress (7). Among the items are *shift work, working alone at night, over-time demands, risk of being injured on the job, work-related activities on days off (e.g., court, community events), traumatic events (e.g., domestics, death, injury), managing your social life outside of work, not enough time available to spend with friends and family, fatigue (e.g., shift work, over-time), and lack of understanding from family and friends about your work*. The reliability had been tested and found reliable at coefficient value of 0.93^[33] with high content validity.^[33] The present study established reliability co-efficient value of 0.91 using Cronbach Alpha.

2.4. Treatment manual

Rational emotive behavior coaching manual: The REBC manual was developed by Ogbuanya et al.^[29] The manual aimed at

providing therapeutic change in participants with severe stress that is occupationally inherent using REBT principles. REBC manual was designed to last for 3 months in that each meeting lasted for 60 minutes once a week. The first session focused on familiarization with participants, rules, and regulation, establishment of rapport with the participants and plan for the next session. Sessions 2 to 4 focused on the meaning of stress, identification of stressors and symptoms. Sessions 5 to 7 addressed perception stress and how the participants appraise stressful situations during operations. Sessions 8 to 11 addressed relevant skills to stop automatic thought patterns, best alternative skills, acting out the plan, assessment of the chosen plan and review previous exercise. During the final session, the intervention was terminated. After each session and activity, practice exercises were given to the participants

2.5. Procedure

The first stage was an initial visitation to all the police headquarters in southeast Nigeria from November 2017 to February 2018 to seek permission for us to conduct the research. We assessed 98 police officers for eligibility. The eligibility conditions included readiness to participate in the study and self-report scales (PSQ-Op and PSQ-Org) was used to identify the eligible participants. Those that did not satisfy the criteria were not admitted into the trial. They were advised to notify the researchers via phone numbers and contact email which were given to the participants. Within 3 weeks, 29 police officers indicated interest via mobile phone and 34 notified us via email. The participants that expressed interest were recruited and also completed Participant Inform Consent Form (PICF). Furthermore, the potential participants completed the questionnaires to give baseline data of the problem. The baseline assessment lasted for 2 months that is from March 2018 to May 2018 at 8 police checking points. During the baseline evaluation, we targeted potential operational stressors and mood states of the participants. Participants who indicated interests as well met the criteria were recruited for the study. The researchers generated and used random allocation sequence (Plastic Container with envelopes) during the random assignments of the participants into intervention group ($n=32$ participants) and no intervention group ($n=31$ participants). The recruited participants were exposed to a container with white and brown envelopes. Each envelop contained either a white or brown cut-out plastic card. Those cards inside the envelopes were numbered. The researchers instructed every participant to pick an envelope from a big container. We also ensure that the participants, research assistants and data analysts were blinded immediately after the assignment.

The intervention group received treatment whereas no intervention received nothing. The intervention lasted for from June to August 2018. We considered that in as much the participants were from different places, University setting that is at the center for every participant in intervention group was chosen. During the first meeting (session), the participants were familiarized with the environment, rules and regulation, objectives of the study, participants' occupation, rank, and name of each participant. Participants exchanged their pleasantries and antecedents prior to the meeting as police officers. For sessions 2 to 5, meaning of stress, identification stressors, and symptoms were discussed. During subsequent sessions, perception stress, how the participants appraise stressful situations

during operations, relevant skills to stop automatic thought patterns, choosing best alternative plan, acting out the plan, and assessment of the chosen plan, changing behavior patterns, and sleep management skills, and review of previous exercise were discussed followed by termination. Thereafter, the researchers met the participants 3 months later for follow-up evaluation. (Fig. 1).

2.6. Design and data analysis

The researchers adopted a pretest-post-test control group pure experimental design. Data collected for the study were analyzed using repeated measures 2-way analysis of variance (ANOVA), Partial Eta square and adjusted R^2 were used. Confidence intervals for the intervention at various times were reported accordingly. The assumption of the sphericity of the test statistic was tested using the Mauchly test of sphericity which was not significant (Mauchly $W=0.675$, $P=.347$), implying that the assumption was not violated. The researchers also ensured that there were no significant outliers in the related groups. The analysis was done using statistical package for social sciences version 18.0. (Table 1)

