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Sally O'Neill



Policewomen's Perceptions of the Interaction between their  
Work and their Health  
Sally O'Neill

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Abstract

Female Police Officers' Perceptions of the Interaction between their Work  
and their Health

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At present in the United States, women make up 14.5% of sworn municipal police officers (Harrington et al, 2001). Female police occupational health research focuses primarily on occupational stress. A broader description of police occupational health issues is needed so police departments and healthcare providers can develop programs to promote female police officers' health.

The purpose of this study was to describe female police officers' perceptions of the interaction between their work and their health. The aims were to describe female police officers' images of health, describe perceived health benefits from working as a female police officer, perceived detrimental health effects of working as a female police officer, female police officers' priorities for health programs that can contribute to their health, how gender role issues affect occupational health, and police institution's contribution to female police officers' health. Eighteen female police officers employed by the Seattle Police Department were interviewed. Qualitative data analysis methods were utilized in this project.

Female police officers' images of health were similar to those reported by women in previous studies, including clinical, role performance, adaptive, and eudaemonistic categories. Benefits from policework were good health insurance and an impetus to remain healthy. Detrimental health risks included ergonomic exposures, hazardous conditions, and psychological exposures resulting in negative health effects of back, shoulder, and repetitive strain injuries and psychological effects such as cynicism and physical arousal. Gender role effected communication strategies, and ergonomic health. Health promotion strategies related by the participants included exercise, utilization of health providers, prioritizing equipment, personal protective equipment, and relationships with both humans and pets. Ideas for change included a childcare facility, wellness program, job-sharing program, sanctioned time for exercise, and a psychological support program. Gender role issues included participants' being vigilant in being healthy, communication, and ergonomic health. The police institutional practices, difficult working hours and lack of support for health, were

perceived to detrimentally affect health. Research investigating the effects of police institutional programs promoting health is suggested.



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## CHAPTER I

### Introduction and Background

Women in the United States have increased their participation in the work force from less than one third in the 1950's to 46% in the 1990's. With this increase in participation has come diversity in their range of occupations. No longer primarily nurses, teachers or secretarial workers, women have begun to be employed in more traditionally male fields (Killien, 1999). Police work is one field in which women have increased their representation, albeit slowly. Although their numbers across the nation have remained small, ranging from 6.8% of state agencies to 14.5% of municipal agencies across the nation, female police officers<sup>1</sup> currently perform the same duties as policemen (Harrington et al, 2001).

Interest in the effects of paid work on women's health has increased as women have increased their participation in the paid work force. According to Killien (1999), topics of scientific research "have included gender differences in work performance and health outcomes, environmental workplace hazards (especially reproductive hazards) and working and stress" (Killien, 1999, p. 457). Occupational health<sup>1</sup> research focusing on female police officers<sup>2</sup> has been limited to studies of psychological stress and strain. Descriptive studies of female police officers' other health dimensions health are very limited in the literature. This research project attempts to fill that gap.

Health is a concept with many definitions. Theoretical nursing health definitions have ranged from Florence Nightingale's belief in the inherent power of the individual to repair herself to Henderson's needs based definition to Parse's Man-Environment paradigm (Woods, N. F., Laffrey, S., Duffy, M., Lentz, M. J., Mitchell, E. S., Taylor, D., & K. A. Cowan, 1988). Research-based models of health (Woods et al, 1988) have been lacking. Woods et al in 1988 reported on the results of their study in which they asked an ethnically diverse group of women, "What does being healthy mean to

---

<sup>1</sup> After interviewing participants, I learned that the term "policewoman" connotes images connected to television portrayal of female law enforcement officers. That image reminded one 20 plus year veteran female police officer of Angie Dickinson, an actress who while playing the title role in a television program wore high heels, short skirts, and at times jeans. This participant said, "no way could you get someone in heels and that short skirt...I use the words, 'female police officer.' There is still some vulnerability but not like 'policewoman'." Other participants consistently utilized the term 'officer.'

<sup>2</sup> I am using the term 'occupational health research' to include research that investigates any health issue related to occupation.

you?” Their analysis of the women’s images provided confirmation and expansion of Smith’s (1981) earlier 4 models of health. Smith’s models included clinical, role performance, adaptive, and eudaimonistic. Clinical health is the absence of illness. Role performance is the ability to fulfill the activities of social roles. Adaptive includes the ability to respond flexibly to events in the environment. Eudaimonistic health ranges from a sense of “exuberant health” to “harmony.” The concept of eudaimonistic health was expanded as a result of Woods et al’s study. In 1995, Perry and Woods replicated the earlier study by focusing on older women’s perceptions of what health meant to them and comparing their images to the earlier study. The research-based models of health arrived at in Woods et al and Perry and Woods’ studies were utilized to provide a framework for analysis of data in this research project.

### Police Work

Wilson, in his classic 1968 work, *Varieties of Police Behavior*, defined police work in terms of enforcing the law. He relegated work duties that do not involve prevention, detection, or prosecution of the law to “service.” Morash and Greene, (1986) in their evaluation of female police officers’ efficacy studies, raised the issue of the lack of agreement on what constitutes police work duties. Heidensohn (1992) complicated the definition of police work. She discussed the conflict over whether police work is solely enforcement with an emphasis on the utilization of force or includes social work with an emphasis on less clearly defined issues of service and social control. According to Heidensohn (1992), patrol work duties at present includes enforcement and service. Thus for police working as patrol or “on the street,” work duties range from arresting people committing crimes to providing unofficial social services such as getting help for the mentally ill. The Oxford English Dictionary, 1999 defined police work as: “ordering or regulation of a state” and “maintenance of law and order” (pp. 1379-26). Police work duties include: “recovers stolen property, directs traffic, provides emergency medical aid... rescues cats, helping ladies, and the like” (Wilson, 1968, p.4). Lord’s (1986) description of police work as “rule enforcer, social worker, public servant, confidant, parent” is particularly apt for its blend of what is defined and yet what occurs in police work.

In general, police work duties considered as patrol include traffic direction and enforcement, crime prevention and interruption, transport of suspects to jail and/or hospital, taking of crime reports



and complaints, and checking on isolated individuals and empty houses. Female police officers', at this point in time, officially have access to the majority of police duties. Resistance remains to women being hired, appointed, and or promoted to all areas. According to the National Center for Women and Policy, 13% of all police in the U. S. in the year 2000 were women. This percentage is only a 4% increase over that of 1990 (Harrington et al, 2001). Thus despite legal challenges, court mandates, studies proving female police officers' effectiveness, and abilities (Balkin, 1988; Bell, 1982), female police officers' continue to face challenges in becoming and remaining police.

### **History of Female Police Work in the United States**

Women began working in policing in the mid-nineteenth century in the United States. Women's organizations, such as the Women's Christian Temperance Union, believed that women were better able to work with women and children affected by the legal system (Balkin, 1988; Heidensohn, 1992). Filling police roles that fit with their roles in society, women worked as "matrons" dealing with women and children that were incarcerated. Matrons dealt with social issues such as truancy, juvenile delinquency, or prostitution. Employed as clerical help or social workers, they were restricted from what was seen as the male domain of real police work that involved violence (Berg & Budnick, 1986; Lord, 1986). In the United States and in Great Britain, women on the police force were seen as needed to work with those members of society with whom they were most familiar or in those areas that men in policing were either incapable of dealing with or defined as female concerns (Balkin, 1988; Berg & Budnick, 1986).

A few women in policing worked as patrol officers involved in the enforcement of law. In 1893, Marie Owens in Chicago was a police officer rather than matron (Berg & Budnick, 1986). Alice Stebbins Wells, in Los Angeles, added the role of police officer to that of social worker in 1910 (Balkin, 1988). It was not until 1972, however, with the amendment of the 1964 Civil Rights Act that increases began in the number of women working as patrol (Balkin, 1988; Berg & Budnick, 1986; Heidensohn, 1992; Lord, 1986; Martin, 1980). Female police officers utilized the Act to sue individual police departments in order to gain access to the ranks of patrol officers.

Resistance to the first women working as sworn officers patrolling streets in the 1970's was prevalent among male officers. Policemen reacted to women's entry into police work with both

outright antagonism and covert resistance (Bloch & Anderson, 1974; Heidensohn, 1992; Martin, 1980, 1994). Hazing began in police academies as women were told outright that they didn't belong in policework. It continued for rookie policewomen with greetings from older policemen who indicated that policewomen were comparable to prostitutes (Eisenberg, 2001). Pornographic messages were left in lockers (Martin, 1980). Men refused to partner rookie female police by calling in sick during their orientation (Martin, 1994). Other policemen refused to talk to policewomen or to provide backup in dangerous situations (Bloch & Anderson, 1974; Martin, 1980, 1994).

After increasing numbers of women were hired as patrol officers evaluations of their performances began. The Police Foundation in 1974 compared performance of policewomen to that of policemen. Horne (1980) after a review of studies came to the conclusion that enough studies had been done on policewomen's general effectiveness as police. Morash and Greene (1986) criticized policewomen evaluation studies for their lack of consistent measurements, their base on male stereotypes, and the unbalanced emphasis on violent aspects of policework. Van Wormer (1981) facetiously titled her article "Are males suited to police patrol work? Resistance to women's presence on patrol continues yet female police officers persist.

### **Purpose and Aims**

The purpose of this study was to describe female police officers' perceptions of the effects of policework on their health. The aims were to:

- 1) Describe female police officers' images of health.
- 2) Describe the perceived health benefits from working as a female police officer.
- 3) Describe the perceived detrimental exposures to health risks and negative health effects from working as a female police officer.
- 4) Describe how gender issues affect occupational health.
- 5) Identify female police officers health promotion strategies and priorities for health programs that can contribute to their health.
- 6) Describe the contribution of the police institution to experiences of health among policewomen

### Significance of the Study

The primary focus in women's occupational health research has been on protection of women's reproductive health (Dumais, 1992; Headapohl, 1993; Misner et al, 1993) and concern for their psychological health (Misner, Levin, & Hewitt, 1993). Occupational protection for women has actually led to work segregation into reproductively "safer" but lower paying jobs (Filkins, & Kerr, 1993). The even more disturbing fact is that the emphasis has been on fetal protection, not on the woman's health (Messing, 1992). This restricted construct of the female body as one of being the means for reproducing children has led to a limited perspective of working women's health needs.

A very disturbing example of danger from the construct of women's primary vulnerability being primarily emotional or psychological is the case reviewed by Bowler, Mergler, Rausch, and Bowler (1992). Bowler et al reported on a follow-up study of women in the microelectronics industry who had been diagnosed with psychological problems. The women had been exposed to solvents in their work that were neurotoxins. Their symptoms and complaints were treated as psychological in origin. However, after two years their symptoms remained stable, which is more typical of neurological toxicity than of psychological illnesses. Their conclusion was that by identifying women's occupational health cases as psychological physiological causes are ignored. The results of such bias range from inadequate healthcare for women to diminished economic compensation as well as displacement of blame as to the source of the occupational illness.

Female police officers' occupational health research parallels the general focus of as women's occupational health research. The few published studies have focused on female police officers' psychological health rather than physiological health. Although female police officers have now been on active duty for close to thirty years, identified health risks have been limited to psychological issues. A basic broad description of what are female police officers' occupational issues is lacking. An overall picture of benefits and problems related to policework is needed so that police departments, and healthcare providers can understand and plan for programs addressing female police officers' health issues.

## CHAPTER II

### REVIEW OF HEALTH LITERATURE

#### Health

Health can have many different meanings ranging from an exuberant sense of well being to merely the absence of disease. Theoretically based definitions of health in nursing are more prevalent than research based definitions (Woods, Laffrey, Duffy, Lentz, Mitchell, Taylor & Cowan, 1988; Perry & Woods, 1995). In this research project, I utilized the framework developed by Woods, Laffrey, Duffy, Lentz, Mitchell, Taylor and Cowan in their 1988 study of women's images of health based on Smith's four models of health. Smith's four models were derived from a review of health concepts in nursing. The four models are adaptive, clinical, eudaimonistic and role performance. Adaptive health reflects interaction between the environment and the person. The clinical model is based on the absence of disease. The eudaimonistic model focuses on a very positive perspective of health. Role performance is the ability to fulfill role requirements in life. In Woods et al's study, 528 adult women were asked their perceptions of what being healthy meant to them. The ages of women ranged from 18 to 45 years with a mean of 32.6 years. Their ethnicities included Asian Americans, African Americans, Euro-Americans, Native Americans, Hispanic Americans and others. The women were interviewed in their homes, kept a health diary and were interviewed by telephone at the study end. The women's responses reflected Smith's four models but led to an expansion of the eudaimonistic model. The eudaemonistic model that Woods et al (1988) arrived at expanded from "Health as exuberant well-being, [to] includes ability to actualize self; healthy life ways; positive self-concept and body image; capacity for positive social involvement; fitness; cognitive functioning; positive mood; harmony" (Woods et al, 1988, p.41)

Perry and Woods (1995) replicated the Woods et al's (1988) study but utilized older participants. Perry and Woods' mean sample age was 84.1 years. The health images of older women were both similar and different from the younger women. For example in the category of "actualizing self" both groups had health images of "able to achieve goals", "going for it", "productive", and "self-awareness." Specific to the younger group was the image of "reaching optimum" while specific to the older group were images of "still see challenges" and "knowing

you have met many of your goals.” Perry and Woods’ study added older women’s perspectives on images of health while showing changes in images of health that can be attributed to age.

### **Health Risks and Effects of Police Work**

Research focusing on police occupational health lies primarily in the occupational stress and strain field. Stress has been defined in psychological and in physiological terms during the development of stress theory. Selye (Lazarus & Folkman, 1984) is credited with developing the theory of the General Adaptation Theory in the first half of the Twentieth Century. His work focused on the physiologic response of the body to painful and disruptive influences. Wolff added the dimensions of change and process to stress theory (Lazarus & Folkman, 1984). Lazarus and Folkman, 1984, define “Psychological stress... [as] a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p.21)

Loo’s (1984) review of the occupational stress and strain literature focusing on police identified the sources of stress as arising from the organizational culture, characteristics of police work, interactions with the legal system, and interactions with the public. Police organizational culture is based on a militaristic model leading to an autocratic management style. Burke (1993) in his study of the connection between stress and burnout also identified organizational culture as a source of stress. Violanti and Aron (1993) identified stress from organizational sources as being more significant than stresses from the every day police work.

Characteristics of daily police work mentioned in the literature as sources of stress include boredom, exposure to trauma, and threats to personal safety. Shift work, particularly alternating between day, evening, and night shifts, is identified as difficult psychologically, physiologically, and socially. Lack of adequate staff and resulting overwork tax the capabilities of police (Burke, 1993 & 1994; Loos, 1984; Violanti & Aron, 1993).

The effects of stress that are research based range from psychological to physiological. Carlier et al (1997) identified posttraumatic stress disorder (PTSD) as a significant risk for male police as an effect of exposure to trauma. Their study was a prospective study lasting 12 months. Janik and Kravitz (1994) connected marital difficulties and suspension from work as increasing the

risk for suicide. Violanti et al (1986) identified the risk for death from suicide as being three times the rate for the general population. In a more recent study, Marzuk et al (2002) found that New York male police officers had a lower suicide rate than male civilians. They did find that female police officers had a four times higher suicide rate than their civilian counterparts. Violanti et al (1985) studied the link between stress and alcohol use. Their cross sectional study with anonymous self-report instruments linked stress with increased use of alcohol.

Research on non-stress related police health risks is sparse. Gyi and Porter (1998) discuss musculo-skeletal problems in a retrospective UK study. Those police who were assigned to car duty reported low back pain. Those assigned to motorcycle duty reported shoulder problems. This particular study did not include any female police officers.

#### **Female Police Officers' Occupational Health Research**

Studies that focus on female police officers' occupational health are few. A search utilizing the computer search programs: MEDLINE: Biomedicine, 1966-74, 1975-79, 1980-84, 1985-89, 1990-present, Nursing & Allied Health, 1982-present, and PsycINFO: Psychology, 1967-present. Keywords used included policewomen, female police officers, occupational health, health, police, and police work. A total of eight research articles were found that focused on any aspect of female police officers' occupational health or included female police officers' in the research sample of a study of police occupational health. All of the articles were found in PsycINFO: Psychology. Those that are published focus primarily on the psychosocial health risks and effects of police work. Two qualitative research based books described female police officers and their work. In discussing these studies, I have divided them into those concerning occupational stress and those concerning role development. I have included research studies that are not strictly health related but provide information related to female police officers' occupational issues that have potential for future occupational health research.

#### **Stress Studies and Psychosocial Health Effects**

The identification of stress factors for female police officers' was the subject of Wexler and Logan's 1983 qualitative study. Twenty-five female police officers were interviewed as to what they identified as their source of stress for them. The female police officers identified the major

sources of stress as the negative attitudes and actions by male police officers toward female police officers. The attitudes and actions included misogynist comments, shunning by male police officers, discussion of the female police officers' sexuality, and judgment on based on other female police officers actions.

Pendergrass and Ostrove (1984) surveyed and compared sworn<sup>1</sup> female and male police officers, female and male police technicians, and female and male civilian police employees in Montgomery County, Maryland for their perceptions of job-related stresses and evaluation of the stress effects of those stress. The term 'stress' in this particular cross-sectional study was a job event that caused distress. The researchers utilized survey instruments with a quantitative methodology. The study sample was comprised of 52 sworn female police officers, 672 sworn male police officers, 42 female police technicians, 32 male police technicians, 103 female civilian police employees, and 21 male civilian police employees. This particular study is important for the complex picture it shows of stress, stress effects, and reporting issues. Men in both sworn and police technicians roles reported more stress-related disease, such as hypertension, cardiac disease, and ulcers. Women reported what the authors categorized as less serious stress-related health problems, such as headaches, stomach disturbances, insomnia, low self-esteem, and social relationships. According to the authors, women reported less disease but more "stress consequences" such as: "Physiological consequences included headaches, muscle tension, nausea/upset stomach, and chest pain/tension. Psychological/behavioral consequences included sleepiness on the job, low opinion of self, insomnia, cynicism, and isolation from fellow employees." (Pendergrass and Ostrove, 1984, p306) The authors comment that, "It is suggested that the improvement in status and income associated with entry into a male-dominated employment may ameliorate stress consequences for policewomen in comparison to other employed women, although the stress experienced by women in policing may still be higher than for their male counterparts" (Pendergrass and Ostrove, 1984, p. 308)

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<sup>1</sup> "Sworn" refers to police that are officers or police employees that do work with the public in enforcement. Civilian police employees work in administrative capacities, technical support, or as dispatchers.

Pollack's longitudinal study (1986) measured urinary catecholamine levels in female and male police cadets. Catecholamine levels were utilized as they have been found to rise in response to neuroendocrine arousal. The levels were obtained monthly during the training period. Cadets who successfully completed the course were compared with those who did not. Women, interestingly, had lower levels of urinary catecholamines indicating less response to the stressors of training. The stressors included fitness training such as daily running, training in boxing, self defense, swimming, using firearms, and defensive driving. Pollack posited that women's differing physiological responses could be due to more rigorous selection and preparation of the women or to evolutionary selection. In either case, this particular study provides grounds for women's abilities to cope with the stressors involved with becoming policewomen. It also provides the groundwork for future study of policewomen's stress responses in continued police work.

Martin, McKean, and Veitcamp (1986) studied the incidence of post-traumatic stress (PTSD) in police officers. The definition of PTSD in the study was that described in DSM III. Utilizing a cross-sectional design, self-report questionnaire data were analyzed for the relationship between stress and resulting PTSD. Although the sample of this study was small, only 19 female police officers and 34 male police officers, it provides a preliminary description of PTSD in police. Female police officers reported significantly greater stress frequency than did male police officers. The women, however, reported significantly more utilization of coping methods than men. A problem, with the study as published, is that it is not clear if more female police officers could be considered as having PTSD than male police officers do, just that a significant number of both male and female police in this study reported significant symptoms of PTSD.

Stotland and Pendleton (1989) examined differences in stress and strain between police officers with high workload and police officers with low workload in a sample of 376 urban patrol officers. Stress in this study was defined as events or occurrences that were perceived as taxing police officers resources or abilities. Strain was defined as negative consequences of stress. Instruments utilized to measure strain included: the Cornell Medical Index-Physical, the Cornell Medical Index-Mental, the Spiegel State Anxiety Inventory, job anxiety questions, an alcoholism-screening measure, self-report questions related to violence and drinking, blood pressure readings,



police records indicating days lost to illness and disability, self-report question related to sick days, reported job related auto accidents, and finally citizen complaints. Stress was measured by questions related to what the authors termed "job difficulty," "job challenge," and "police events." The Holmes-Rahe Social Readjustment Rating Scale was utilized for measurement of "life change events." Instruments utilized in the investigation of possible buffers to stress were the Rosenberg self esteem scale, self-report questions on participants' success as police, questions related to interpersonal relations, and finally questions related to family satisfaction. The data were analyzed using both simple and multiple correlational statistical techniques. Police officers with high work load <sup>2</sup> who did what is traditionally viewed as police work 'on the street', had stress and strain resulting from the work and their lives. Those police with more administrative or less "on the street" responsibilities had stress and strain resulting from interdepartmental relationships. Both female and male police officers were participants in the study. Female police officers, however, comprised only 8 of 73 low workload police officers and 5 of 91 high workload police officers, thus there were not enough women in the sample to analyze differences due to gender. I mention this study as an example of the inclusion of female police officers in a study but not having a high enough number to provide any meaningful information.

In 1990, Grant, Garrison, and McCormick published a cross-sectional study focusing on the interaction between perceptions of knowledge and skill utilization, equal opportunity for job advancement and job satisfaction concerning female police officers. Their sample size was comprised of 180 female police officers that returned surveys mailed to the members of the International Association of Women Police. Utilizing a self-report questionnaire, the authors investigated career satisfaction. The results led to the conclusion that female police officers who perceive equal opportunities and appropriate knowledge and skill utilization have greater job satisfaction. Although this study does not involve psychosocial health per se, it does provide a starting point for possible studies correlating job satisfaction and decreased effects of occupational stress.

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<sup>2</sup> High and low workload s were categorized according to an annual rate of felonies "divided by the average number of police officers in each precinct/shift group."

Bartol, Bergen, Volckens, and Knoras (1992) investigated the relationship between occupational stress and job performance among rural female police officers. Stress in this study was indicated as sources of negativity. Their longitudinal study conducted over fifteen years compared thirty female police officers to thirty male police officers' self-reports of stressors, Minnesota Multiphasic Personality Inventory (MMPI) scores, and 2 supervisory measures of job performance scores on Farr and Lundy's 1979 behaviorally anchored scales (BARS). The BARS according to Bartol et al, "consist of 11 performance behaviors: job knowledge, judgment, dealing with the public, dependability, demeanor, compatibility, responsiveness, to supervision, ability to communicate, initiative, work attitude, and overall performance" (Bartol et al, 1992, p. 247). Although female police officers reported more sources of stress on the job, there were no significant differences in supervisory rated job performance between the female and male police officers. MMPI results did not differ other than on the Male Female scale, which measures gender attributes. Female police officers did identify sexual harassment as a significant stressor. The study did not contain any data related to policewomen's health.

Norvell, Hills, and Murrin (1993) compared 52 female to 52 male police officers on their experience with occupational stress and stress effects. Stress in their study appears to be utilized as negative stimuli. The participant sample was matched evenly on the demographic characteristics of "age, years of experience, job title, and education" as part of the sample selection. The sample did differ on marital status. There were more single female police officers, 50% versus 40.4%. Instruments used included the Perceived Stress Scale, the Job Descriptive Index, the Cohen-Hoberman Inventory of Physical Symptoms, the Daily Hassles Scale, and the Maslach Burnout Inventory. Female police officers in this study reported less stress than male police officers did. Their stress was connected to problems with the type of work, relationships with peers, and emotional exhaustion. Male police officers reported greater emotional exhaustion, more stress, as well as more daily hassles. The male police officers, also, indicated less job satisfaction. The researchers utilized self-report instruments so the study does not provide information on physiological consequences of stress. This particular study with its utilization of five instruments,

multivariant analysis of variance, and stepwise regression lends credibility to support for female police officers being able to handle the stress of police work.

Burke's 1993 cross-sectional study investigated the relationship between stressors and police burnout. Stressors, as a term, indicate negative sources of stimuli. He utilized multiple regression analysis of self-report questionnaire data. Individual demographic and situational characteristics, job stressors, stressful events (both work and non-work events), work-family conflict and coping responses were the factors studied. Job stressors such as inadequate orientation, high workload, large scope of public contact, unclear institutional goals, lack of autonomy, poor leadership, and social isolation, were the significant predictors of police burnout. Burke included both men and women but women made up only 7.7% of the 828 participants in the sample. His analysis did not include any gender comparisons.

#### **Gender Issues and Effects on Police Work**

Susan Martin's ethnographic study of policewomen (1980) provided an early description of women and their adaptation to police work. She connected the masculine gendered organizational culture of police work and societal expectations of masculine traits for police with female police officers occupational role development. Through analysis of interview and participant observational data collection, she established a model of *policewomen* and *policewomen*<sup>3</sup>. Women in order to survive in police work either adopted an overly masculine role as police or a more feminine role. The more 'feminine' policewomen moved into more administrative roles while the more 'masculinized' policewomen took on more 'street' police roles. Her model is fairly dichotomous and perhaps overly simplistic yet is important for her analysis as to how women became socialized and then adapted to occupational expectations. Though not specifically indicated by Martin, her work can be put into the realm of analyzing gender as performance rather than biologically determined (Allen, D. personal communication, 2002). Martin's work is early in the history of sworn policewomen and continues to be widely referred to in female police officers' research literature.

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<sup>3</sup> Italicization is used in her text to illustrate the differently gendered roles adopted by women in police work.

Brewer (1991) conducted a qualitative study of female police officers in a Northern Ireland police station. After gathering observational data comprised of field notes of "time budget diaries, end-of-fieldwork comment forms, and ... field work notepad." by a research fieldworker, Brewer analyzed reports of conversations to compose a model of gendered socialization. His focus is on the gender identities adopted by female police officers. In utilizing the comparison to the Greco-Roman myth Hercules, Hippolyte and the Amazons, he claims that female police officers develop a job related gender role that is either masculinized or feminized. Further, he found that policewomen's gender identity was a result of their occupation not a result of their biologic sex or personal life experience.

### Summary

The previous studies provide a varied picture as to the sources, perceptions, and effects of stress on policewomen. Study designs were primarily cross-sectional with two longitudinal studies. As none of the studies replicate a previous study, they do not present a coherent research based whole. They do, however, show that policewomen report experiencing stress from their occupation. The source of the stress is related to both functioning as female police officers with the public and also interacting with male police officers (Loo, 1984). Female police officers' sources of stress are similar to those of policemen but with the added source of gender-based resistance and sexual harassment. Female police officers' experience with stress does not appear to interfere with their functioning as police. Lacking are studies that consider physiological health outcomes such as female police officers cardiac health, fitness, health benefits and risks related to working as a policewoman.

Female police officers occupational health literature is limited in its focus and scope. An occupational stress and strain model is the theoretical model utilized by most studies. Study designs have been cross-sectional, longitudinal, prospective, and retrospective. Quantitative designs have predominated. One difficulty is that there is no replication of earlier studies. It is difficult to compare results from the studies due to the paucity of the number of studies and to the diversity of designs. A tentative conclusion is that female police officers do not have significantly more sources of stress nor more deleterious effects than policemen do. What is lacking in the literature is a broad

based approach exploring both physiological and psychological issues describing what female police officers' occupational health is like. This qualitative descriptive project fills the gap in research and provides a broad base for more concrete studies of policewomen's occupational health.

## CHAPTER III

### RESEARCH METHODOLOGY

*A methodology is a theory of how research does or should proceed; it includes accounts of how 'the general structure of theory finds its application in particular scientific disciplines' "* (Harding, 1987, p. 3). Italics and quotation marks are from the original.

Methodology is the connection between an epistemological framework and the actual conduct of research. Methods refer to how actual research is conducted. The questions of what kind of data are collected, how they are to be collected, and how they are to be analyzed are all methodological issues (Campbell & Bunting 1991; Harding, 1987). Methodology is the structural guide for the particular research methods, in this case a qualitative descriptive study influenced by Symbolic Interactionism (SI) and postmodern critical feminism (PCM).

This study utilized a qualitative descriptive methodology. SI and feminism as explicated in the next section guide the theoretical framework. The analytic methods utilized are qualitative data analysis. This project provides a description of female police officers' perceptions of the interaction between their occupation and their health.

#### Theoretical Framework

The theoretical frameworks that guide this research project, SI, and feminism, are epistemological frameworks that predispose and influence methodological processes. In this section, these frameworks are discussed in order to explicate how they were utilized to guide this project.

#### Symbolic Interactionism

Symbolic Interactionism (SI) is a social theory of the process of people creating individual selfhoods. In interaction with others throughout the life span, a person creates and develops a sense of self. This creation of self is constructed through an awareness of self and through group interactions. According to Mead, human beings have the unique ability to have a concept of self (Blumer, 1981/1991; Chenitz & Swanson, 1986; Farberman, 1985/1991; Miller, 1973/1991).

Herbert Blumer further developed and interpreted Mead's theoretical framework. He coined the term symbolic interaction in 1937 (Plummer, 1991). He rejected mechanistic views of humans by emphasizing the agency of humans (Shibutani, 1988/1991). Blumer's proposition was that human

beings create meaning in their world by interacting with one another in their environment thereby assigning meanings to their actions. The process of meaning making through interaction between the perception of the self and the social group creates symbols. The assigning of meanings to actions become shared human perceptions of the environment. These shared perceptions influence human actions, interactions, and creation of human society (Blumer, 1969; Chenitz & Swanson, 1986). Blumer (1969) composed three major assumptions that underlie this philosophy. Perceptions that humans have about their lives are of major importance in understanding their world. The construction of self results from the process of interaction with other individuals in a person's life and with social groups. Meaning, in SI, results from people interacting with others. Human beings construct perceptions or meanings through interactive processes and interactions that they then utilize to view and to interact with their world. Manipulation of meanings is the basis for viewing the world by human beings. Symbols of life are the mechanism through which humans create themselves. Thus the individual develops as herself/himself through interpretations of interactions with others in the world, by formulating meanings about that world based on such interactions, and by having shared meanings with other humans in her/his world. Meanings evolve as humans act on them and modify them according to their perceptions of their usefulness to them (Blumer, 1969; Chenitz & Swanson, 1986).

Symbolic Interactionism began as an epistemology, a theory of knowledge. Symbolic Interactionists view research as a process of understanding the participants' environment from their perceptions. Knowledge is obtained through searching for the symbols, shared meanings, developmental processes, the participants' perceptions of selves, and the group interactions rather than searching for factors that affect participants' actions. The meanings and participants' perspectives of the actions rather than the actions themselves are important to the researcher (Blumer, 1969). SI, in this project, guided the collection and the interpretation of data. Data were gathered from participants during individual interviews. They were asked their perspectives of the effect of their work on their health. Their meanings of their occupational health were the focus of the project.

### **Critical Feminism**

In feminist critical theory, women's experiences are valued as in other feminist epistemologies. Subjective viewpoints are again seen as contributing to the comprehension of a research area. The historical, cultural, ethnic, age, and class contexts of a research area are considered and critiqued. The addition to feminist epistemology that feminist critical theorists bring is the attention to power differentials and the importance of correcting power differentials in power structures. How the historical, cultural, ethnic, age, and class contexts of a research area affects power differentials within the research area are recognized as important. The agency and resistance of women and other oppressed groups is a focus of this epistemology. Feminist critical theorists place an importance on achieving positive social change as the result of gathering and analyzing new knowledge (Lather, 1991).

In reference to this project, the feminist critical theory framework has influenced the choice of female police officers as a focus of research. As previously discussed female police officers have remained a minority among police; but in spite of resistance from male police officers, women have persisted and made gains in numbers and rank (Harrington et al, 2000). The importance of achieving positive social change is also from feminist critical theory and will mean that the results will be shared with female police officers, both formally and informally. A summary of the research finding will be given to participants.

Critical feminism informed this study through its perspectives on power, structures of power, history, culture, ethnicity, age and class. Female police officers were asked for and credited for their perspectives of their health as female police officers. Thus rather than presenting female police officers with preformed hypotheses about their health they were asked for their assessment of their occupational health issues.

### **Assumptions**

The following assumptions arising from critical feminism (CF), from occupational health (OH), and from Symbolic Interactionism (SI) constitutes part of the framework for this project:



1) Women's experiential knowledge is legitimate as information sources. CF & SI2)

Women experience social and occupational effects based on their gender, cultures, race and class. OH & CF

4) Workers are "experts when it comes to doing their jobs" thus they are sources of expert knowledge concerning health benefits and risks related to their occupation (Rest, 1996, p.223). OH

5) "The meaning of someone's experience must be understood within that person's historical, social and cultural context (Dintle, 1998)." CF

6) "Knowledge is socially constructed (Dintle, 1998)." CF

7) "The researcher influences the research process (Dintle, 1998)." CF

### Background of the Researcher

In feminist and in qualitative research, the experience of the researcher is acknowledged as a part of the process of data gathering and analysis (Miles & Huberman, 1994; Oleson, 1994). What Glaser and Strauss (1967) term the "insight of the observer" is recognized as having importance throughout the qualitative research process. Reflection on insight and experiential knowledge contributes to the creation of research findings. "Anecdotal comparisons are especially useful in starting research" (Glaser and Strauss, 1967, P.67). Here Glaser and Strauss anticipate and answer possible criticisms that the researcher is meant to be an objective and neutral observer (Denzin, 1994b; Oleson, 1994). The researcher's situatedness is to be made evident rather than hidden so that influences from the researcher's experience can be taken into consideration in the analytic process (Sandelowski, 1986). According to postmodern feminist researcher, Patty Lather, 1991, a balance is to be kept between the positionality of the researcher and the accounts of the participants in research.

In *Qualitative Analysis*, Strauss (1987) gives credence to researchers' experience as part of the gathering of data and of the analytic process:

Experiential data are essential data... because they not only give added theoretical sensitivity but provide a wealth of provisional suggestions for making comparisons, finding variations, and sampling widely on theoretical grounds (Schatzman forthcoming). All of that helps the researcher eventually to formulate a conceptually dense and carefully ordered theory. (p.11)

In this paragraph, the researcher is recognized as having experiences and knowledge that affects the research process. Annells (1996) raises the possibility that, as evidenced in a 1994 article, Strauss and Corbin leave room for consideration of the researcher's class, ethnicity, and gender to play a part in the researcher's interpretation of data.

My particular position as a researcher is one that has several starting points. I identify my perhaps most long lasting influence as arising from being raised as a member of the Religious Society of Friends or Quakers. As a Friend, I believe that there is a divine spirit or worth to all living things. Thus, respect and consideration for others is important to me. With regard to nursing research, I connect the principle of respect for others with the expectation that research participants are not merely study "subjects" but rather participants in the process of gathering knowledge about a topic.

Next, I identify myself as a member of the second wave of feminism. My particular experience as a feminist has been that of a middle class, Euro-American woman. I have experienced sexism in my lifetime but not racism or poverty thus I recognize my position of mixed privilege and disadvantage. Arriving to my fifties I am beginning to both enjoy respect from being older and yet recognize a certain invisibility due to my age. As a feminist, I am committed to positive social change for women. Thus nursing research that benefits women is a primary focus of my academic career. I credit both feminist and Friends' principles with enabling me to recognize the privileged position of the researcher.

I credit being a nurse for positive and negative life and work experiences and influences. I exercise power in working with patients. Yet I recognize the lack of power due to my position relative to hospital administrators and physicians. My graduate education as a nurse has been one of privilege as I am a product of one of the elite schools of nursing in the United States.

Finally, as a member of a progressive labor union (1199NW), I have experienced the achievement of empowering change through collective action by registered nurses committed to self-respect and patient care. As workers in health care, nurses have expert patient care knowledge that is under utilized. Yet, we, also, benefit from and must recognize patients' knowledge of their health needs.

During this research project, my goal was to reflect on how my position as a Friend, feminist, nurse researcher and trade unionist affected my questioning, my listening, my recording and my analysis. I utilized the method of creating memos to record my efforts to recognize the interactions between my positionality and the research process. These memos and notes have been utilized during data analysis to prevent and to identify unaware assumptions on my part and reassessed in the final stages of analysis.

### **Methods**

This research project employed a descriptive design. Qualitative data collection and analysis methods were utilized.

### **Setting and Sample**

#### **Setting**

The setting of this study was the Seattle Police Department (SPD). The city of Seattle ranks 24<sup>th</sup> in size for the nation, with a population of 563,374 (DCLU, 2002). Its ethnic mix is approximately 70% white, 13% Asian American, includes Chinese, Filipino, Vietnamese, Japanese, Korean, and Asian Indian (in order of size), 8.4% African American, 1% Native American or Alaska Native, and 0.5% Native Hawaiian and other Pacific Islanders (DCLU, 2002).

Women have been employed as patrol since 1976 by the SPD. As of July 31, 2002, 181 women out of 1279 sworn police officers work in a variety of positions ranging from patrol to assistant chief. These 181 women make up 14.15% of the over all sworn police force. Table 1, Appendix J, shows the gender and ethnic makeup of the SPD. (P. A. J. Howard & D. Fish, Seattle Police Department Media Relations Department, personal communication, 10/17/02).

#### **Sample Selection Criteria and Recruitment**

As female police officers have experience in police positions from patrol to detective to assistant chief, participants were sought from this population to provide diverse and complex data on their occupational health. Criteria for inclusion in the sample were that the participants be female, 21 years of age or older, have at least one-year experience working as a patrol officer for the SPD, and spoke English.

Participants were recruited through formal and informal methods. I contacted the Seattle Police Department (SPD) and the Seattle Police Officers Guild by letter and follow up telephone contacts (Appendix D) in order to obtain official sanction for contacting female police officers. An email announcement was posted in the SPD email news. (Appendix E). I also contacted The International Association of Women Police for aid and suggestions for recruitment. They contacted female police officers and gave them my contact information. Recruitment also included snowballing and word of mouth. Snowball recruitment is a method whereby a participant is asked to contact other possible participants for inclusion in the research project. This method of recruitment proved to be the most successful as all the participants were obtained through community contacts. I did not directly contact any participants unless an intermediary had first obtained permission for the contact.

Sample selection was purposive and incorporated tenets of qualitative research. The primary source of data was from individual interviews of participants. Attempts were made to gather information from participants with differing characteristics. Continuing analysis of the data guided a continuing process of sample selection. Sample selection concluded as data gathered became redundant (Morse, 1994; Morse, 1995; Sandelowski, 1995; Thorne et al, 1997). I contacted nineteen female police officers for interviews. I was unable to arrange a mutually convenient time for an interview with one of the nineteen officers. Thus I interviewed a total of eighteen female police officers.

#### **Procedure for data collection**

Data were collected between September of 2003 and February of 2004. Data sources were policewomen in the SPD. Individual interviews provided data. The individual interviews were audiotaped and transcribed. Interviews lasted between one hour and three hours. Each participant was interviewed once.

Open-ended questions were utilized in the individual interviews. The questions and probe questions attempted to utilize phrasing and language that is appropriate to female police officers (. Appendix A). Wengraf (2001) indicates that questions for participants are translations from formal academic language or a research question (RQ) into every day ordinary language or a topic question (TQ) in order to facilitate communication between researcher and participant. After the initial

interviews were analyzed developing categories and themes guided further questions (Strauss & Corbin, 1990, p 180).

As interviews continued and analysis of early interviews occurred, new areas of inquiry relevant to the research topic were identified. In subsequent interviews participants were queried for expansion of information. These areas and questions were related to gossip and privacy; tone of voice; equipment weight and fit; relationships with pets; wellness programs; and departmental psychological support. The question guide for these areas is included in Appendix A.

TQ's and PQ's changed linguistically if from female police officers' reactions during the interviews it appeared that the questions were not clear, did not elicit information, or were either too specific or too broad.

#### **Data Processing and Analysis**

Data were analyzed following a qualitative data analysis process described by Miles & Huberman (1994). Specifically, data were analyzed using what Miles & Huberman term "a prestructured case" analytic process (pp83-85). In a prestructured analytic process, a research framework is formed that guides the analytic process. In this research project, the aims as stated previously guided the interview questions and the analysis. For example, the findings of aim I were coded utilizing the categories developed by Woods et al (1998) and further developed by Perry and Woods (1994). The analysis of aim III was coded with the following categories. Those categories were exposures and detrimental health effects. The findings of the other aims were utilized more broadly as there were no predetermined codes but rather conceptual areas.