3. Results

Results showed that there was no significant difference between the REOHC group and waiting-list control group in initial work-related stress management among staff of Nigerian Police Force as measured by PSQ-Org, $F(1,60)=1.079$, $P=.105$, $\eta^2=.061$, $\Delta R^2=.059$. However, REOHC program had significant effect on work-related stress management among staff of Nigerian Police Force when compared to their counterparts in the waiting-list control group using PSQ-Org, $F(1,60)=578.072$, $P=.000$, $\eta^2=.906$, $\Delta R^2=.931$. The follow-up measure using PSQ-Org showed that the effect of the intervention was significantly retained by the treatment group after the post-treatment, $F(1,60)=550.791$, $P=.000$, $\eta^2=.902$, $\Delta R^2=.993$. The results also showed that there was a significant interaction effect of time and group on the work-related stress management among staff of Nigerian Police Force as measured using PSQ-Org, $F(2,56)=20.967$, $P=.000$, $\eta^2=.428$, $\Delta R^2=.966$.

Similarly, the second measure shows that there was no significant difference between the treatment and waiting-list control groups in initial work-related stress management among staff of Nigerian Police Force as measured by PSQ-Op, $F(1,60)=1.927$, $P=.170$, $\eta^2=.031$, $\Delta R^2=.182$. After the intervention, REOHC program had significant effect on work-related stress management among staff of Nigerian Police Force when compared to their counterparts in the waiting-list control group using PSQ-Op, $F(1,60)=45.463$, $P=.000$, $\eta^2=.431$, $\Delta R^2=.520$. The follow-up measure using PSQ-Op showed that the effect of the intervention was significantly retained by the treatment group after the post treatment, $F(1,60)=37.232$, $P=.000$, $\eta^2=.383$, $\Delta R^2=.494$. The results also showed that there was a significant interaction effect of time and group on the work-related stress management among staff of Nigerian Police Force measured using PSQ-Op, $F(2,56)=53.963$, $P=.000$, $\eta^2=.658$, $\Delta R^2=.858$.

4. Discussion

This study showed that there was no significant difference between the REOHC group and waiting-list control group in

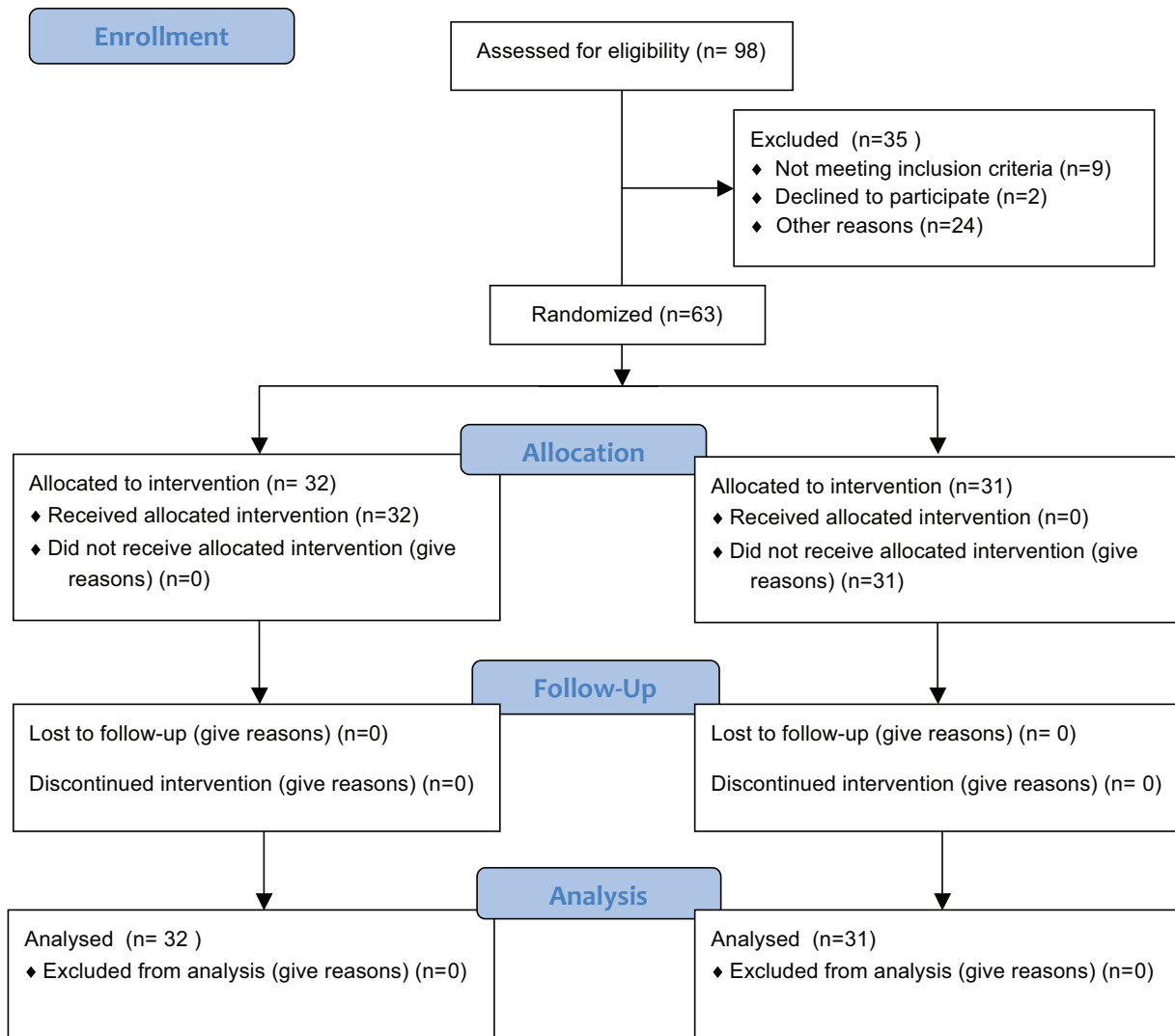


Figure 1. CONSORT flow diagram for participants allocation.

Table 1

Repeated measures analysis of variance showing the impact of rational emotive occupational health coaching on work-related stress management among staff of Nigerian police force.

Time	Measures	Group	Mean (SD)	F	P	η^2	ΔR^2	95%CI
1 Pre-treatment	PSQ-Org	Treatment	76.40 (5.88)	1.079	.105	.061	.059	65.87–79.99
		Control	75.35 (7.73)					64.65–78.69
	PSQ-Op	Treatment	74.03 (6.80)	1.927	.170	.031	.182	60.34–77.88
		Control	75.89 (8.89)					62.67–78.54
2 Post-treatment	PSQ-Org	Treatment	27.78 (3.18)	578.072	.000	.906	.931	23.87–34.37
		Control	65.71 (8.20)					50.88–69.49
	PSQ-Op	Treatment	38.62 (18.76)	45.463	.000	.431	.520	25.56–41.44
		Control	67.80 (7.51)					59.06–74.53
3 Follow-up	PSQ-Org	Treatment	27.66 (3.24)	550.791	.000	.902	.992	25.58–34.43
		Control	65.16 (8.05)					40.65–68.24
	PSQ-Op	Treatment	37.87 (18.43)	37.232	.000	.383	.494	31.89–42.11
		Control	64.09 (6.67)					60.54–69.22

PSQ-Org = Organizational Police Stress Questionnaire, PSQ-Op = Operational Police Stress Questionnaire, Mean (SD) = Mean (Standard Deviation), P = probability value, CI = Confidence Interval, η^2 = effect size, ΔR^2 = Adjusted R²

initial work-related stress management among staff of Nigerian Police Force. REOHC program had significant impact on work-related stress management among staff of Nigerian Police Force. The results also showed that there was a significant interaction effect of time and group on the work-related stress management among staff of Nigerian Police Force. In line with our finding, previous studies showed that rational emotive approach is psychotherapeutically helpful for cushioning cognitive and behavioral changes.^[27,29] It was also confirmed an earlier study that REBC program gives organizational employees helpful ways of compacting occupational stress.^[26,34] It also gave credence to successfully applied REBT studies^[35] who showed that stress in work environment could be managed using basic principles in REBT. This study has further authenticated the previous empirical evidence that showed that occupation-focused rational emotive training is healthful and therapeutic.^[36] Unlike the finding of this study, earlier literature stated that the fundamental problem of police operation is the inability to manage police-related stress.^[37] However, it is possible to change the wrong perceptions of a police officer about stress management. Bonnar^[25] suggested that police officers need to change their management culture as many police officers do not seek professional assistance like REBT professionals. This is because REBT approaches alter police beliefs system about organizational and operational police stress which they wrongly conceived that management style and systems are sources of police stress.^[38]