Qualitative data analysis is a non-linear and interactive process. By non-linear, I mean that although there are particular methods, the different methods do not necessarily follow one after the next. Analysis involves continuous reflection that results in movement between the raw data and higher levels in the analytic process. (Glaser, 2002; Strauss, 1987; Strauss & Corbin, 1990; Miles, M. B. & Huberman, A. M. (1994).) Such an analytic process reflects the inconsistencies and multiplicities of the world. Qualitative data analysis is much like taking a historical perspective where the world is not viewed as the story of the "great men"/"the norm" but rather as dense, intricate, detailed stories.

Data from the audiotaped interviews were the primary source of information analyzed.

After audiotaped interviews and field notes were transcribed a professional transcriptionist each was listened through once in order to check the accuracy of the transcription, and then corrected when needed. I listened to the first interview after it was transcribed and before the next interview for the purpose of beginning to formulate codes as well as in order to refine and expand the question guide. Next, I listened to get the general sense of the interview. I added comments related to participants' laughs, and or pauses. During the second reading, words and phrases was highlighted with comments as to possible clarifying questions/comments for further development during subsequent interviews.

Atlas ti, a software program, was utilized to manage the transcribed interviews. Atlas ti is a software program that enables the researcher to code chunks of data, organize the chunks into themes, and retrieve the written passages for writing. Memos and field notes can, also, be entered into the program and organized similarly to interview transcriptions.

Analysis consisted of coding data that led to categories, and finally reduced to conclusions. Mile and Huberman, 1994, conceptualize this process as qualitative data analysis. During the analytic process, I constantly compared data to codes to categories and vice versa. Although the process is described separately from the interview data collection, analysis was ongoing starting with the first interview rather than waiting for all the interviews to be completed. The analytic process in this project consisted of the following processes. Utilizing Atlas ti, I read interviews line by line, highlighting quotations and creating codes for each quotation or data chunk. The initial codes were concretely connected to the quotation. Next I reread the interviews and codes refining quotations and codes. I then collapsed codes into categories or higher-level codes. At the same time I wrote memos reflecting on connections between codes, context of quotations, possible analytic directions, and possible ideas for other interviews. Finally, I prioritized what were conclusions and higher-level categories. In this step I looked for conceptual saturation. I considered conceptual saturation to be when codes and categories contained multiple similar quotations from the participants' interviews. During the above-described process, I returned to the beginning if a category with its quotations or data chunks seemed to need further adjustment or reduction.

### Trustworthiness and Quality of Conclusions

Criteria for judging a qualitative project are based on particular pathways. These pathways can be conceptualized as a series of questions related to the processes of data gathering and data analysis. Do the links between the information provided by the interviews and observations and the resulting codes, categories, and themes appear clear? Is it possible to follow a consistent trail from interview data to knowledge claims? Next, does the amount and depth of description from interviews and memos meet both a criteria of logical fit and completeness? Another question to be utilized is do the codes, categories, themes, and resulting description appear to arise from the data? These criteria will guide the analytic process and be utilized to assess the final report. (Glaser, 1967; Mile & Huberman, 1994; Oleson, 1994; Strauss & Corbin, 1990; Thorne, 1997)

In practical terms, ensuring the trustworthiness and quality of conclusions were accomplished through the following. Following the tenets of feminist methodology (Lather, 1991; Oleson, 1994), participants were given the opportunity to read and comment on transcriptions of their own interviews but did not. One officer suggested that she would be interested in a summary of the results. As a result I have relied on discussing my findings with senior faculty members of my dissertation committee to ensure trustworthiness. My own position as researcher was a source of self-reflections to protect against imposition of my personal perspective of women's occupational health on the participants' viewpoints. By incorporating an analysis of my own responses in the form of memos and notes made during data collection and analysis, I utilized a resource for what Henderson (1994) describes as an ongoing struggle to represent participants' accounts and to "honor the individual woman's meaning" (p.91). Self-reflexivity does not absolutely guarantee trustworthiness but rather guards against unreliability.

One member of my doctoral committee familiar with qualitative research techniques was utilized to critique my data collection and analytic processes. Transcripts, codes, categories, memos, and conclusions were provided to this committee member during the analytic process for comments. Postmodern theory disrupts the positivist assumption that a complete truth or reality can be discovered and explained. Multiple, shifting, temporal, and contextual truths are what research can achieve (Harding, 1987; Sandelowski, 1993; Thorne, 1997,). Postmodern researchers categorize research

findings as "probable truths". These probable truths are reflections of people's images and understandings of their lives. In this project, the claim is made that in gathering participants' accounts of their perceptions of the effects of their work on their health, multiple truths and voices have been made evident in a provisionally final account (Parsons, 1995; Denzin, 1994b).

### **Protection of Human Subjects**

Female police officers were recruited through snowballing technique and formal methods. Formal letters and an email announcement were sent to the Seattle Police Department, Seattle Police Guild, and officers of the International Association for Women Police (see Appendices A-E). Female police officers were not approached directly by myself in order to avoid coercion. Their contact information was given to me after an intermediary had obtained it. I, then, contacted them and conducted a telephone interview during which the potential participant determined if the project was a good fit for them (appendix F). Next the participant decided on an interview site that afforded privacy. As discussed in the analysis all but two officers chose to be interviewed at their work place. Their reasons were primarily for their own time convenience. They had access to private offices and interview rooms.

At the time of the interview, the participant read and signed a consent form that described the significance, risks and benefits of the project (see appendix G). Also at the time of the interview, participants filled out a demographic information form (see appendix H).

The transcripts of participants' interviews were given codes separate from their names. The tapes, transcribed interview hard copies, consent forms, code list, and demographic information were kept in a locked file cabinet. The computer files containing the raw transcripts and coded transcripts were kept separate from the list with code names and participant names. Computer files were accessible only to this researcher.

This final report does not include identifiable data. No names or personal characteristics are used in the description of findings to further protect participants' identities. Tapes of interviews, consent forms, code list, and demographic information will be destroyed after the final report.



## **Chapter IV**

### **FINDINGS**

#### **Introduction**

In this section, I organize the findings presentation of this research project according to the specific aims. First, the characteristics of the study participants are discussed. The findings related to the first aim, that of female police officers' images of health are organized according to Woods et al's, 1988, and Perry and Woods', 1995, schema of health definitions. The next section contains the findings for the second aim or perceived health benefits from working as a female police officer. The findings for the third aim are perceived detrimental exposures to health risks and negative health effects from working as a female police officer. Findings for the fourth aim describe how gender role issues affect occupational health. The next section has the fifth aim findings, which identify female police officers health promotion strategies and priorities for health programs that can contribute to their health. The final section has the findings related to the aim of describing the contribution of the police institution to experiences of health among policewomen.

#### **Sample Characteristics**

The sample demographics<sup>1</sup> reflected the demographics of the SPD female police officers with few exceptions. The ages of the female police officers ranged from 31 to 78 years of age. The ethnicities of those interviewed were African American, Euro-American, Hispanic American, and Native American. The majority of participants were of Euro American heritage. Years of experience in police work ranged from three to forty six. Sixteen officers reported their number of positions. The number of positions ranged from one to twelve. The positions ranged from patrol to lieutenant. The departments consisted of patrol, bicycle, mounted or horse, traffic or motorcycle, domestic violence, community police team, critical incident team, internal investigations, burglary, academy, field training office, sting unit, juvenile or gang unit, background investigations, missing persons, and communications. Education levels of the 17 reporting ranged from high school graduates to graduate

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<sup>1</sup> In order to protect the participants' identities, I am not giving specific numbers of officers in each category. I am purposely not citing numbers of participants in each ethnic group. I am, also, not mentioning any category that only has one member.

degrees. Of the 18 officers, ten had children and eight or did not. Specific characteristics of the sample are in Table 2 in Appendix J.

### **Aim I: Female Police Officers' Images of Health**

#### **Clinical**

The *clinical* category of women's health images is a definition of health that is based on absence rather than presence. Women's images in this category include no "aches and pains," negative test results, and no need for doctors' visits (Perry and Woods, 1995; Woods et al, 1988). Female police officers (FPO) cited this category of clinical health frequently. Younger FPO's differed from older FPO's.

Descriptions of the clinical category by female police officers included:

It means to me disease free. (FPO, early 30's, 3-5years experience)<sup>2</sup>

I'm not having any physical ailments... be physically healthy without aches, pains. (FPO, early 30's, 5-10 years experience)

I think when I'm feeling my healthiest it means that I'm not having any physical ailments. (FPO, also in 30's, 5-10 years experience)

Older, more experienced female police officers differed from the younger less experienced officers in that bruises and scrapes were accepted as part of the job. Female police officers with twenty or more years of policework and in their middle forties and older expected to have what were to them chronic but acceptable aches and pains.

Descriptions by older female police officers of the clinical category included:

Being healthy means to me not having aches and pains on a daily basis, no fractures, no open wounds (laughs)... (FPO, middle fifties, 20-25 years experience)

I mean, do I have a bad back? Yeah - my back hurts, my back hurts every single day of my life for the most part...I'm really glad that I'm healthy.(FPO, late 40's, 20-25 years experience).

...mostly pain free... So that's been my most nagging health ...that still happens, I mean I still have kind of a neck ache. (FPO, mid 40's, 20 some years experience)

Similar to the older women in Perry and Woods, 1995, research, the older, more experienced female police officers considered themselves as being healthy despite having some aches and pains.

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<sup>2</sup> Characteristics are in approximate terms to protect the participants' identities.

For the younger, in their thirties officers comparable to the younger women in Woods et al, 1988, research described health as the absence of aches and pains.

### **Role performance**

*Role performance* is the ability to function in the work and activities of daily life (Perry and Woods, 1995; Woods et al, 1988). The female officers' descriptions of health were a good fit with role performance. All of the FPO's included aspects of equating health with being able to function adequately as a police officer. Having the ability to accomplish what is required in police work means for these FPO's that they are healthy.

Descriptions of the role performance category by participants included:

Being able to participate in physical activities of daily life that I want to without any restrictions.

...particularly for this job being capable of doing the job and everything that is associated with it, not having to decline a detail.

It means doing my job and being able to be strong enough to do it [policework],

The participants' comments are illustrative as to how 'being able to...' function as police officers is a component of being healthy. Role performance includes functioning well in everyday activities. Role performance was a category that these female police officers mentioned often.

### **Adaptive**

The *adaptive* category according to Woods et al's, 1988, and Perry's and Woods, 1995, means being flexible and able to adapt in a stressful environment. Female police officers acknowledged that being adaptive was important in being a healthy female police officer. For participants *Being able to take anything mentally* is an image from the adaptive category that allows them to flexibly respond to work conditions that are not always conducive to their psychological health (Perry & Woods, p.58-59, 1995; Woods et al, p.45, 1988). Experiencing violence and witnessing horrific life situations and events is part of police work.

Descriptions of the adaptive category by participants included:

It's like that's just the way it's going to be and either it'll affect me or it won't affect me, or I can work around whatever that is.

Don't get caught up in the politics of this job.... Just do what you're supposed to do and don't worry about the rest of it.

I let things roll off my shoulders or tend to...

...the ability to leave it behind when you need to. And having the ability to deal with the horrible things that you encounter

Older more experienced FPO's emphasized being flexible in order to continue to be healthy as police officers. Being able to adapt and not let organizational politics affect them detrimentally was part of being able to be healthy. Being able to cope with encountering stressful events is necessary for these participants' health.

### **Eudaimonistic**

In Woods' et al's, 1988, work the researchers developed a model of health that is based on "exuberant well-being." (p.41) Categories of "actualizing self, practicing healthy life ways, self – concept, body image, social involvement, fitness, cognitive function, positive mood, and harmony" are concepts that are at equal conceptual level as the previous concepts, clinical, role performance, and adaptive. The following discussion is based on the eudaimonistic health model categories.

**Actualizing self.** Actualizing self was a category that female police officers mentioned in connection to their work and health. This category is defined as an image of health of when a woman focuses on attaining her own goals. For these female officers, though, actualizing self was not as important a component of health as the clinical, role performance, and practicing healthy life ways categories.

Participants' descriptions included:

the reason that I work out is for me. It's for me, because I know that I'm doing the best I can.

I feel happy about the way I'm conducting my life and it doesn't mean I'm going to stay stationary, it means I'm going to stay on the same track and I feel that I'll get better by staying on the same track so I have a holistic view of health and that is what's going to keep me on the right track, the little decisions will fall into place based on that philosophy and those values and the effects...

I think that even if I wasn't a police officer - I'd like to think that even if I wasn't a police officer I would still be exercising..."

One FPO did discuss the connection between actualizing self and being happy but more typical was the tension between the requirements of police work and a more separate non-work related self. As will be discussed in a later section being healthy is so important for these officers that focusing on being healthy for their personal non-work selves was not often discussed.

**Practicing Healthy Life Ways.** The 'practicing healthy life ways' category from Perry and Woods, 1995, and Woods et al, 1988 resonated with the participants. 'Practicing healthy life ways is a category that entails methods of acting to be healthy, maintain health and to return to health. Female police officers discussed ways in which they acted to stay healthy, to become more healthy, and to recover from disease.

Participants' comments included:

...healthy lifestyle, not smoking, not drinking to excess.

Through physical things like trying to eat right and trying to stay fit and exercise and those kind of basic things...

I think trying to eat right, exercising on a consistent basis. Taking vitamins. So I think a healthy person does those things.

I eat well. I don't work out as often as I used to but I enjoy walking, I play golf, I drink a little, minimal, so I don't drink a lot of alcohol, I don't smoke."

All eighteen of the female police officers gave examples that fit with the definitions and images from the 'practicing healthy life ways' category developed by Woods et al, 1988 and Perry and Woods, 1995. Practicing healthy life ways was one of the categories that participants interview data fit easily.

**Positive Self Concept.** This category means valuing one self and recognizing one's accomplishments. The female police officers in the older group from age 46 and older and with more than 20 years of experience were more likely to talk about the process of developing a *positive self-concept* in comparison with the younger less experienced officers. The development of coping skills that aid in recognizing one's self worth was recognized as necessary for health by FPO's.

Participants' comments included:

Would mean not allowing the negative influences to affect my own personal self image which has been really hard- not now, but the first ten years...as I've gained experience and as I've gained confidence and as I've gained a positive reputation in the department, I have long ago discarded those coping skills and have focused instead on what I consider healthy coping skills...(FPO, late 40's, 20 years experience)

I'm too old for that, I just tell people, what you see is what you get [laughed while talking].

but you know, 21, young, naive, just wanted to be one of the guys and be one of the gang, but now it's like I'm more my own person and don't have to fit into somebody else's mold and everything so sure, I think that comes with age and with maturity.

For female police officers, having achieved maturity and experience gave them a freedom to be more humorous and confident about whom they were.

**Body Image.** *Body image* was mentioned directly by only two of the eighteen participants.

Concern about appearance was not evident in analyzing other participants' interviews. Two of the older female police officers were the only ones who talked to me about how they looked in their uniforms. One made use of a tailor to alter the early uniforms. Her reasoning was that she felt it necessary to have a both a professional appearance and to have a functional uniform.

I don't care how narrow-waisted or how straight up and down you think you are, there are curves there - there are curves. And it took, gosh, maybe in the late 80s for some of the gear makers to realize that women weren't going to go away so they started making adjustments...they have women that work at the catalog companies, at the uniform stores, to help other women, because we're still women, we want to look good (laughs) we want to make sure that everything fits."

*Body image* was not a category prevalent in the discussions of these female police officers.

Only one officer, as quoted above, directly mentioned looking good but did not connect it to an image of health.

**Social Involvement.** The female officers' comments had a very good fit with the *social involvement* category. Being able to interact with others, enjoying those interactions, and relationships are the elements of this category. Having relationships with others was the most frequently mentioned ways in which these participants talked about emotionally maintaining and protecting their emotional and psychological health.

FPO's comments in this category included:

[non-work activity] allows me to go to normal people's houses and socialize with normal people outside of work and it kind of - yes, there are some bad people in the world that I have to deal with and stuff but then there's still - there's normal people and they live like I do so it just kind of helps bring - it kind of helps me keep that perspective."

...having other things in your life that you can go to and engage in, not being consumed 24/7 by police work.

...spending time with my friends – I have a network of friends that basically I run with \_\_\_\_\_. ... I spend time with my partner, and all of those interactions with them and we have other rituals with other groups of friends and things that we do, all of them are good people, good wholesome fun, low stress, and it reminds me of the goodnesses in the world.

I didn't want to end up being cynical, so that's where I think your friends help you keep that balance.

I mean we like each other, we enjoy spending time with each other. We don't have every single thing in common.... I think we talk a lot about work, sometimes too much, and sometimes we're aware of that and we'll say you know what? I don't want to talk anymore about work...I think you have to recognize that - you have to be adult enough, mature enough to recognize that if I'm having a bad day or [X is] having a bad day that sometimes the best thing is to just kind of walk away from it and not engage it and usually the bad day's generated by work, so if you know kind of what's going on and you understand what they're going through, then I can sort of have a sense of \_X's\_ frustration because I've been there.

I think another part of that that comes into good health is having a support system, a family of friends that you can relieve some of the stress with, that gives you a balance to your life...

*Social involvement* for these women provides a respite from their work, a reminder that the majority of people are good, and a support system. Having satisfying and successful social relationships protects participants from what one FPO called "the distortion of the demographic." "The distortion of the demographic" refers to the change in perspective police officers experience when the primary contact they have with the civilian world is with perpetrators. Being involved with non-police friends and activities provides emotional balance and a source of hope. The importance of the friends and outside activities is a sign of health and a source of health.

**Fitness Strength** -both physical and emotional along with energy and stamina are the components of the *fitness* category from Woods et al, 1988, and Perry and Woods, 1995 work. In this project, female police officers considered that being a healthy female police officer required all of these elements.

Participants' comments included:

Just having the stamina to work long hours, if you have to go over shift or some natural disaster like an earthquake comes in.

You have to be strong too. It all plays into your everyday life as far as all the women that I know of, police officers - being strong is an aspect of who you are. And that means emotionally, physically, emotionally too."

Physical and emotional fitness for these female police officers is a required component of health.

Police work is both physically and psychologically stressful. Having physical strength, being emotionally strong, and having energy is viewed by these police officers as inherent in being a healthy police officer.

**Cognitive function.** Female police officers did not include cognition or thinking clearly, and rationally when they answered the question about what being healthy meant to them.

**Positive Mood.** Perry and Woods, 1995 define the category *positive mood* as having a sense of excitement, happiness, and exuberance. This category was not an obvious fit with the direct elements of health that these female police officers discussed. But exuberance and happiness were present in their interviews when they talked about why they worked as police officers.

Participants' comments included:

To be happier. And that's what this job does, I've got to be able to run the whole gamut of things and work with all sorts of people. It's a challenge. ... For my mental health it's a great job. ... I can pick and choose what I want to do during the day, if I want to do traffic stops, if I want to stop suspicious people I can do that. ... So there's a lot of independence and freedom that I like."

...it's [police work] a stimulating job and it's - every day is a little bit different and if you are an A type personality especially, it's perfect, because if you have a lot of energy and you like the challenge of dealing with difficult people which I like, I like trying to overcome their nastiness and kind of turn them around - I like that. I enjoy that. And the real reason that we all came here really truly was to help people.

I've learned now that hey, if I can make a difference in one person's life, I'm happy, and so when you finally hear that you did make a difference in someone's life, it's a big huge - it's exciting."

Chasing the bad guy. Getting into a pursuit. Going into a foot chase after somebody and catching them. Yeah, you bet- that's fun. You run from me? Yeah. You catch them? Yeah -it's fun. Makes for the job. Otherwise it's just same old/same old. (laughs)"

It's just a really fun job. I mean, you get to shoot guns, you get to drive fast, you get to catch bad guys, you get to investigate mysteries, (laughs)

The female police officers in this project considered the excitement, challenges, and fun in police work as a positive health aspect for them. They obtained satisfaction and happiness in helping people.



**Harmony.** *Harmony* or feeling centered, calm, and peaceful was a category that these participants saw as important in order to continue being healthy as female police officers.

I think being happy with what you do is probably the most important thing. I was very fit as [previous occupation], but in reflection I wasn't happy. I'm not as fit as I was, but I'm happy with what I do."

... spiritual health I think, it sort of ties in with the whole mental health, whatever gives you some sense of peace and gives you some - I don't know, you're dealing with death and disfigurement and horrible things on a daily basis and it certainly can cause you to question a lot of things. So I think some idea of - some concept of spirituality.

...when I'm not on the clock kind of thing I think about how much peace, love and joy am I experiencing in my life, to know if I'm healthy/successful.

Having a sense of spirituality is a protection against the negative aspects of police work.

Police work exposes women to some of the more distressing events in human life; these participants clearly saw potential for and evidence of *harmony* in their lives. In fact, they placed an emphasis on providing a part for harmony in planning and thinking about their health.

#### Summary

The categories of health developed by the women in Woods et al's, 1988, and Perry and Woods', 1995 projects provide rich and complex images of health. The categories of clinical, role performance, adaptive, actualizing self, positive self concept, body image, social involvement, fitness, positive mood, cognitive function were utilized as a framework to analyze female police officers' images of health. Participants' images of health fit easily in all of the categories except cognitive function, and body image. The female police officers did not cite either of these categories readily when speaking of health. They connected positive mood when speaking of job benefits but not with health images. The health model provided a concise and readily utilized framework for organizing the participants' comments. The female police officers in this project presented images that resonate, replicate and expand upon those described by the participants in the earlier study. Table 3, Appendix J, is an organizational presentation and comparison of the 1988, 1995, and present study.

## Aim 2: Perceived Health Benefits From Working As A Female Police Officer

Participants spoke of four health benefits from working as police officers. The benefits described were good health insurance, the impetus to maintain physical and emotional health, their awareness of surroundings, and their confidence in one's abilities. The participants that described health insurance benefits were the older group that had the most experience as police officers.

Participants' comments included:

Benefits? Well, I'm not sure - I don't know, the only benefit is I have decent medical insurance that allows me to go get my eyes checked and the physicals, that sort of thing, but I can't see where the job itself brings any real benefit. (FPO, 50+years of age, over 20 years experience)

...the police work has probably made me somewhat want to lift weights and want to stay in better shape so that if I do have to get in a fight out there that it won't take so much of a toll on me, I'm not as likely to get hurt and I can do my job better."

...well, the job has contributed to my health because it puts me in a position where I wouldn't dream of not being healthy and maybe if I had a job that did not challenge my emotional health about the way people are, I wouldn't react by becoming even more introspective about it, ...

...more aware of my surroundings and I suppose that could be a health plus. ... I can probably only associate that with policework, I don't know. That one kind of stumps me because that's the only thing I can think of.

Benefits to health are recognizing that you can become strong physically, recognizing that you can develop that emotional, psychological toughness that they talk so much for guys in the military and other aspects that when I was an adolescent, young woman, that they aimed men more towards those kind of careers because they had the toughness, they could handle it, and that poor little weak women would be scared to do it. ... but I think it's beneficial to have done this because it's made me more assertive, more confident, more willing to take risks and be able to -I think quickly evaluate a situation. Develop my gut instincts, I like to call them our antenna, those instinctual things that warn you that something's not right, pay attention to this.

One officer with less than 10 years experience as a police officer answered the question about benefits from working as a police officer with a negative. She did not think that there were any health benefits to having worked as a police officer. Being a police officer to her did not make a difference in her attitude toward maintaining physical fitness.

No, I don't think there's any real benefits. I think it's who you are, whether you want to be in good physical condition being a flight attendant or if you want to be a cop. I think it's who you are because there are people that are not in good physical condition that are flight

attendants and there are cops that are not in good physical condition. I think it all depends on who you are, your self-image of who you are.

Participants in this research project described health benefits from being police officers.

Those benefits were good health insurance, an impetus to exercise, to maintain physical and emotional health, the development of an awareness of surroundings, developing assertiveness, intuition, and a sense of accomplishment.

### **Aim 3. Perceived Detrimental Exposures And Negative Health Effects**

Aim 3 of this research project was to describe the perceived detrimental exposures to health risks and negative health effects from working as a female police officer. Table Z is organized according to these categories and also includes coping strategies. In this section of findings, however, I discuss the detrimental health risks and the resulting negative health effects. The health risks are categorized as ergonomic exposures, hazardous conditions, and psychological exposures.

#### **Ergonomic Exposures**

**Equipment Weight** Female police officers discussed being exposed to ergonomic risks of equipment weight, size, and design as well as poor body mechanics. Participants described the duty belt, motorcycle helmets, and other equipment as being heavy to wear.

Descriptions of equipment weight included:

Well, it's heavy. I mean wearing a gun belt and wearing a vest and wearing all your other gear adds probably 15, maybe 18 pounds to your body. Sitting in a patrol car with a gun belt on takes a toll on your hips.

Oh, weight of the belt, wow, that's fun!... I remember having the bruises right here on the hipbone, wouldn't go away for months, just constantly there until it finally - I got used to it. I know I have like permanent bruises on my hipbones just from the duty belt, the way the belt, the way it rides on me.

I think it's the weight. ... you have a lot of gear on and you have a mike on the helmet, you've got a mike here, you have usually your police radio here, so sometimes you can - you can go one way less than another, as far as tilting your head to the right or the left. I consider myself able to have pretty much full range of motion...

**Detrimental Effects.** The weight of the equipment results in bruises, back strains, headaches, and decreased range of motion. The health effects from ergonomic exposures include decreased range of motion, back problems, and headaches.

you go on vacation and come back, put the helmet on, and get headaches.

I remember having the bruises right here on the hipbone, wouldn't go away for months, just constantly there until it finally - I got used to it.  
I know I have like permanent bruises on my hipbones just from the duty belt, the way the belt, the way it rides on me.

...the equipment has maleffects on our backs - a lot of officers, they'll end up getting suspenders to load bearing equipment ...to kind of hold some of that equipment. But then they have nerve problems over their shoulders and their neck because it irritates that, so half the officers end up taking the suspenders back off because it's...just a transfer of problems from lower back to shoulder and neck problems so the equipment is - it carries its own effects on our physical health to bring with us...

According to Arnold, 2000, duty belts weighing 14 pounds caused complaints of "back pain, bruised hips, rawness of skin over hips, and stomach problems." This Canadian study tested the use of suspenders to ameliorate discomfort related to the duty belt. Twenty-eight officers were involved in testing the use of suspenders. Satisfaction with improvement of the previously mentioned complaints ranged from a low of 57.1% to a high of 96.5%. Sex of the police officers was not reported in this study.

The ergonomic effects from the duty belt weight were recently the subject of a study by Czarnecki and Janowitz, 2003. The combination of a heavy-duty belt, where the belt sits on the body, and wearing the belt while sitting in a car caused low back pain and paresthesias. Lighter and narrower belts with smaller buckles were found to be more comfortable by participants.

**Poor Body Mechanics.** SPD trains officers in proper body mechanics but the participants indicate that using proper body mechanics are not always possible.

Participants' explanations included

Have I always done proper mechanics when I've been lifting things? No. You know, does that contribute to some of my aches and pains? Yeah. I had a sprained neck at one point. It was a result of - it was probably the straw that broke the camel's back, I mean I just lifted something incorrectly, but I think it was a number of years of not doing the right things with it. So are we more inclined to use poor body mechanics on this job? Yeah, you bet. Well, because when the fracas breaks out you're just jumping in to do it. You're not - oh, wait a minute, let me get down and lift that properly, let me make sure I lift this prisoner up off the ground really good - it doesn't work that way. It doesn't work that way at all. When somebody's pushing you around or you're having to do some pushing, you don't think about proper body mechanics of how that's going to happen, you just do it. Your instincts tell you, you just do it. When the fight is on, you're just in there. So - can you get hurt? Yeah, you can."

We were on a DOA of a gal who was fairly young, she weighed at least 400 pounds, and my sergeant came - we told the M.E. how big she was and they only sent one examiner and there was no way he could get her out of the house by himself and she was at an apartment complex up on ...that was three stories up and then you know how the yards there, they're kind of - the hilled yard and then the apartment? So she was on the third floor and my sergeant had just

come back after having back surgery so he couldn't help at all and so I helped, mostly just with the dragging through the apartment and dragging down the stairs, but then we had to get her on the gurney and then take her down that outside flight of stairs ....

**Detrimental health effects** Female police officers gave examples of back, shoulder, and hand problems resulting from the previously described situations when they were unable to utilize good body mechanics at work.

Participants' examples included:

...the next day I couldn't feel anything in my right leg. And my back really hurt. So then I just went to physical therapy, I've gotten massage and chiropractic, I've been doing that for years and then now the city just said that they wouldn't pay for any more massage, they wouldn't pay for any more chiropractic and I went to that guy in Bellevue and he put the two shots in there. And now they've sent me a letter saying they're closing my claim, so -

Especially if you're on the bike for so long, ..., I saw a chiropractor off and on when I was on motorcycles, try and keep things in alignment. I had some shoulder problems at one time from different hand positioning on the motorcycle affecting my shoulders and I went to physical therapy for that. And I could see there was going to be a point at some time where I was going to get carpal tunnel because my hands were starting to fall asleep and everything so I was glad I got off bikes because now I don't have that problem anymore. A lot of guys have had surgeries for that, on motorcycles.

You do a lot of sitting, you do a lot of wearing of the gun belt, a lot of standing, a lot of uncomfortable positions, so from that aspect, yeah. I mean, do I have a bad back? Yeah - my back hurts; my back hurts every single day of my life for the most part. Is it old age? Part of it, yeah. Is it getting older? Yeah. Is it because I don't exercise enough as I did when I was younger? Yeah. But there's a lot of things that happen too. You get into scuffles on the street and you get injured - and has that happened to me? Yes. Sure it has."

Had a couple of things done with my wrist but it was from typing on the MDC in the patrol car.

I just had a really bizarre angle ...it [wrist and hand problems] started right when we got the new MDC's in our car where we could actually type our reports and stuff...So I would type my reports in the car and then print them off at the end of shift. ... It's the angle, and then now that I'm doing this, it's - kills me to use the mouse.

Poor body mechanics are an occupational exposure that causes back injuries for female police officers. The added use of technology in patrol cars brings with it increased exposure to poor positioning and resulting repetitive strain injuries.

**Inappropriately Sized Equipment.** As the majority of police are large males perhaps the fact that police equipment is not sized for females and small males is not surprising. But inaccurately sized equipment causes uncomfortable, awkward and ergonomically poor body postures. Along with

the weight of equipment, the female police officers described equipment that did not work well for them.

Participants' comments included:

Well, a lot of it has to do with holsters because women tend to be more shortwaisted so the holsters when they're on a paddle - this is a paddle so it just pulls off, I won't do it to point at you, but anyway it sits up high so for me to draw my gun, I have to really get up here [demonstrates high draw angle], because there's not as much. With men that tend to have a longer waist, it's not as high of a, you know, a draw. Obviously sitting doesn't help either.

Some things aren't built for your hand size. Obviously women have a smaller hand, ... a lot of people with smaller hands - well, certain grips that you use when you're shooting and using a flashlight, certain grips that they teach just don't work for women because your hands are too small, so there are alternatives and there are men that have small hands so they have to use those too.

In observing her demonstrate how she had to pull her arm and shoulder back at an awkward angle I observed a potential for shoulder joint injuries. In fact, the one retired female police officer I interviewed attributed shoulder surgery she had had to her shooting practice.

Female police officers at present time have access to more appropriately sized equipment as companies become more aware of the variation in police officers' sizes.

### **Hazardous Conditions**

**Infectious Diseases** Contact with the public is an inherent part of police work. That public contact leads to exposure to infectious diseases. The worry about being exposed to diseases is an effect, too. Uncertainty about future health was also a concern.

Participants' descriptions included

My job is to be in contact with a lot of people. we're exposed to people who are not in prime health or they may have their own issues of depressed immune systems because they live on the street, they only drink alcohol, they may be drug users and abusers.

All the different ailments that just go around in the air makes you wonder if you're going to get them when you're doing your job.

when you go through the academy and you learn all these infectious diseases and all these things that you could bring home, who knows if I walked through a puddle of blood in a scene, ...

These female police officers worked to protect themselves from infectious diseases through practicing prevention and utilizing personal protective equipment. Difficulty presents itself when the

unpredictability of police work prevents police officers from utilizing PPE's and prevention practices. So again as these female police officers explain with use of body mechanics prevention, personal protective equipment (PPE's), and exercise does not eliminate health effects.

**Assault.** Female police officers have an expectation of being exposed to assault. In 2002, according to the FBI, 58,066 law enforcement officers were assaulted while on duty. Of those assaulted, 16,494 were injured (LEOKA, 2002).

Participants' comments included:

there's always the chance of being assaulted or killed. And that's one of the worst.

I got kicked once with steel-toed boots. And that was just a big cut on my leg.

I was assaulted when I was only on the department for three months and I got in a fight and got punched in the eye and I still have some permanent damage up here from it. But that's the only time I've been injured on the job. Oh wait, that's not true. How could I forget this? When I was - my last year on patrol I was attacked by a 200 pound St. Bernard. And I was only 97 pounds then, and I shot it and killed it, but I had to go to the hospital. I was pretty seriously injured. So twice.

I personally have never had any real serious injuries. I've tweaked my back wrestling around with individuals. I've probably banged my hand on something, I got T-boned in an intersection while I was in a patrol car.

Injuries were normalized and discounted by these police officers. These participants tended to minimize, normalize, or forget injuries.

**Noise.** Noise exposure can cause hearing loss for police officers. Officers are exposed to excessive noise during shooting practice, actual shooting and during traffic. Preventing adverse health effects from noise is an example of an exposure with serious health effects but prevention can expose officers to health problems as well. Hearing protection is utilized during shooting practice but is not readily available during unexpected shooting incidents.

One participant's explanation was:

Earplugs and headsets. Although, and that's good, that's very good - on the other hand if and when the situation arises and you're out there, you really don't have knowledge of how it's actually going to sound. It's going to be really, really loud. ... - and we can talk about hearing too - one of the things up on motorcycles that our lieutenant had us do when we were under his rein, was I thought a great idea - everybody be tested for hearing loss down at the ... Audio lab...and we were all fitted with earplugs custom-made and I don't think there was a whole lot of hearing loss that was - you know, it was minute. ...but wearing those plugs and riding on a motorcycle, there was a good and bad - you'd sit and listen to yourself breathe. Normally you're listening for traffic.

During an actual shooting incident hearing protection prevents hearing loss but at the same time the officer will not be accustomed to the noise level of shooting. Riding a motorcycle in traffic does expose the officer to hearing loss but cutting out too much noise prevents the officer from using his hearing to warn her of traffic risks.

**Chemical exposures.** Chemical exposures in police work are a hazard. Firefighters, according to one participant, refer to police officers as 'blue canaries' because they are the first, often, to respond to spills of any kind. Officers do not know the nature of spills thus may serve as the canaries taken into mines in the past to serve as a primitive warning system for harmful gases.

Certainly some of the hazardous situations that we run into - meth labs or hazardous material spills may be out there. When there is a hazardous material episode or incident, usually... traffic goes and closes down the streets and at some point you have to figure out which way the wind's blowing, how far you need to be away, what it was that got spilled - fire department needs to go in first usually, so they kind of get to be - They call us their blue canaries for the reason being usually we're there first, and if we start dropping, then they know it's bad, so that's where we got the blue canaries [term], .... But we'll allow them to let us know what the substance is and how threatening it can be to our health. You know, and I don't think that is always taken as seriously as it probably could be because if you're inhaling something then you're kind of screwed. Quickly."



**Shift Hours.** Providing police coverage for the public requires 24-hour coverage. For police officers that means working at times of the day that are out of synchronization with other people and often with their own circadian rhythms. Police officers are also subject to overtime necessities. If a crime occurs at the end of a shift officers cannot leave until paper work is finished. If a public event for which police are needed does not end within a shift often those police working the event do not get off work at their regular time. The most common effects of working shifts reported by the female police officers in this research project were lack of sleep, poor eating practices, and difficulty caring for children. A final effect mentioned was increased use of alcohol.

#### Participants' descriptions included

The hours suck horribly too, I mean first watch I think works from 3 in the morning until noon. Second watch works from 11, 11:30 until 8 or 8:30 and then third watch works from 8:30 or 7:30 to 3:30. So the hours are really hard on people in general. Second watch is the closest to normal hours, but you can't do anything at night, I mean you don't get home til 8 or 9 o'clock really.

but third watch shift was always to me a little crazy because you go into work one day, getting off the next, and then going to work that same day. I mean just thinking about it just kind of drove me crazy...traffic is especially bad for getting kind of a good amount of sleep because you're working a lot of overtime.

I didn't feel it was healthy because I was never getting enough sleep... I didn't really realize how little sleep I got until I went to days and I realized how it felt to be awake.

...the first watch and third watch, the early morning watch and all night watch, you have a chronic fatigue, you just never feel rested, you always have that like a cloud over your head, regardless of if you get 8 hours of sleep, it's just you're getting up at 2 in the morning, or you're going to bed at 6 in the morning, it just screwed up my system and I feel like I'd always have a - when I was on those watches I felt like I always had a low grade cold too, just little runny nose, a little like the sniffles, maybe a little scratchy throat every now and then.

Terrible! I'd have dinner at 2 o'clock in the morning and it wasn't uncommon for me to have cheeseburgers and fries and stuff like that in the middle of the night - that's what I used to - I look back and I think I cannot believe I ate like that, but I did. It was awful! I'm embarrassed to say.

In patrol I think it's way easier to get into bad habits as far as your eating habits - you start a patrol shift, let's say you work second watch, you would probably not have lunch until the middle of the afternoon and then you would have dinner sometime either before you left your shift or when you got off shift eating dinner at 8, 9, 10 o'clock at night. So I think it's just part of a routine that you get into but a lot of times you eat junk in between, your calls, you might just get frustrated, you don't have time to eat so you go to the 7-Eleven and you get your bag of potato chips and your bottle of Coca-Cola and there you are, that was lunch. So from that aspect I think you could get into some unhealthy habits.

Well, for one thing the shifts are terrible for children. I wanted a day job where I could be home on the weekends, home at night, have kind of a normal life, my husband would work the odd shifts so that we did have childcare but a lot of the times he was home too. It was wanting a normal schedule.

I don't know how women do it when they have a second watch patrol shift unless they have a partner spouse that is pretty much home a lot of the time or their hours work out. But you're gone for the whole period that the kid is awake for the most part. You're just not there. You're not there when the kid comes home from school, you're not there when the kid goes to bed, you're not there for any of that. I've had the conversation with a number of male officers who have children and they say it works just fine - I said, works fine for you because you don't have to deal with the kids. So (laughs) - I said you never see them.

Oh, it's been hell. I mean I went back to patrol to first watch, I was getting 4 hours of sleep a night and I couldn't think, I couldn't keep a straight thought process. I'd be having a conversation and in the middle of the conversation I'd forget what I was even talking about. Constantly tired. A little bit of resentment towards the baby if she wouldn't go to sleep like right when I wanted her to or if she didn't take her nap. Because I was exhausted when I got home. And I instructed the sitter, don't put her down for a nap, I will do that when I get home. And some days she'd put her down for a nap and then I wouldn't get a nap, and you're still a wife and a mom so you still have your other duties at home, you got to make dinner, you got to do bath time and there's still all these other routines that you still have to follow even though you're like the walking dead.

...the shift work, I think that can take a toll on you, the different hours, the rotating days off. That's probably where it's more likely, maybe psychologically going to impact you. I know that when I did shift work I drank more.

Female police officers attributed problems socializing with non police friends, developing bad eating habits, sleep deprivation, difficulty caring for children, and increased alcohol use to shift work. Female police officers doing shift work discussed being unable to get together with friends that do not work shifts and weekends. Officers cited nontraditional working hours with difficulty eating healthily. Caring for children involves being able to provide care for them, being home when they are and being present when they are awake. Female police officers did not feel able to function adequately as either a police officer or as a mother due to sleep deprivation from shift work. One officer connected the erratic hours and days off with increased alcohol use due to the effects of shift work.