Thus, psychoeducational training is important to support police officers to understand the value and worth of mental health services. Our study reinforced evidence-based qualitative studies showed that police officers believe that psychotherapists are resourceful and helpful in assisting those with psychological stress.^[39,40] This is an indication that the police officers value the place of professional therapists in improving psychological wellbeing. Understanding the importance of positive attitudes towards the therapists, people appreciate valuing the need and seeking for utilization of mental health services.^[41] Furthermore, our study supported a meta-analysis study that recognized curative and preventive ability of psychoeducational coaching in combating stress among law enforcement officers. Although, some police officers may like to present their problems to critical incident officers rather than seeking for the mental health professionals,^[42] because they may feel unsafe to disclose information to mental professionals who do not have knowledge of law.^[43-45,40] This does not undermine the efficacy of rational emotive occupational health service but it could be that law enforcers have perception to seek the help of professionals when they have serious cognitive and behavioral problems (depression, pathological substance use, and suicidal thoughts).^[40] Rational emotive professionals familiar with conducts, standards, and culture obtainable in police operations and organizations can enhance the cognitive, behavioral and emotional responses of police officers. Like the findings of this study, Wlodyka^[40] revealed that police participants exposed to counseling reported cognitive and behavioral changes. Given that this study suggested that REOHC is beneficial and healthful in for improving work-stress management among Staff of Nigeria Police Force in southeast Nigeria, we enjoined REBT practitioners to use REOHC in reducing work-related stress associated with other population. Police policy planners should design clear policy statements that would ensure adequate supervision, and administer authority fairly and without compromise in order to continue to reduce police-related stress.^[46] This could be done

by removing administrative and bureaucratic processes/stressors which are affecting police operations.^[47] Police policy designers should craft a community-oriented policing system and any other possible changes that enhance a better work atmosphere and environment for officers.^[47] Previous literature stated that the conditions of work schedule promote police stress. Therefore, assignment of duty to the patrol units needs to be redefined in order to reduce stress among officers who have more workloads compare to others.^[48]

5. Limitations

Like other studies, we noted that waitlist control group participants did not receive the intervention. Therefore, future research should give the comparison group treatment. Apart from that, we used only the staff of the Nigerian police force. So, subsequent studies should focus on the military arm, Road Safety Corps, among others in order to fill the gaps. Another weakness of this study is the inability of the researchers to utilize qualitative data which would have ascertained other internal and external stress law enforcers are vulnerable to. Therefore, we encourage future studies to make use of a focus group, interview, etc. Additionally, information concerning the participants' prior knowledge or experience about stress management strategies was not ascertained during the study. We think that the participants' prior experience regarding stress management constituted confounding variable, meanwhile, we did control such variable. Also, as the researchers did not assess all the police officers in the southeast to know their readiness to participate in this study and possibly it could have affected the number of participants. With the above limitations, caution should be taken in generalizing the findings of this study to every law enforcement agency.

6. Conclusion

This study established that rational emotive occupational health coaching is impactful in improving work-related stress management among staff of the Nigerian Police Force. As the first study to report the impact of rational emotive occupational health coaching on work-related stress management among staff of Nigerian Police Force, we implore future researchers to explore the effect of this rational emotive occupational health coaching using other populations with different cultural backgrounds. Therefore, work-stress management among Staff of Police Force can be enhanced by giving a realistic interpretation of events surrounding police organization and operations. As exposure to risk situations is aspects of the work yet it increases the job demands police officers face daily. At the same time as the stressors associated with the policing are not certainly leads to negative outcomes, although it may lead to psychological and psychiatric problems (depression, anxiety, psychological distress, etc.) if police officers seek attentions rational emotive behavioral experts to provide rational emotive occupational health support and treatment. This suggests that police officers can cope with police stress, if the authority conducts psychoeducational training and providing psychological services for police stress and coping mechanisms beginning from the police college to the highest cadre. Such officers can effectively manage stressful situations. They can also manage police stress by practicing rational emotive behavioral technique such as self-regulation skills training, relaxation training, time management, setting realistic goals, and relapse training among others. If police officers accept that

they face stressful situations and seek for psychotherapeutic treatment, stress will not consume their lives and it can be managed.

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