### **Psychological Exposure**

**Traumatic events.** Exposure to traumatic events is another expected element of police work. Even though witnessing trauma is expected there are detrimental psychological effects for police

officers. Participants talked about having disturbing dreams, being physically ill, being worried about their judgment, being anxious, and substance abuse.

Participants' descriptions included

I don't think knowingly that it affects us physically but I think internally the stresses of carrying somebody else's trauma - probably one of the worst things I ever saw was a quadruple homicide...I think you can stuff it down in there, saying like I say, I don't feel like I'm very stressed but then sometimes you think well, are you really or are you just saying that you're not and deep down you really are, stuff that's going on and you're just pushing it away because you're a professional and you can't let this stuff bug you.

the specific job that I do now is [*deleted for confidentiality*], so that's all I'm dealing with all day long and you know, occasionally cases will get to me and they will bother me.

I'm *probably a little* more paranoid about certain things...as a police officer I'm a little more *sex crimes* but I do what I need to do to make myself feel safe, when I'm at home. (*Italicization inserted for emphasis*) ...And when I do find myself looking at someone and going, kind of having that immediate reaction of, you know, what is he really doing, what is his purpose, is he molest...

Occasionally when I first started working this unit, I had a few dreams that were really kind of disturbing and stressful.

Like the stress and -? Well, yeah, there's - I would say like we don't really get, in your shift let's say you go to a bad call, you don't ever get to deal with it, you go there, you do your paperwork, you turn it in, you get back on the street, you go to the next call. So you never really have debriefings or anything like that. So as far as that, I mean I was involved in a shooting and it was like I was brought to the precinct, brought down here to talk to homicide, meanwhile you're scared to death - you just shot somebody, and it's awful. And then you're sent home and then there you sit at home for several days or weeks, depending upon your command staff, and you don't know, my God, am I going to lose my job, am I in trouble? You start second guessing yourself, start second-guessing your abilities. So I would say like the emotional things are pretty tough."

that night I got home [after a hostage situation early in her career] and I was like replaying, replaying, replaying, what if I would have said this or should I have said this, the whole thing, just the classic things that you hear about when you go through stressful situations. So I did that all night long and then the next day I came to work and I was supposed to go to a first aid class or a training or something like that, and I was just nauseous, I was sick to my stomach all day.

Occasionally I'll have a case where it might be a rape case where there's someone out there, a stranger case, and there's a lot of pressure to find the person before someone's victimized again, and those cases tend to be the kinds of thing that you think about a lot, all the time. Because there's a pressure to get the bad guy behind bars.

The effects of being exposed on a regular basis to traumatic events range from having bad dreams to physical effects. Female police officers discussed needing to adjust to the effects of investigating serious crimes when beginning to work in particular departments such as homicide,

domestic violence and sexual abuse. Officers, as will be discussed later, advocated for mandatory debriefing. Participants contended that emotional strain was a greater concern than any detrimental physical exposures and health effects.

**Hyper Vigilance** Being hyper vigilant is an element of police work that the female police officers in this research project described as resulting in a heightened sense of alertness. The effect of that exposure to constant awareness and sense of alertness results in feeling what these officers describe as 'adrenaline surges' or 'adrenaline dump.' After a major 'adrenaline surge' officers describe being fatigued and having decreased energy.

Participants' descriptions included:

It's a condition orange - yeah, red is like when you're really into the heat of stuff but orange is pretty much what you're on at work, yellow is your relaxed state. I can say orange is something you get used to at work

You're just constantly hyper aware and you hear the snap and you're just aware and it's - you have to recover even from that, even when nothing happens, you have to recover from that feeling of being a player in the preying and preyed upon dynamic that goes on."

I think probably more than anything is just that adrenaline surge that creates that kind of constant state of vigilance that you're in for 9 hours a day. You feel it, while you're in it you're really high but afterwards you're like bang. You really feel it. And I never felt, when I was in patrol I never felt like I had a lot of energy for my off hours."

...a dump, the adrenaline dump. It's just flushed face, heart rate, you get that kind of shaky - your senses get really acute and yet you don't - you have to really concentrate hard on sort of seeing the big picture. It's like being, I imagine, having never done cocaine but I imagine it would be like doing cocaine or meth, I mean that high, speedy, you get that real speedy feeling. Obviously the converse is when it's done you feel like Gumby."

...usually I'd be really tired the next day, regardless of how much rest I got. Just fatigued, just that feeling of hitting the wall and I'm done. And in this job, unfortunately there are times when you get to that point of saying I'm done, and you have to keep going. So you might have an adrenaline rush at 8 o'clock in the morning that involved all sorts of excitement and now you've got paperwork and people to talk to and phone calls to make, and you're going to be doing another 8 or 9 or 10 hours of work.

Being constantly aware and experiencing adrenaline surges results in as in the previous descriptions, physical tiredness and extreme fatigue. A report by Vila, 2000, indicated that police officers are involved in more accidents and suffer more injuries when tired.

**Lack of Acceptance and Mistreatment/Harassment** The older female police officers in the sample spoke of mistreatment from male officers when women first became sworn officers.

Mistreatment included being told women did not belong, graffiti, sexual comments and harassment, and isolating actions. Female police officers described detrimental health effects primarily as psychological strain.

Female police officers comments included:

I've had people say to me - when I was a student officer I was like 32, what are you doing here? You're a mother. I go, I don't have a daddy at home, okay? Well - it's a tremendous amount of stress because you're constantly dealing with a mentality that doesn't see you need your job, so at the same time they don't care what they do to you and so if you want to complain - oh, you want to complain? Watch what we'll do to you. You should just be a quiet little woman over there and take the crap we have to hand out, because you don't belong here anyway."

What that left me with, I was going home, my anger was coming out at home, it was creating problems for my relationship, I ended up with psychological counseling that I don't want to tell the department about because then they may use that against me, and basically I was diagnosed with post traumatic stress at the time because they said that's exactly what this job is doing to you.

It's taken its toll in my relationship with my daughter. She was very fearful and saw what I went through - the day I had to tell her [X]... at 29 years old the first words out of her mouth were Mommy - she doesn't call me Mommy very often - "I hate your job." Because in her mind, that's why I have [X]. Because she saw the stress that I went through.

I wanted to be a part of the family but I wasn't. There was a lot of criticism and a lot of putdowns and a lot of sexual remarks and that kind of stuff that happened the first few years of my career that made it very hard for me.

it was kind of humiliating but you know, I thought well, I'm short, what can I do? So I just sort of accepted it. And I got teased a lot. But I think what ended up happening is although I got teased a lot, there gradually came this grudging acceptance because I wouldn't give up. I wasn't going to let any of that stop me. And it was hard.

My first field training officer was an old timer - he told me straight upfront, I don't think you should be a police officer. He says, not just you, kid - I don't think women should be here. And he would go out of his way to find things that happened."

Well like I said, they would find out who you were, try and find out who you were, and if they knew you, write nasty things on the walls, gossip about you...

Well, she was gay and it was just - there's a bunch of old-timers that worked there and of course our place is in the kitchen and of course being straight I didn't have to deal with that, but then once they found out I was pregnant, I too then became worthless.

I would say that probably as a rule and to generalize, I would guess that most - just talking about women officers are a lot more self sufficient, ...but a lot, not willing to be perceived as weak or unable to do things. I would say men in general are that way, whether you're cops or not, but I would say that women, there'd probably be a higher chance that women police officers are a lot less inclined to do the oh gee, I'm just a girl, can you help me do this. It's more like get out of my way. I'm going to take care of this, I'm not going to deal with you."

...the attitude because I think being a female, well, example, when I got shot [late 1980's] I was only off work three weeks. Now I look back and I would say looking back...I would say even 5 years after the shooting looking back, I would have stayed away longer - not for the physical, but for the mental. ...but I think it was because for me, I was going to show everyone that even though I was shot, I would come back, I could do my job, and again, no problems.

Female police officers credited mistreatment for having relationship problems and

psychological trauma. Older female police officers acknowledged the lack of acceptance from other male officers and as a result developed the ability to recognize their own worth. Being tough and needing to prove one's abilities is a response and an effect from not being accepted and being mistreated by male officers. One participant concealed her pregnancy because she had witnessed fellow male officers mistreating a lesbian female police officer. Working to prove one's worth for some officers meant returning to work early and not asking for help so that they could show they could cope with work stress.

#### Summary

Rest (1996) proposes that workers themselves have expertise in the health issues that they encounter at work. As is evidenced in the preceding section the female police officers identify multiple health exposures from police work. Exposures include the weight of the equipment, poor body mechanics, inappropriately sized equipment, infectious diseases, traumatic events, hyper vigilance, assault, noise, shift hours, chemicals, and lack of acceptance/ harassment. Detrimental effects range from back pain and injuries, respiratory infections, blood borne diseases, psychological strain, fatigue, gunshot wounds, lacerations, hearing loss, sleep deprivation, and having to prove one's abilities. (See Table 4, appendix J, for list)

#### Aim 4: Gender Issues and Occupational Health

Aim 4 provides a different lens with which to look at occupational health. Rather than simply assessing the work environment in terms of its physical and psychological elements using gender issues provides a systemic viewpoint. Gender is based on cultural practices (Bordo, 1993). Gender in Western society is divided into feminine and masculine (Butler, 19; Bordo, 1993; Grosz, 1994; Woodward, 2000) Gender is created by cultural practices that lead to bodies that are gendered as having specific feminine and masculine physical and psychological characteristics (Grosz, 1994;

Woodward, 2000). Occupations are also gendered as masculine and feminine. Police work in particular is gendered as masculine (Heidensohn, 1992; Martin, 1980; Martin, 1994). In this section, I discuss how female police officers' emphasis on being healthy, physical health and psychological health are affected by gender concepts. For physical health I am going to utilize the example of police equipment design based on a masculine body. For psychological health, I utilize female officers' credit of feminine communication styles for health protection and health recovery.

### **Responsibility and Vigilance in Being Healthy**

Women are a minority in police departments. As discussed previously, they compose 14.5% of sworn municipal police officers (Harrington et al, 2001). When discussing their images of health, female police officers defined health in many similar ways to other women as characterized in the previous sections. The differences came when they talked about the interaction between their health and their occupation. What became evident is that "being healthy" has an increased importance for them as female workers in a male dominated occupation. One question I added to the interview was, "Do you think or how do you think staying healthy is different for female officers?" Answers illustrated respondent's perceptions of differences between female and male police officers. Maintaining overall health was very important to these female participants. Participants discussed both emotional and physical health as essential in order to work as a female police officer.

Participants' comments included:

I would say the majority of the women I've met over the years are very keen to keeping in shape.

There is an extra fire lit under me to stay healthy because I know it's so crucial. This job has made it front and center in my mind, that it's crucial that I stay healthy.

It means doing my job and being able to be strong enough to do it.

...you couldn't convince me to gain 20 pounds anymore than you could convince me to take off my vest, because it's the same thing for me. You know, or to leave my radio in the precinct - I mean what, that's unsafe.

I would probably take a multivitamin even if I wasn't doing this job, just because of the way that I am, but I'm probably a little more vigilant about it because of work.

...as soon as you put on the uniform and you're identifiable as a police officer, there is an aura of awareness and susceptibility that you have, just having the uniform on, because as soon as someone sees you, they see a police officer. And you can't have a cup of coffee without somebody saying oh, they're not busy, I'll ask them this question. It's constantly,

constantly, constantly -- either you're being solicited or you're being aware [of surroundings]

I spend a lot of time being as peaceful as possible,

...so I just try to do things that bring me down and I can come back and do this job on Monday.

I gave up rugby for motorcycles. ...It wasn't as easy to get on the bike and ride as it was to get in the car and drive.

especially in patrol you never know what you're going to deal with that day and you need to be ready emotionally and physically.

The women in this research project emphasized the importance of being healthy, being responsible for being healthy, and being vigilant in maintaining emotional and physical health. They described varied and complex health strategies from physical exercise, changing outside activities, and emotional recovery. Participants indicated that they thought that female officers placed more importance on health than male officers.

The participants recognize that policework, whether working as patrol or as detective, has the potential for physical and emotional strain. Protecting civilians or other police officers during an altercation requires physical fitness. The female police officers' motivation for being physically healthy carries the same importance as carrying required police equipment such as vests and guns. Some officers changed their outside sport activities in order to be able to continue as police officers.

Policework requires being emotionally healthy as well as physically healthy. Being constantly available for civilians' questions is an inescapable part of the job that takes emotional energy. Participants worked to recover from work and to be ready to work so there is a connection between recovery and being able to be a female police officer.

### **Gender Design And Equipment**

In the earlier section under detrimental exposures and negative health effects I simply titled the detrimental hazard as 'inappropriately sized equipment.' But the fact that police work is gendered as a masculine occupation leads to the physical environment being designed for male bodies rather than female bodies (Heidensohn, 1992).



Previous to women becoming police officers, police departments had size requirements that restricted employment to tall men (Heidensohn, 1992). As a result, police equipment is not sized for females. The participants described equipment that did not work well for them. Gun holster design, gun size and flashlights were examples of equipment not designed or sized for female police officers. Participants' comments included:

Well, a lot of it has to do with holsters because women tend to be more short waisted so the holsters when they're on a paddle - this is a paddle so it just pulls off, I won't do it to point at you, but anyway it sits up high so for me to draw my gun, I have to really get up here [demonstrates high draw angle],

Some things aren't built for your hand size. Obviously women have a smaller hand, ... a lot of people with smaller hands - well, certain grips that you use when you're shooting and using a flashlight, certain grips that they teach just don't work for women because your hands are too small, so there are alternatives and there are men that have small hands so they have to use those too.

yeah, all the equipment surrounding WTO didn't fit. I mean the rain jackets, those one size fits all? (laughs) Mine came down to the floor. You can't function as an officer with a raincoat that is falling down to the ground and you're expected to march along or run along after people. No, it doesn't work.

The pants are made for guys so it's not necessarily, you'd have to get a huge waist because of your hips and to fit your thighs you'd have to have bigger pants or the shirts would be, to get it fit right might be too big one way and too small another...

Adding to the interview data, I observed and noted that when one female police officer demonstrated how she had to pull her arm and shoulder back at an awkward angle I observed a potential for shoulder joint injuries. In fact, the one retired female police officer I interviewed attributed shoulder surgery she had had to her shooting practice.

Participants complained that equipment sized for large men affected its functionality. Not only is equipment hard to use but also it caused health problems.

### **Communication Styles**

Gender differences are evident in the use of communication for protecting and recovering from the psychological stresses of police work from the beginning of a police career. Communication styles are a strategy that female police officers utilize to protect them at work, and mitigate the detrimental effects of psychological stress.

Participants' comments included:

And what I have found that in many respects I think women are more successful in police work because a) you don't have that whole testosterone thing, you don't have that whole chest beating thing, and the bottom line is I knew that I was going to have to use my brain 90 percent of the time when I was dealing with a disturbance of a very large person, who I knew could beat the crap out of me. Now yeah, I could shoot him and I could do all these other things to him, but I really didn't want to.

Well, I think they're [women] better caretakers of themselves over the long run. I think men see stress late in the stages of it and I think they probably are in denial because it's not a cool thing to be admitting, and I think women just kind of take care of themselves a lot better over that issue, or they're better communicators.

So finally we have to bring them [male officers] in here and say, okay something's happening, could you share with us what it might be? This one guy says well, my wife's sick mother came to live with us and we just bought a house. I said you think that's not stressful? You think maybe you're ready to jeopardize your whole training here by not sharing that with us- I mean, it may be embarrassing to you and not want to share that but your choice, your career, because if you don't make it and you don't tell us why, or what's going on, I can't help you.

I had friends, made friends, wanted to develop a relationship with someone to have that nuclear family, like I was raised in, just because it's so important to the rest of your life that you have someplace to go when it's over, whether you're in patrol or in background investigations. You just say yeah, well, it was a crappy day, okay, I'm going to go home now. Maybe I'll have a beer. Maybe I'll just play with the kids. And unwind.

These female police officers utilize a communication style that includes flexibly interacting with the public so that violence is averted. Communication with friends and families enables them to offset the psychological stress of police work.

#### **Aim 5: Health Promotion Strategies And Priorities For Health Programs**

In this section the strategies for the detrimental health effects of ergonomic exposures, hazardous conditions, and psychological exposures are discussed. Along with health strategies, the female police officers had ideas for change and priorities for police department programs. These ideas are a childcare facility, a wellness program, and a job sharing program, sanctioned time to work out, and a psychological support program.

##### **Health Promotion Strategies**

The female police officers in talking about the interaction between their work and their health had strategies that they utilized to protect and prevent adverse health effects from the detrimental health exposures they experienced. For some of the exposures the police department provides training and personal protective equipment (PPE'S). For other exposures these female police officers describe

their own health strategies. And for some exposures there are not easy strategies to buffer the detrimental health effects.

**Handling Equipment Weight.** Responses to the problem of equipment weight included prioritizing what to carry on the duty belt, maintaining physical fitness and strength, using newer lighter belts or suspenders, and accessing health care providers.

Participants' descriptions included:

I don't carry a baton. I just carry my gun, the required magazines and the required rounds, I carry my pepper spray, and obviously I carry my radio, some keys and cuffs. ... I have been issued a taser so that does add a little more weight to my belt. If I had my choice I'd probably - at times I'd like to carry a baton, they're handy for like poking around for things in the shrubbery or knocking over cans to see if there's beer in them, so I'm putting myself in danger to reach down where someone's sitting. But like I said, it's a tradeoff.

...the equipment has maleffects on our backs - a lot of officers, they'll end up getting suspenders to load bearing equipment ...to kind of hold some of that equipment. But then they have nerve problems over their shoulders and their neck because it irritates that, so half the officers end up taking the suspenders back off because it's...just a transfer of problems from lower back to shoulder and neck problems so the equipment is - it carries its own effects on our physical health to bring with us, and obviously we wouldn't want to not bring it with us, so it's kind of - well, the gun's heavy, but I wouldn't want to not have my gun so I'll carry this gun and 50 rounds of ammo and -that's just another reason to work out, to have a strong neck and back and be able to run with that.

I've seen a chiropractor off and on.

just get used to".

Prioritizing equipment is a health strategy that involves judging between the need for equipment, the weight of the equipment and the health effects. The use of suspenders is one strategy and maintaining physical fitness is another. Other officers utilize PPE's. Accessing chiropractic care and massage therapy for chronic back pain was another strategy mentioned. Finally, "just getting used to" and accommodating to chronic aches and pains were common.

**Fatigue Prevention.** The strategy utilized to deal with the fatigue resulting from adrenaline surges is to decompress.

Participants' comments included:

you got to have that physical activity, that adrenaline has to get out of there some way or another.

Well, when you're at work, coffee and all sorts of stimulants. I mean try to eat something..."

When at work and needing to continue to function, officers do not have an option for immediate recovery but need to function with little fatigue.

**Injury Prevention.** Female police officers use strategies to prevent and to protect themselves from injuries. Utilizing PPE's, maintaining physical fitness, being on alert, and knowing defensive tactic skills are prevention and protective strategies.

One participant's comment was:

The vest that we wear, I've worn mine my entire career, the bulletproof vest we wear only covers, you know, from mid waist to about right here. So that doesn't cover anything else and I think that one of the benefits of staying healthy or being healthy, working out is knowing some defensive tactics or being aware of your surroundings and officer safety. When your officer safety kicks in, that mindset, you know the threat is out there so you use your surroundings and your [knowledge]\_\_\_\_\_ to your advantage."

Participants approaching retirement age with what they consider to be good health integrate health prevention strategies that are both physical and psychological.

**Infectious Disease Prevention** Getting influenza vaccines and taking multivitamins are examples from *Practicing healthy life ways* as for how these female police officers respond to the threat of infectious diseases. The use of personal protection equipment (PPE) is another method these female police officers utilize to prevent transmission of disease.

Participants' comments included:

I went and got my flu shot last week, I'm a believer in getting flu shots because we do go out there and deal with the public and I do go out with the detectives here and interact with people in maybe not the best conditions in their houses so I know that we – the houses are kind of nasty sometimes. So the potential's out there for the germs. No, but I take multivitamins and vitamin C and calcium and a bunch of different things like that.

And you're exposed to a lot of infectious diseases so you're constantly kind of doing what you can to create barriers between yourself and people you're dealing with, but if you have to go hands on, you have to go hands on and so you're exposed to TB and Hep C and all those lovely things.

Oh sure, yeah, constantly. You just get in the habit of gloving up when you're going to go hands on with somebody, or even if you don't it's pretty much getting out of the patrol car, you glove up. Because you don't know what you're going to touch, you're not going to have time to do it later on if you need to. There are times when I've actually put on a mask, either on myself or on the person that I have in custody, to prevent them from spreading things within my car or to other people or whatever. If they're hacking up or spitting or something like that, they get a net over them or a mask.

I would check to see that we had a biohazard suit and it's a kit also, in the back, in the car. I always made sure that I had biohazard rubber gloves on me so that every time I got in the car I wiped my car down totally where I sat and then did a visual inspection of the back if I ever

saw blood or anything in the back, I'd biohazard the car and then the cleaning crew would have to come clean it while I was on patrol in another car that was safe, I felt. So there's pretty much precautions every day that I would perform.

Even though we take as close as we can, universal precautions, you know, wearing gloves and stuff. We don't wear masks; we don't wear the safety glasses when we're around blood when people have been assaulted, so we get that exposure...

Female police officers work to create a protective health habit by constantly using PPE's, getting vaccines and taking vitamins. Care of the police car is another health strategy to protect and prevent exposure to infectious diseases. Participants, however, described feelings of concern that their health strategies would not be enough to prevent transmission of dangerous diseases.

**Social Support.** Female police officers Social support Female police officers family and friends that utilizes to process responses to traumatic events but for other officers who may not have an adequate support system she has concerns about the effects of witnessing,

I mean you're dealing with really horrible things a lot, depending on where you work, and you know, not everybody has a support system. I mean I have a really good support system, I have other officers I can talk to, I have my partner, I have family, if something's really bothering me that I've seen or experienced, I can talk about it, but a lot of people can't. A lot of people cannot go home and talk to their civilian spouses. I think there's a lot of alcohol abuse probably with women and men on the department. A lot of self medicating - food, alcohol, whatever."

The strategies that these officers utilize to reduce the effects of exposure to traumatic events are complex and multi faceted. As I think their strategies deserve specific and detailed examination those strategies are discussed in a separate section later.

**Managing Shift work.** Strategies for coping with difficult shift hours and overtime include changing shifts, changing departments, and moving into detective positions with more regular hours. Working more regular hours enable female police officers to lose weight, feel healthier, and thus feel better about their lives. Police officers with children in this research project said they timed having a child until they had enough time as patrol to apply for a detective job so that they could have better hours. One Officer described having a hard time functioning after returning to work as a patrol officer with her first child.

... it was a conscious decision to leave ...get my life back, take my life back so that I wouldn't have to work the overtime or if I decided to work overtime it would be when I wanted to and not when the department wanted me to so much, and once I did that, then I was able to say I hadn't been happy with myself for a long time, my weight. And did Weight

Watchers and that really helped me to get things back under control and realize what I was doing so that's been better as far as having my normal hours, I think makes a big difference ... more regular working hours.

Oh, it's much better now, I mean she can go to a daycare now, we're not juggling - in patrol you got to work weekends, there's no childcare available, the patrol schedule - you're trying to - people don't watch kids that late at night, they don't start that early in the morning, your options are bringing someone in and I can't afford to do that. So it's better now, no, I mean like I don't have that big a stress on me that where is she going to go, what are we going to do for childcare. There's a place that's open, they're open Monday through Friday, from these hours to these hours, so it's a lot better now - that's like a big stress kind of lifted."

The primary strategy for dealing with the effects of shift work by the female police officers in this research project is to leave patrol and other departments that require work at difficult hours.

Participants left departments that require significant amount of overtime in order to have more satisfying personal lives. One officer attributed being able to decrease her drinking with leaving a department with irregular hours and mandatory overtime. Female police officers with children described childcare issues as easier to arrange. Those officers that made such changes reported that their health concerns related to weight and sleep deprivation lessened.

**Communication.** Communication is a strategy utilized by these female police officers in three ways. The first use is to function effectively as a police officer. The second is to provide protection at work from assault. The final use is for recovery and maintenance of mental health.

Participants' comments included:

And so I think I learned to sort of use the whole officer presence thing for my own safety and security and success. And so I think I kind of honed the way that I talk on the street.

It's not worth it. Why put yourself in that situation, because if you go hands on, you're putting the risk out there to get injured, and if you're injured, you're off sick and when you're off sick, you got to have -we got sick time and all that stuff and that's fine, you still have a paycheck coming home, but you're sitting at home doing nothing - because of some stupid thing you said.

But I think the mouth, the mind, is an important thing and in situations, that is a much better thing than a fist or that fist attitude. Demeaning somebody else or anything like that. You treat somebody with respect; hopefully they treat you with that. The old cliché - treat others like you would ...

Now in sexual assault and child abuse sometimes you're talking to a four year old about being raped. You're not going to talk like we're talking now. Or you're talking to a hysterical rape victim up in Harborview

Talking with friends helps a lot.

I talk to my partner. And I find that that's really kind of a good avenue for me or other officers and I will get together and talk about things that are just like gnawing at us - not that we can change any of it, but I think that's just an avenue for us to utilize.

number one, they [new police recruits] need to communicate, they need to talk about it. ... I say that it's really important when you go home and tell the person that you're living with what you did today, what your day was like, I said, when they ask you how was your day and you say it was fine, that's a lousy answer and you were at work and the FTO just chewed you a new one because you ran a red light, you didn't know how to write a ticket, your officer safety, you almost got us killed, and you said it was a fine day. I said that's when your problems are going to start. I said you need to tell them wow; this is what happened, my FTO just did this and this and this. You need to tell them what your day is really like because they're not going to understand your moods of what it's going to be. ... I said why do you think a lot of cop marriages end in divorce? Because you don't talk. You don't communicate. You don't say this is why I had a bad day; it's not good enough to say you had a bad day - you need to explain to them why it was bad, what happens on a day-to-day scenario.

Being good communicators enables them to function well as police officers. These female police officers discussed flexibly using communication. Depending on the work situation, female police officers altered their method of communication. Communication is a tool in apprehending perpetrators. Starting with communication as a tool rather than escalating to physical force protects them from being hurt in the workplace.

Finally, talking and communicating with significant others provides a buffer to the detrimental health effects of police work. Talking it out with trusted co-workers, friends, and family provided a coping mechanism for these female police officers.

**Separation between Work and Personal Life.** For female police officers separating police work from their personal life involves developing the ability to compartmentalize so that they can continue both to be police officers and to be emotionally healthy. The ability to separate work from personal life involves being involved in outside non-police activities, utilizing actions that signal their work day is over, and having relationships with friends and families.

Participants' comments included:

I don't want to be a police officer 24 hours a day...  
I just separate business from personal. Because I deal in so much tragedy in ... if I allowed (laughs) if I allowed all this stuff to affect me, I would be completely ineffective. I wouldn't be able to do my job. So I guess it's out of necessity and a need to stay focused and on task.

having other things in your life that you can go to and engage in, not being consumed 24/7 by police work. Having the ability to leave it behind when you need to.

I also tell them [new police recruits] it's absolutely imperative that they have time with people that they enjoy, that they have decompression time because otherwise they're not going to

make it in this job. That the accretion of the experience of what they do at their job will be kind of like the frog in the pot of water over time if they don't address that. And it's crucial, because otherwise - yeah, I think that's what leads directly to the stat ... that occupationally we have one of the highest rates of suicide. And I think that's a direct result of the frog in the pot of water, that doesn't realize that, what's happening to them.

I realized it was more mental health, ... I try to have the imagery of - a friend of mine always calls it putting on my game face when I go into the locker room, I put on my uniform and I start getting into my game face. If people ask my questions that have nothing to do with the job at hand, they'll get like a grunt or a yes or a no or ask me later response. But on the reverse, at the end of shift, when I take off my uniform and hang it up in my locker, I try to make that mental transition that whatever happened during the day is now hanging in my locker.

As far as I have friends like I said that are outside the department which I think helps psychologically, truly, to keep you more balanced, to have a good balance of people, not only on the department, because there's times where you do need to talk with another police officer and kind of talk about just stuff that they would really understand. And then to have your civilian friends that keep you balanced and keep you in the real world is good, so I have a group of those where you go golfing with them or you get together and have game night or go to a movie, so I go on trips with friends.

I don't think about cases at home! I do what I can do for everybody involved in anything I do here, when I'm here, but when I'm home, it's home. It's family, my pet, my kids.

Female police officers in this research project, as their previous comments describe, utilized different methods to separate work from personal life. They compartmentalized work by not thinking about it at the end of a shift. Some had rituals to signal leaving work matters at work. They participated in outside activities not related to police work. Relationships with civilian friends and family were a source of psychological balance. Finally, home for many was a haven. Preventing and recovering from the mental health risks of police work were important to these female police officers.

**Relationships with Pets.** Pets and health is a category that became evident as many female police officers mentioned having pets. The role their pets played in their lives became clearer after asking who had pets, what role they played in their lives and what their relationships had to do with health. Of the female police officers (n=13) that responded to "do you have pets?" all but one had pets at present. The one female police officer that did not have a pet at present had had pets in the past and was planning to get a pet when her young (3 and 5 years of age) children got a few years older.

Participants' responses included:

You're right, we all do in this job. And there's probably some underlying psychological - and it probably has something to do with that unconditional acceptance and no crap, I mean they just love you." For female police officers, pets provided a respite from stressful work, a



source of unconditional love, a reminder of the goodness in the world, and an encouragement to exercise.

and "sometimes I just don't want to talk, I just want to go home and sit. ... the dogs aren't [demanding], they're happy just to be at your feet.

They will always, if you call them the right way, still come with a wagging tail and just so much joy, to have that. So I think for healthwise, I think it's just a real mental thing.

Oh, to have something that unconditionally loves you, no matter what - you can go home and talk to that relies on you.

They're like your sanity! I mean, those are best - I don't know how I would live without my dogs. I mean, that unconditional love when you walk in the door and they're all excited to see you."

Oh, I just look at my dog when I get wound up on the job or I start thinking things are too complicated, I look at my dog and go, you know, that's really the lifestyle (laughs) all you do is eat, bark once in a while, and go out - chase squirrels and enjoy life. That's really what I have to model my life after, my dog! (laughs) Something simple. So it just reminds me that things aren't as bad as they are, to just relax. Sometimes it's good just to curl up and take a nap.

Well, we don't have a fenced yard so my dogs get walked twice a day, in the morning and the afternoon when you get home from work so I always, every morning I have to get up and walk them and I think that helps, and I enjoy walking a lot and so it helps keep me motivated to walk because obviously the dogs need it.

I guess he relaxes me, but also - we'll also play. We wrestle and we throw balls..."

In talking about their work, female police officers describe coming home from work to a welcoming pet as a helpful contrast to a difficult workday. Pets provide a contrast to pessimistic police officers feelings such as result from distortion of the demographic occurs when police officers start to believe that the majority of humanity consists of perpetrators and the world is perceived as dark and gloomy. Unconditional love from their pets provides a respite from a public that doesn't always like police. The pet's need for exercise was a benefit as well.

Exercise, relaxation, and recovery from police work are important for these female police officers. Interaction with their pets is one way that they obtain that health benefit as evidenced by their many comments related to their pets and their health.

### **Programmatic Priorities**

The female police officers in this research project greeted the following questions: "What do you see as priorities for programs and policies that would benefit your health as a policewoman?

When you hear or read about women's health, what do you, as a policewoman, wish were studied?"

with ideas for programs that they considered as aiding their health. The programs and policy changes they proposed were a childcare facility, a wellness program, a job sharing program, sanctioned time to work out, and a psychological support program.

Participants' comments included:

I'm not so concerned about the research because I think if you kind of have a lot here now to take care of yourself and if you're taking care of yourself, again hopefully you don't have to worry about health issues down the road, so I'm not sure of the research part...but if they could have a huge facility where in this facility not only did we have trainers, nursing staff, medical of some sort, cafeteria of some sort, that could deal - because if you had a place, instead of officers going to McDonald's, Jack in the Box - doesn't matter, 24 hours a day this is running, even if it's one doctor, four nurses, two doctors, whatever it is, if we had a facility that had a lot of what we need to stay healthy.

These female police officers focused on programmatic priorities rather than research studies.

**Childcare Facility.** Female police officers discussed a childcare facility as primary ideas for change.

Both female officers with children and without children voiced this need. Having a childcare facility would decrease the emotional stress of police officer parents as well as their young children thus help retention of female police officers during their childbearing years.

Participants' comments included:

I just can't think of anything more important to female officers than their family, because they're always thinking about it. You know, you're always thinking about it - especially when you handle some call that involves kids. You want to get that call home - how's everything going, everything okay? Yeah, just knowing that they're okay and if they needed a child care option that the department offers something.

this is like totally grandiose, ...but even having some sort of city daycare, citywide daycare or something where parents, all parents can feel comfortable taking their kids there.

lot of women are leaving for family - it's not a family friendly environment. I think they should have daycare available to police officers. ... And that would benefit men and women, because most officers, most people are in two career marriages but I think women might benefit a little bit more because it would allow them to continue working as officers. I can only see more pros to letting some parent who has a kid while you were working - because I think mental health is very important at work and if you know that your child, even if they're sick, that they're in a different place maybe at the childcare place that would be offered, but some baseline situation where kids could be where their parents work, patrol, detectives, whatever, that's a 24 hour thing,

If we had something that was a real professional childcare situation that was available 24 hours. Officers would pay to have their kids there. They work overtime to go on vacation, they would work overtime to have their kids in a daycare that was an excellent program. I'd say just that kind of thing to help when you're at work, knowing that everybody's okay.

onsite day care, 24/7 day care so that if a woman needed -especially and including an emergency drop in so that -sometimes at the last minute you got to go in and you're stuck ...

...when you have these overtime events ... how do you deal with childcare issues when you're both working or if you're both police officers, how do you deal with that? I think that would make everyone more comfortable at least that their child is being taken care of.

we work the shifts, police and fire, we work these shifts that - wow, you're torturing your partner or you're torturing your kids by trying to get them in someplace and then it's not always the place that you want your kid to be because it's not somebody you know

Just knowing that she's here and I could go see her and it would probably help her not be so clingy to me later.

Oh, it's much better now, I mean she can go to a daycare now, we're not juggling - in patrol you got to work weekends, there's no childcare available, the patrol schedule - you're trying to - people don't watch kids that late at night, they don't start that early in the morning, your options are bringing someone in and I can't afford to do that. So it's better now, no, I mean like I don't have that big a stress on me that where is she going to go, what are we going to do for childcare. There's a place that's open, they're open Monday through Friday, from these hours to these hours, so it's a lot better now - that's like a big stress kind of lifted.

Female police indicated that adequate, convenient and safe childcare provided by the city would convey a sense of support and alleviate psychological stress. The participants made a connection between having reliable childcare available when it is needed and a lessening of psychological strain while at work. In police work, being called into work on off hours and off days for emergency situations such as earthquakes, major holidays and demonstrations. Non-traditional work hours are expected by these female police officers. A 24-hour childcare facility for police officers would aid those officers with children who both work as police officers or for those who are single parents with limited options for emergency and regular childcare. By providing such support the police department could be changed to a more family friendly environment. In actuality another municipal police department does have a childcare facility.

**Job Share Programs.** Police work is one of the few occupations that does not generally offer part time employment or job sharing. In the United States only four police departments offer part time employment, Portland, Oregon being one of them. In Seattle, one of the participants was on a committee charged with investigating reasons for women leaving law enforcement. What they learned was:

So what we learned was a lot of women leave law enforcement because the hours just don't line up with having a family. So the very - and we're working on this right now, creating a job

share for the - this will be the first major agency in the country that will have as a pilot project job sharing. So yeah, that's one thing. Because that's what they want. So if I could change the world, I would respond to what they're asking for which is job sharing.

Another participant commented:

I think job sharing, having opportunity to job share and maybe I think more about it now, thinking about being a mom and even with my husband because it would apply for him as well, having the job share thing where one of the. So I think a job share for at least a limited amount of time for a reason would be I think very beneficial and also keep more females in the field.

According to Riche (2003) women with children in 2000 under the age of 18 increased their participation in the paid workforce by approximately 25% childbearing years compared to women in 1975. Women with young children continue to work albeit part time (Killien, 1999). Job sharing according to the female police officers in this research project would increase the retention rate of female police officers during their childbearing years.

**Sanctioned Work Out Time While On Duty** As physical fitness is such a requirement of police work, these police officers advocated for officially approved time to work out on shift.

Participants, including one female participant, commented:

Just like to have some sort of set policy that if you work in the 9 hour day or 10 hour day ... can work out for one hour, you can work out for 45 minutes – anything... I think it would be great if the department allowed us to have workout time on duty. Some departments' do, they build that into their contracts, into their workday. We only have one unit that actually gets workout time or training time, physical fitness training time as part of their day. If one of mine want to go work out for 45 minutes, yeah. I don't have a problem with that. You got your work done? Go

Not on patrol as easily. No. You could go in the weight room on your lunch hour and you could go in there and you could do whatever you could do in your lunchtime, but you're still subject to call. You're always subject to call on patrol, no matter what you're doing or where you're going. So it's not easy to do that there."

I'd like to see built into the shift an opportunity for officers to work out, because when you have a family and you got to put in a full time job at work and go home to your kids, you may not be able to fit that in. So I'd like to see that as part of the normal workday - an opportunity for that officer to work out on duty. I do it, but then I give up my lunch to do it. But I can do it, I'm in plainclothes. So I'm lucky there, I can do it, but patrol can't. It's not fair to them, and they need it probably more than I do.

Officially sanctioned time to work out while on shift would involve creating an institutional change. The change for detectives might be as simple as issuing a directive from the chief of police.

Participants who were detectives claimed they had more independence in their jobs. They did not have

to listen to their radios and respond to them immediately as patrol officers. Patrol officer participants suggested creating a policy that would allow patrol officers a dedicated time to work out without having to listen for calls. Such a change would mean an increase in police staff.

**Psychological Support Program** In answering questions about their images of health, the police officers in this project included images of being emotionally and mentally healthy. When asked for ideas for programs that would provide support for being healthy their responses included advocating for increased psychological and mental health programs. The Seattle Police Department had in the past a department psychologist. At present the police department does have peer crisis intervention teams made in order to provide both emotional and material support in times of crisis in police officers lives. Debriefing is available to police officers but not mandatory as some participants advocate. Unfortunately as will be explained subsequently the crisis teams and debriefing have flaws due to the stigma involved in utilizing them. These female police officers, also, described concerns about confidentiality. Finally, participants stated that mental health providers needed to be familiar and comfortable with policework.

Participants' comments included:

... this job can be stressful if you don't know how to defuse it. You can carry that around, you know, we're seeing more - it's the argument that if police are involved in domestic violence relationships because of the job or if that's the personality, it would be hard to separate that out, but you go home and you have a bad day and things aren't going well at home, you're going to explode. Because on the job you have to maintain neutral persona, you can't explode.

The Crisis Intervention Stress Management and they're officers that are trained, so that's nice that you can debrief with officers and the courts have recognized that if you're a CISM officer and I've been involved in a traumatic situation, whatever I say to you, you can't be compelled to testify in court or at an IAS.

Now we have a critical incident team ... if we need to go to a psychologist they have these employee assistance programs. Well, they won't go there! They don't know the guy, ... And a lot of them won't go towards him, he [former department psychologist] had to come towards them.

I think they need to institute more of mandatory debriefings after critical incidents. ... I think they need to make it so that it doesn't have that stigma attached to it.

the problem is with us because it's not mandatory, what about those new officers just came on, their second week they're involved in a murder of a four year old child, a homicide, they investigate it. Guns came out, they ended up, they got the suspect, and whatever - but there was still a four year old child that was killed. You're the second week on your job, you're 24 years old and male officer and you're working with an FTO [field training officer], a dinosaur, and hey kid, come on, you know, and that attitude of that dinosaur is nothing bothers that guy.

Now you got somebody two weeks on, young, lived at home, went to school living at home, so pretty naïve about things. Boom - he comes into this kind of thing, and you know what? This is bumming him out. But he's working with somebody, he can't talk to that person because - especially he's a fellow male officer. Now you got a debriefing that's been thrown out, ... but somebody became aware of the incident, they get a debriefing going - this young officer wants to go but is afraid because the stigma that is attached - But that officer would like to go to that because he or she - he in this case - feels that would be a beneficial thing for him but doesn't what'll happen if it ever comes out. And since it's not mandatory, he doesn't go. So he doesn't go and talk to anybody about it - now maybe it doesn't affect him but who knows if it affects him, and if somebody doesn't follow up with him, a fellow peer counselor or somebody like that, ... - could we have short term police officers, somebody that's out of here in 3 to 5 years instead of making it his or her career? But if they make it mandatory, you can piss and moan and whine all day long, but guess what - there you are in the room. You, you, you - don't have to say a thing. After the fact you can whine, piss and moan, that was a waste of time, but maybe if only one person was in there, and all that individual has to do down the road is no matter what gets said, how he or she handled the incident or is handling the aftermath, nobody can say you were weak, you were whatever, yeah, you had to go to a debriefing - because they made it mandatory. And again, with that, when you see as there are debriefers that go there, you can kind of see the people that were there and then you can kind of do any one on one follow up down the road. Just make sure, see how they're doing and stuff like that. But if they don't go, it's such a disservice to our personnel, it really is. And again, for me I think it all has to do with you don't want to be perceived as being weak. Especially like I said with a male officer.

But having an office for the psychologist in the police department does not impress me. If I want to go see somebody and talk to somebody, it ain't going to be in the building where I work. Okay? There's no way. Because I don't want someone seeing me going in and I don't want someone seeing me going out.

They just need to know how the department functions in reality. Not the sugar coated read out of the book thing. Okay? They need to know how it works, what goes on.

I think that psychologist needs to have a lot of background in police culture to recognize perhaps some of the behaviors and be more able to treat... someone in crisis, understanding the unique pressures that we face.

It's easy to be in crisis here because especially for those officers out in the field that are encountering some pretty dangerous stressful situations and then not to have that support system there if they need it, because not only are they dealing with that, then they go home and they've got a crisis at home.

Shame on our department for not doing that [providing psychological support], because I know that takes a toll on your physically too, even though you don't realize it. The psychological stuff.

Police officers did not, according to participants, initiate contact with the former department psychologist. Nor do they now utilize the employee assistance program often. These female police officers described the stigma within the police department, for needing psychological help in order to manage strain caused by experiencing or viewing traumatic events. Older male officers in particular may disparage younger male officers for utilizing debriefing sessions. Exposure to traumatic events

can cause emotional sequelae. If a police officer is not given a safe opportunity to debrief and manage those emotions he or she may quit rather than continue to subject herself or himself to distressing experiences. Participants suggested that making debriefings mandatory would decrease the stigma.

Confidentiality for officers was an issue. Eight of the participants had accessed mental health counseling. All eight of them stated that they did not want the department to know that they had utilized counseling for fear the department would use it against them.

Participants indicated that a prerequisite for a successful mental health care provider working with police officers is familiarity with policework. They wanted to be able to work with providers who were comfortable and knowledgeable about strains encountered by police officers.

These female police officers advocated for easily accessed psychological care, mandatory debriefing, stigma proof provision of care, and expert mental health care providers.

**Wellness Program** Most of the female police officers in this research project self identify as being committed to physical fitness. They have working out as part of their daily routine. Even those officers, who claim that they are not as physically fit, as they would like to be, still describe a workout routine that they attempt to maintain. All of them state that a wellness program would benefit their and other police officers' health in some way no matter how minor. They see an organized wellness program as important for police officers. The wellness program ideas ranged from a required 8-hour wellness program presented once a year to a wellness facility with services ranging from nutritionists to personal trainers to mental health providers.

Participants' comments include:

...physical therapy, doctors, masseuses or massage therapists, psychologists, dietitians, people that could help you plan your life better, meaning your private life, your health life, even diets.

...to have - and this will never happen, but if they could have a huge facility where in this facility not only did we have trainers, nursing staff, medical of some sort, cafeteria of some sort, that could deal - because if you had a place, instead of officers going to McDonald's, Jack in the Box - doesn't matter, 24 hours a day this is running, even if it's one doctor, four nurses, two doctors, whatever it is, if we had a facility that had a lot of what we need to stay healthy. Have like a nutritionist on staff so that if you're experiencing any kind of issues, that you can talk to these people, and again that they're there. So you go, you start your day, you go out, time to go eat, whatever, go work a little more, and now you go work out - but you have this humongous facility to be able to do it in that kind of just covers all the aspects of

health, diet, fitness, if you need a psychologist or somebody in there - have somebody there that you can go talk to because you just dealt with a SIDS death thing or something like that, or some life/death situation, whatever - have people that are there 24 hours a day. In talking about ideas for a wellness program, officers were in congruence as to the need for a

wellness program. They were not in agreement whether participation in a wellness program should be mandatory or incentive based.

#### Participants' comments included

Maybe they need some kind of financial incentive or some kind of even public praise or they'll give a test and they'll give the results, or - I mean, we take the qualification, the firearms qualification, and if your result is this, this or this, then you wear the marksmanship badge, expert marksman or sharpshooter - well, why don't we do the same thing for physical agility? But we don't, so we don't have public praise, we don't have financial incentive and so - and the dividing line between the healthy and the unhealthy physically is the people who get it, who get that it's much more important than some little medal or \$150 check, it's your life - but some people don't get it. Some people don't get it. And some people would be more motivated by some chippy little thing like a medal or a very small - in the big sense - check, than - because they aren't convinced that it's important for their entire life or their happiness or wellbeing. ... truth be known, some people - the little things speak more to them than the big things.

If we have two qualifications for firearms a year and maybe once a year we have first aid training ... why there would not be a day, an eight hour class set aside once a year to say this is what you can do for you.

...that if an officer can't make a fitness requirement - actually I think we should be required to, there are too many people on this department that are overweight...there's no way in the world they'd be able to function as far as going back into a patrol car, ...

...as an officer you should always be ready for that instance of but it's to the department's detriment as a whole and it's to the citizens' detriment also because when you call, and you say that person's running away, he just robbed me, well, you hope that somebody responds that can chase after them, versus somebody who responds and says well, ma'am, you know, I'm a smoker and I haven't run around a track since I was in the academy, so I'm just going to document whatever description you give me (laughs). You know, and as a taxpayer you could get this person or you could get that person. And it's really kind of Russian roulette for you when you call 911.

Being healthy according to these police officers requires organizational support as well as individual determination. The female police officers in this study in addition to having images of being healthy, recognizing health exposures, detrimental health effects and healthy strategies have coherent and detailed ideas for change that can lead to health improvements for police officers. Having access to a childcare facility would decrease the emotional stress level of police officers whom are parents. Providing a departmental psychological support program would alleviate the effects of being exposed to traumatic events. Participants commented that increasing the physical fitness of police officers



would benefit the department and thus the public. Finally a wellness program and or facility that incorporate nutritional, physical fitness and psychological services could greatly enhance police officers health.

#### **Aim 6: Contribution of police institution to health**

In this section I describe police institutional practices from the viewpoint of the female police officers in this research project. I am doing this in order to describe the structure of the environment in which these women work. The police institution is a bureaucratic and militaristic organization (Heidensohn, 1992; Martin, 1980; Violanti & Aron, 1993). Not only is it bureaucratic and militaristic, it has a masculine culture (Heidensohn, 1992; Martin, 1980). As such the police institution lacks support for female police officers that results in detrimental health effects. The issue I am going to discuss is the inability of the institution to address the needs of childbearing age female police officers.

Women continue to be the primary parent with all its attendant concerns and responsibilities (Frone, Russell, & Barnes, 1996). The SPD lacks organizational support for work schedules that support the needs of female police officers in the childbearing years. Police officers are required to work full time. Part time work is unavailable. Female police officers identified work- family conflicts while working fulltime. Women adapted by timing their pregnancies according to work and shift requirements. Work policies for pregnant female police officers were demeaning and boring. Juggling work and family responsibilities caused sleep deprivation and emotional distress.

Female police officers' comments included:

...the only timing issue at the time of my first child was that the WTO was November 30th, ... and I knew that I was going to be working long hours which - basically 24 hour shifts... and I knew that I didn't want to be pregnant during that time because of my job responsibilities and I knew they were counting on me to be available for these 24 hour shifts and things like that, so we decided to wait until after that event.

I purposely did not have the kids as an officer because I wanted to have children first, ... I wanted to be able to be at home with the kids when I could and have the schedule that I had, I knew on patrol I would not get that, it was very hard to go on a 6-2 schedule with an infant. So I just said I want nothing to do with that, because I knew what the department required and just said no, I'll just wait, so I didn't become an officer til I was 32.

But the workload that they wanted me to do was kind of demeaning.

We have to do what we call light duty which is basically secretarial work, which is kind of annoying. So that's partly in the back of my head even now as we're trying to conceive that

I'm going, you know, that's going to just suck, you know. As soon as I start showing I'm going to have to be stuck at a stupid desk job for six months and not be able to do anything fun

...but I was fortunate in my light duty and then with my second child, I was able to stay in the detective unit and I fought - I fought! - to not necessarily stay there but to do the work that I knew I could do, while being pregnant. They didn't want me to go anywhere, to leave basically - leave the office - and I had to have somebody drive me anywhere I wanted to go. I couldn't go to the jail, which I understand, I mean, that's fine, not going to the jail, and I couldn't have contact with suspects which is understandable, but it was being chauffeured - you know, how do they think I get to work? (laughs) Not chauffeured to work!

I know my one girlfriend, I mean she opened up the oven and found a roast that had been in there for 3 weeks. And - because she's so tired she forgot and it's a lot to expect on us when we come home from working all day, to do all those other things and not have any help. And it was just - she was just like, work's not that important.

Yeah, I came back and I pumped, I had my light duty spot and I pumped the whole time and then I went back to patrol and I was still pumping but the sergeant I had was kind of giving me a hard time. Because I really needed to come in twice during my shift to pump and then of course not - being on a call or whatever and not making it in, and not getting that pumping in, it started to dry up

But it's hard when you're here all day and then you got to go home and also do that full time job.

- so you'd have some flexibility because a lot of females leave the police department like 5 to 10 years after being trained and a lot of times it is because of child care and there's too much to work full time because it's all or nothing in the police department, there is no part time

Female police officers who want to have children and a police career while maintaining their health and being successful at both are faced with conflicts. These participants plan pregnancies and work choices so that they can combine both. Some female officers are unable to achieve that task due to sleep deprivation issues. Light duty regulations cause female police officers to dread the last four months of pregnancy when they have to be on light duty. Breastfeeding is difficult as a patrol officer and sometimes cannot be maintained.

## Chapter V

### DISCUSSION

#### Major Findings

##### Introduction

What women do for paid work affects how they think about being healthy, what health means to them. Their occupation and work exposures to health risks also affect what health strategies they employ. In this section, a summary of the results, the significance of those findings, the limitations of the study, implications for nursing research and for police department programmatic change are presented.

##### Images of Health

Female police officers in this study put attention on the health requirements of their work in their descriptions of images of health. Definitions of health are useful so that nurses and other health care providers can be receptive to people's health images and goals for themselves. In this project by asking women to focus on their work lives in describing what health means to them, an added dimension of health images was discussed. Female police officers described an impetus to remain healthy in relationship to the police work environment. Similar to the women in Woods et al's, (1988), and Perry and Woods, (1995) studies, female police officers placed importance on clinical, role performance, and adaptive categories of health. Female police officers' comments, also, supported the social involvement, practicing healthy life ways and fitness subcategories of the eudaemonistic category. Actualizing self, positive mood, and harmony were subcategories present in female police officers' images but not as often as the former subcategories. In particular, cognitive function and body image were not mentioned as important components of their health images.

**Model** The findings of the study are conceptualized in figure 1. Each of the conceptual categories represented in the model are discussed in the following sections. The model of the interaction between female police officers' work and their health is portrayed in order to display relationships between categories. Institutional practices and policies lead to health exposures as well as institutional supports. Health exposures lead to health problems, health benefits, and to individual health strategies and adaptations. Institutional supports lead to health benefits. . Institutional supports

could lead to or interact with individual health strategies and adaptations but according to the study participants there was little interaction in their experience in their work setting. Finally, health problems, health benefits and individual strategies and adaptations interact and overlap with each other.

### **Perceived Health Benefits**

Women reported that their work provided both health benefits and detriments. Having access to adequate healthcare was an important health benefit. Other beneficial health issues were not so clear. For example, the weight of equipment and design increased their risk for back injuries and chronic back pain; at the same time it stimulated their efforts to become more physically fit, maintain a healthy body weight, and gain strength. Another example is that the psychological stress of police work and seeing negative role models (e.g. cynical cop who overeats, drinks, and "talks trash") stimulated women's efforts to actively pursue alternative strategies to maintain and protect their mental health (e.g. relationships with pets, non-police work relationships and activities). While women reported detriments to their health from their work, they also were willing to accept these risks because they perceived the job benefits to outweigh the risks.

### **Health Exposures and Health Problems**

The female police officers in this study described multiple exposures to health risks. Exposure risks included ergonomic risks, infectious disease exposures, fatigue risks, and psychological risks. These exposures can be associated with the health benefits as described previously through stimulating health promoting behaviors. More often, however, participants discussed the health problems associated with exposures to health risks.

Ergonomic exposures mentioned by these female police officers were inappropriate equipment weight, size, and design along with poor body mechanics. Participants described carrying heavy ill-fitting duty belts, using inappropriate designed holsters and lifting without sufficient help. Detrimental health effects were chronic back, neck, shoulder and wrist problems and injuries. Repetitive strain injuries and joint pain and injuries resulted from ergonomic exposures. Czarnecki's and Janowitz's 2003 report on law enforcement ergonomic risks supports these female police officers' assessment of their exposure risks.

The risk of exposure to the hazardous conditions of infectious diseases, chemical spills, and noise are issues not well addressed in police occupational health literature. NIOSH, 2002, reported that even though traffic noise did not exceed the federal permitted exposure limit of 90 decibels at times the noise exposure was as high as 126 dBA. Noted in the report was a separate study that had evidence of greater hearing loss for older officers than younger officers as well as greater hearing loss for officers as compared with the civilian population. Noise from shooting range practice has been measured and officers utilize PPE's at ranges but according to participants the effects of unplanned exposure to shooting noise are difficult to protect against.

Psychological conditions included traumatic events, hyper vigilance lack of acceptance, mistreatment, and harassment. According to participants, such conditions led to both physical effects such as physical arousal, adrenaline surges, and fatigue as well as psychological stress disorders such as negative distortion of the demographic, cynicism, proving self, and being tough. A series of research works have documented the interaction between psychological exposures and police stress disorders (Violanti, & Aron, 1993; Violanti, Marshall, & Howe, 1985; Violanti, Vena, & Petralia, 1998). For female police officers, mistreatment, and harassment are additional strains from working in a masculine and at times gender hostile environment (Parker, & Griffin, 2002).

For many adults in the United States, a large proportion of time spent at work and work also effects non-work time. Work-family conflict according to Frone et al (1996) causes more reports of poor physical health and depression for women. The participants in this research project reported psychological distress and memory difficulties due to the interaction between caring for children and working full time. This conflict was especially noted for women working as patrol, which requires shift work

#### **Gender Role Issues Affect Occupational Health**

Occupations are gendered. In the Western world they are gendered in a dichotomous way, masculine and feminine. Police work is gendered as a masculine occupation. The female police officers in this study described having to prove themselves starting with their training period continuing throughout their career. Having to prove themselves to their peers created the pressure to return to work before completely recovered so they could meet the image of a tough police officer.

The gendered nature of police work has led to equipment being uncomfortable, ill fitting and ergonomically ill designed for female police officers. The two major examples given were heavy police duty belts and awkward gun holsters. The participants described chronic back pain from the weight of the duty belt. Arnold, (2000), in his study for the Canadian Research Center on suspenders found that duty belts decreased back pain for police officers. Czarnecki and Janowitz, 2003, similarly found that the traditional leather duty belt for female and male officers caused back pain. By changing to web duty belts, which were less rigid and weighed less, 25% of female participants were pain free at the end of the study.

For occupational health, if researchers put attention only to the requirements of the job without respecting gender, gaps will continue to exist in knowledge of workers' health prevention and promotion. Planning occupational health programs has to include the consideration of systemic problems caused by the gendered organization of occupations.

#### **Health Promotion Strategies And Priorities**

The eighteen female police officers in this study described many health strategies and programmatic priorities. Physical health strategies included practicing healthy habits such as maintaining physical fitness, eating healthy foods, and accessing health care as well as managing work conditions such as changing shifts or departments. Psychological health strategies included communication strategies, social relationships for support, and maintaining separation between work and personal life.

Priorities for change were three. All eighteen participants recommended a wellness program that would provide guidance related to nutrition, and exercise. For both female officers with and without children, family friendly programs such as a childcare facility and job sharing policies were important. Finally, a psychological support program that included mental health counselors familiar with the strains and stresses of police work was suggested.

#### **Contribution Of Police Institution To Health**

Institutional practices or lack thereof affect the health of workers as well as the ability of the institution to meet its responsibilities to society. Police work has certain physical and psychological requirements. The female police officers in this study primarily discussed individual health strategies

and adaptations rather than institutional health supports, policies practices and supports. When they did mention the institution, it was in terms of gaps. The lack of institutional programs to assist officers to promote and maintain their health and wellness ultimately decreases the institution's effectiveness (Vila, 2003).

In this particular police department, after a police officer passes their field-training period and is accepted as a permanent hire not much attention is paid to tracking or maintaining their physical or emotional health. For the female police officers in this particular study in order to maintain their own health they have developed individual health strategies. The institution of police work has not focused on attainment, maintenance or prevention. Vila, 2003, recommended changes in the organization of police work so that fatigue and resulting accidents and miscalculations can be prevented. In his report for the Department of Justice, he recommended increasing staff, decreasing work shift rotation, decreasing use of mandatory overtime, educating officers about the danger of sleep deprivation, and providing easy access to healthy foods.

Women in this study reported that as underrepresented minorities in the police force, even when their opinions were solicited, they were often not responded to. Commissions study their needs but do not carry out plans to correct program deficits.

### Significance

Listening to worker's own perspectives of the interaction between their work and their health is critical in designing and implementing effective occupational health programs. The female police officer participants coherently described their images of health. For these participants, their work affected the importance of being healthy as they expressed a responsibility and impetus to be healthy. Their work influenced what images of health were important. For example, the categories, *Clinical and Role Performance* along with the sub category, *Social Involvement* were described more than those sub categories, *Cognitive Function* or *Body Image*.

Female police officers' comments and information aids in filling in the knowledge gaps that exists in present literature about female police officers' health concerns. The occupational health of female police officers consists of more than psychological strain and stress. Their exposure to ergonomic risks, physical risks, and psychological risks lead to detrimental physiological and

psychological health effects. Female police officers have individual health strategies to manage their occupational health issues but expressed the importance and aid that institutional supportive program and policy changes could bring to their health as female police officers.

### Limitations

As in all research projects this project suffers from limitations. The limitations exist in the following areas. The first is in sample composition. The second is in data collection design.

I recruited my participants through snowballing. Snowballing, as explained earlier, involves one participant involving another through primarily personal contacts. A limitation to that particular method of recruitment is that participants may reflect their particular social or work group. The sample of 18 female police officers is heavily weighted toward officers with between 3-10 years of experience and 20-years and over. Seven had 3 to 10 years experience while the other 11 had 21 and more years of experience. I was unable to interview anyone with between 10 and 20 years of experience. The perspectives of women on the force in mid career may be different and provide insight to health concerns of female police in mid career. The participants with over 20-years experience had excellent perspectives. I speculate, however that these officers have managed to both adapt and or resist pressures that other women left the force over or had to leave because of disabilities. In another study I would attempt to contact women who had left the police force before retirement age. Although the ethnic composition of the participants is relatively diverse I was unable to interview any Asian American female police officers. According to employment information obtained in 2002, there were 6 Asian American female police officers out of 181 female police officers. Their perspective remains unknown.

In this research project I was limited to collecting information through individual interviews. In another project conducting focus group interviews could expand the information gathered. Utilizing focus group interviews could lead to generation of information through group discussion. Heidensohn (1992) utilized focus groups in her project with female police officers in Great Britain and the United States.

Another limitation connected to data collection is in regard to gathering information on how working as a female in a masculine environment affects health. I did not include a specific question



related to being female in a predominately male environment. I assumed that police officers would bring up health effects from the lack of acceptance, mistreatment, and harassment directly. Perhaps if I had asked a more direct question such as, "what health effects have you noticed from working in a masculine environment" or "what health effects have you noticed from having to deal with male officers who don't want women working as police officers?" I would have gotten more and different information from the difficulties related to having to adjust to equipment designed for men.

In summary, the findings from this qualitative research project are not generalizable for several reasons. Qualitative research provides context and directions for other research projects. Qualitative results cannot be generalized to other populations. In particular, due to the limitations as discussed above, Asian American female police officers and mid career female police officers are not represented, the perspectives of this projects' participants cannot be generalized to the former groups.

### **Implications**

#### **Women's and Occupational Health**

Seventy per cent of childbearing age women are in the paid labor force (DiNatale & Bcraas, 2002; DeGroot & Fine, 2002). Their health issues are affected by the interactions between their work and their personal lives. Strategies employed by female police officers to protect, prevent, and maintain their health are valuable sources of information. Equally valuable are their ideas for program changes to influence their health and that of other female police officers. Disseminating information about female police officers' health exposures, detrimental health effects and health strategies to health care providers so they can increase the sensitivity and specificity of their health assessments and interventions.

#### **Police Department Programs and Policies**

The female police officers in this research project described individual health strategies and recommended programs focusing on solutions for better health. Strategies that they utilize for maintaining their emotional and physical health include exercise, social involvement, and communication. Their suggestions for institutional health promotion programs included a childcare facility, a wellness program, a job- sharing program, sanctioned time to work out, and a psychological support program.

As already noted the Portland Police Department has both a childcare facility for police department employees and a limited job-sharing program for police officers. According to the Portland Police Department Human Resources Department, their retention for female police officers has been approximately only 2 or 3 losses of female police officers in the past 3 years (personal communication, Officer E. Hurley, Portland Police Department, 4/01/2004). Nationally, 63% of women with children under 3 and 70% of women with children under 18 are in the paid labor force (DeGroot & Fine, 2003). As law enforcement departments continue to hire women of childbearing age they can continue to expect that childcare will be an issue of concern for both female and male employees. One solution is to partner with other city departments, businesses, and hospitals for coordinating the provision of childcare for their employees.

Wellness programs that include nutritional counseling programs can affect both officer's health and absenteeism. The Austin Police Department utilized registered dieticians in a pilot program for nutritional education with weight and cholesterol level monitoring (Briley, Montgomery, & Blewett, 1992). Although only trends in improvement were noted over a 12-month period, the study's findings led to health policy standards for the department. Another study by Harrell, Johnston, Griggs, Schaeffer, Carr, McMurray, Meibohm, Munoz, Raines, and Williams, 1996, found that a program based on fitness education and exercise improved the fitness and decreased weight in police recruits.

A wellness program to be complete needs to address physical fitness. Research on women's participation in exercise does not provide clear answers to participation in exercise programs (Verhoef et al, 1993). Participants described the previous incentive program with enthusiasm. Piloting programs that involve a combination of incentives, contests, requirements, and recognition programs with outcomes measures would aid police departments in developing successful wellness programs.

Police departments could further support the health of their officers by actively searching out and utilizing current research findings in their educational and wellness efforts. Such efforts could aid in the recruitment and retention of a more diverse workforce.

#### **Recommendations For Future Nursing Research**

Future nursing research needs to continue to focus on interactions for women in the paid workforce among their images of health, identified physiologic and mental health benefits and risks

along with their health promotion strategies. Nurse researchers should evaluate changes in institutional policies on health outcome for female police officers. For example, evaluating the health outcomes of implementation of family friendly policies would be a priority. An extension of this line of research would be to study the family health effects of such institutional policies including measures of family health and child wellbeing.

Women's health promotion strategies need to be systematically explored and evaluated for success rates for different groups of women. Occupations continue to be gender based. A current national research priority is to understand sex and gender based variations in health. An extension of this research project would be to compare the health images and priorities of female and male officers. Exploration of the interactive effects of gender, class, and ethnicity on police occupational health, also, needs to be studied. . Gender differences in the effectiveness of interventions to promote health would be important to examine

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## Appendix A: Letter to Seattle Police Department Administration

Sally O'Neill PhC, RN  
Box 357262  
School of Nursing  
Seattle, WA 98195

Chief R. Gil Kerlikowske  
Seattle Police Department  
610 5<sup>th</sup> Ave, 8<sup>th</sup> floor  
Seattle, WA 98104

Chief Kerlikowske,

I am a doctoral candidate at the University of Washington School of Nursing. My dissertation is a study of policewomen's perceptions of the interaction between their work as a policewoman and their health. I am writing to request permission to recruit participants for my study from female patrol officers in the Seattle Police Department. I am requesting permission to distribute flyers describing my project in policewomen's department mailboxes at Seattle Police precinct offices.

Policewomen who consent to participate in the study would participate in an interview about their work and its effect on their health. The interview would occur during off-duty hours in a location of the participant's choosing. I anticipate that the interview would last about one hour.

I am, also, requesting to accompany policewomen during three workshifts and to make fieldnotes of observations related to data collected during the individual interviews.

Enclosed are copies of my approved proposal and confirmation of approval by the University of Washington's Human Subjects Review Committee.

Please forward my letter and enclosures to any Seattle Police Department personnel you think are appropriate.

You or a representative of your office can contact me by phone at 206-772-1635, by email at [sallyone@u.washington.edu](mailto:sallyone@u.washington.edu), or by mail at 8207 S 122<sup>nd</sup> st, Seattle, WA 98178. Please remember that I cannot guarantee the confidentiality of any information sent by email.

Sincerely Yours,

Sally O'Neill PhC, RN

## Appendix B: Letter to Seattle Police Officers Guild

Sally O'Neill PhC, RN  
Box 357262  
School of Nursing  
Seattle, WA 98195

President Ken Saucier  
Seattle Police Officers Guild  
2949 4<sup>th</sup> S  
Seattle, WA 98134

President Ken Saucier,

I am a doctoral candidate at the University of Washington School of Nursing. I am writing the Seattle Police Officers Guild to notify you of my intent to interview policewomen in the Seattle Police Department. My dissertation focus is on policewomen's perceptions of the interaction between their work as a policewoman and their health. The purpose of my dissertation research project is to gather information in order to provide a detailed and complex description of policewomen's perceptions of the interaction between their occupation and their health. I am planning to interview individual policewomen and observe during ridealongs

Enclosed are copies of my proposal, confirmation of approval by the University of Washington's human subjects internal review board, and confirmation of approval by my dissertation committee.

I am requesting permission to distribute flyers describing my project through the Guild. I would like permission to distribute flyers to Seattle policewomen through your mailing list, at your member meetings, and through any other means you think appropriate.

Please forward my letter and enclosures to any Seattle Police Officers Guild personnel you think are appropriate.

You or a representative of your office can contact me by phone at 206-772-1635, by email at [sallyone@u.washington.edu](mailto:sallyone@u.washington.edu), or by mail at 8207 S 122<sup>nd</sup> St, Seattle, WA 98178. Please remember that I cannot guarantee the confidentiality of any information sent by email.

Sincerely Yours,

Sally O'Neill, PhC RN

## Appendix C: Letter to International Association of Women Police Region 9 Coordinator

Sally O'Neill PhC, RN  
Box 357262  
School of Nursing  
Seattle, WA 98195

Pamela Garland  
IAWP Region 9 Coordinator  
3918 Westpark CT  
Olympia, WA 98502

I am a doctoral candidate at the University of Washington School of Nursing. I am writing the IAWP to notify you of my intent to interview policewomen in the Seattle Police Department. My dissertation focus is on policewomen's perceptions of the interaction between their work as a policewoman and their health. I am planning on collecting data through conducting individual interviews with policewomen and through fieldnotes of observations during ridealongs. The purpose of my dissertation research project is to gather information in order to provide a detailed and complex description of policewomen's perceptions of the interaction between their occupation and their health.

Enclosed are copies of my proposal, confirmation of approval by the University of Washington's internal review board, and confirmation of approval by my dissertation committee.

I am requesting advice and aid in contacting Seattle policewomen in order to describe my research project and to recruit participants for it. I would like permission to distribute flyers to Seattle policewomen through your mailing list, your email list, at your member meetings, and through any other means you think appropriate.

Please forward my letter and enclosures to any IAWP personnel you think are appropriate.

You or a representative of your organization can contact me by phone at 206-772-1635, by email at [sallyone@u.washington.edu](mailto:sallyone@u.washington.edu), or by mail at 8207 S 122<sup>nd</sup> st, Seattle, WA 98178. Please remember that I cannot guarantee the confidentiality of any information sent by email.

Sincerely Yours,

Sally O'Neill PhC, RN



## Appendix D: Letter to International Association of Women Police Second Vice President

Sally O'Neill PhC, RN  
Box 357262  
School of Nursing  
Seattle, WA 98195

Joy A. Mundy  
610 3<sup>rd</sup> st  
Seattle, Wa 98110

Vice President Joy A Mundy,

I am a doctoral candidate at the University of Washington School of Nursing. I am writing the IAWP to notify you of my intent to interview policewomen in the Seattle Police Department. My dissertation focus is on policewomen's perceptions of the interaction between their work as a policewoman and their health. I am planning on collecting data through conducting individual interviews with policewomen and through fieldnotes of observations during ridealongs. The purpose of my dissertation research project is to gather information in order to provide a detailed and complex description of policewomen's perceptions of the interaction between their occupation and their health.

Enclosed are copies of my proposal, confirmation of approval by the University of Washington's internal review board, and confirmation of approval by my dissertation committee.

I am requesting advice and aid in contacting Seattle policewomen in order to describe my research project and to recruit participants for it. I would like permission to distribute flyers to Seattle policewomen through your mailing list, at your member meetings, and through any other means you think appropriate.

Please forward my letter and enclosures to any IAWP personnel you think are appropriate.

You or a representative of your organization can contact me by phone at 206-772-1635, by email at [sallyone@u.washington.edu](mailto:sallyone@u.washington.edu), or by mail at 8207 S 122<sup>nd</sup> st, Seattle, WA 98178. Please remember that I cannot guarantee the confidentiality of any information sent by email.

Sincerely Yours,

Sally O'Neill PhC, RN

#### Appendix E: Email announcement for Seattle Police Department personnel

Research project about health effects of SPD police work on women. UW School of Nursing doctoral candidate is recruiting policewomen for one-time interviews. If interested, please contact Sally O'Neill, RN, at [dissmail@u.washington.edu](mailto:dissmail@u.washington.edu) or at 206.349.4997 (please note that we can not guarantee the confidentiality of information sent by email).

## Appendix F: Telephone Script for Description of Research Project and Consent Procedure

Thank you for responding to the information on this research project.

- I'm conducting a study about policewomen's health on the job. My purpose in doing this study is to get a broader picture of policewomen's occupational health. I think that policewomen themselves have a wealth of knowledge of the health issues they deal with.
- I'd like to ask you some questions that will ensure that this study is a good fit for you.
- I am going to read you a list of questions, please listen to all the before responding.
  - Are you or have you been a Seattle Police Officer?
  - Have you worked as a patrol officer for at least one year?
  - Are you female?
  - Can you answer yes to all of these questions?
- *If the policewoman answers no to the last question then I will tell her that the study is not a good fit for her and will thank her for her time.*
- *If the policewoman says yes to the last then I will continue with the rest of the script:* It sounds like this is a good fit for you. May I describe what is involved in the research project?
- If you participate, I'd like to do an individual interview with you at a place of your choosing. I will be asking questions about what you think about the interaction between your health and your work. For example I will ask : "what are the effects from being a policewoman on your health that you think of?". I will be audiotaping interviews. You're free to chose not to answer any questions. All your responses will be kept confidential. I will have a more detailed description and consent form for you to sign at the time of interview.
- Do you have any questions that I can answer now? Are you interested in participating?
- *If the policewoman does not wish to participate then:*
  - Thank you for your time.
- *If the policewoman consents to participation then:*
  - When would you be available for an interview?
  - Where would you like to be interviewed? We could meet at the University of Washington School of Nursing in a meeting room, another possibility is a public library, a community center, or any other meeting place where you can be certain of privacy

## Appendix G: Interview consent

**UNIVERSITY OF WASHINGTON  
CONSENT FORM**

**POLICEWOMEN'S PERCEPTIONS OF THE INTERACTION BETWEEN THEIR WORK AND THEIR  
HEALTH**

Researchers:

Sally O'Neill PhC, RN, Principal Investigator, Doctoral Candidate, School of Nursing, University of Washington, 206-772-1635

Marcia Killien, PhD, Professor, Dept. of Family and Child Nursing, University of Washington, 206.543.8243

**Researchers' statement**

I am asking you to be in a research study. The purpose of this form is to give you the information you will need to help you decide whether or not to be part of this research project. Please read the form carefully. You may ask any questions at any time. You may ask questions about the purpose of the research, what I will ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When I have answered all your questions, you can decide if you want to be in the study or not. This process is called 'informed consent.' I will give you a copy of this form for your records.

**PURPOSE AND BENEFITS**

Nurses and other healthcare scientists and providers have limited knowledge of policewomen's health. Research on policewomen's occupational health has been limited to studies of psychological stress and strain. The purpose of this study is to learn more about the health of women working as police officers. You, as a policewoman, have direct knowledge and direct experience about policewomen's health. I am interested in your knowledge. Your participation will help health scientists and myself understand the interaction between women's occupations and their health.

Participating in this research project will help nurses and other healthcare providers to understand policewomen's occupational health needs and to plan future research about policewomen's health and working women's health in general.

**PROCEDURES**

I am asking you to participate in an individual interview. The interview will last for approximately one hour. I will ask you the following questions and others like them, "What does being healthy mean to you? What images, words, comments, phrases come to mind when you think of health? What can you tell me about your health as a policewoman? When someone asks you about your health, what do you tell them? I will also ask you information about your age, ethnic background, and years of police work experience. You may refuse to provide parts or any of this information. I will keep this demographic information separate from audiotapes and transcripts.

You will be able to choose a private, and convenient place and time for the interview. I will audiotape the interview. The interview will be transcribed. I will offer you the opportunity to listen to the audiotape. If you want, you may destroy or delete parts or all of the tapes.

**RISKS, STRESS AND DISCOMFORT**

There is a potential for psychological or emotional distress arising from discussing issues about your work or your health. You are free to refuse to answer any question. If you reveal a health disorder or condition you will be referred to your usual healthcare provider or a community resource for assistance.

### OTHER INFORMATION

I will do everything possible to protect your rights to privacy during this study. The information gathered, including audiotapes and transcripts will be kept in a locked file cabinet. I have signed an oath of confidentiality as part of the university process of internal review or human subjects.

To ensure that your identity remains confidential, you will be assigned a CODE number to be used on all forms. The only purpose of the CODE number is to match the tapes and transcripts. The link between your name and code will be retained only until all participants complete the research project. The code list will be kept in a locked file cabinet available only to the researcher. The tapes and transcripts will be marked with the CODE number unrelated to your name. Only the researcher and her dissertation committee members will have access to the tapes and transcripts. Information will not be available to your employer. After final reports are completed, all tapes and the CODE list will be destroyed no later than December 31, 2004.

Your participation in this project is completely voluntary. If any time you do not wish to continue for any reason, you may withdraw from the research project without penalty or loss of benefits to which you are otherwise entitled. You will not be paid for your involvement in this study. There are no financial costs associated with your participation.

Should you decide to participate, I thank you very much for being an important part of this project and for providing a greater understanding of policewomen's occupational health.

\_\_\_\_\_  
Sally O'Neill PhC, RN Date

### SUBJECTS STATEMENT

The project described above has been explained to me. I voluntarily consent to an individual interview. I have had an opportunity to ask questions and understand that any future questions I may have about the research or about my rights will be answered by the researcher listed above. If I have questions about my rights as a research participant, I can call the Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form.

\_\_\_\_\_  
Signature of participant Date

\_\_\_\_\_  
Printed name of participant

Copies to: Participant  
Researcher's file

## Appendix H: Demographic Questions

How old were you on your last birthday? \_\_\_\_\_

How would you describe your ethnic/racial identity? \_\_\_\_\_

What is your current rank as a police officer? \_\_\_\_\_

How many years have you been a police officer? \_\_\_\_\_

How many different positions have you held as a police officer? \_\_\_\_\_

What are the names of those positions:

\_\_\_\_\_

\_\_\_\_\_

What is your educational background? \_\_\_\_\_

## Appendix I: Question Guide

Topic Question (TQ): what does being healthy mean to you? Probe question (PQ): What images, words, comments, phrases come to mind when you think of health?

TQ: what can you tell me about your health as a policewoman? PQ: When someone asks you about your health, what do you tell them?

TQ: what are the effects from being a policewoman on your health that you think of? PQ: When you talk to your friends and other policewomen about your health, what do you talk about? What are some examples?

TQ: What are benefits for your health from being a policewoman? PQ: How and what has helped your health from being a policewoman? What are some examples?

TQ: What are barriers or threats to your health from being a policewoman? PQ: What do you tell your friends and other policewomen what is hard on your health from being a policewoman?

TQ: What do you see as priorities for programs and policies that would benefit your health as a policewoman? PQ: When you hear or read about women's health, what do you, as a policewoman, wish were studied?

Gossip and privacy: I was wondering why you chose to be interviewed at work ? What do you think about the privacy issue? How does the gossip effect your health? How do you deal with it?

Tone of Voice and stance: I seem to notice that when you answer the telephone you and other female police officers have a rather formal manner, what is that about?

Equipment weight and fit: Other female police officers have talked about the weight of the equipment, what do you think about that and how have you dealt with it.

Pets: I have noticed that a number of the other officers I have talked to have pets, do you? If yes: How does that effect your health?

Wellness programs: Other officers have talked about the old fitness program, what did you think about it?

Psychological support: I have heard from other female police officers that the department used to have a staff psychologist, what did you think about that?

## Appendix J: Tables

Table 1: Seattle Police Department Demographics for Protective Services

AA = African American

As A = Asian

E A = Euro-American

American

N A = Native American

H = Hispanic

Female Police Officers						
Job Category	Total	A A	As A	E A	H	N A
Sworn Officials	26	4	0	20	1	1
	12.3%	1.9%	0.0 %	9.4 %	0.4 %	0.5 %
Patrol Officers	155	11	4	134	3	3
	14.5%	1.0%	0.4%	12.6%	0.3%	0.3%
Male Police Officers						
Job Category	Total	A A	As A	E A	H	N A
Sworn Officials	186	17	23	138	4	4
	87.7%	8%	10.8%	65.1%	1.9%	1.9%
Patrol Officers	912	92	72	679	51	18
	85.5%	8.6%	6.7%	63.6%	4.8%	1.7%

Female Sworn Officials						
Job Category	Total	A A	As A	E A	H	N A
Chief, Deputy Chiefs & Assistant Chiefs	2	0	0	2	0	0
	22.2%	0%	0%	22.2%	0%	0%
Captains	1	0	0	1	0	0
	6.7%	0%	0%	6.7%	0%	0%
Lieutenants	2	0	2	0	0	0
	22.2%	0%	22.2%	0%	0%	0%
Sergeants	21	4	0	15	1	1
	14.5%	2.8%	0%	10.3%	0.7%	0.7%
Sworn Officials	26	4	0	20	1	1
Totals	12.3%	1.9%	0%	9.4%	0.5%	0.5%

Male Sworn Officials						
Job Category	Total	A A	As A	E A	H	N A
Chief, Deputy Chiefs & Assistant Chiefs	7	2	0	4	1	0
	77.8%	22.2%	0%	44.4%	11.1%	0%
Captains	14	0	2	12	0	0
	93.3%	0%	13.3%	80%	0%	0%
Lieutenants	41	2	4	34	0	1
	95.3%	4.7%	9.3%	79.1%	0%	2.3%
Sergeants	124	13	17	88	3	3
	85.5%	9.0%	11.7%	60.7%	2.1%	2.1%
Sworn Officials	186	17	23	138	4	4
Totals	87.7%	8%	10.8%	65.1%	1.9%	1.9%



Table 2: Sample Characteristics

Age categories	30-35	36-45	46-50	51+		
N=17 Missing=1	N= 4	N=4	N=6	N=4		
Ethnic heritage	E-A	HIS	NA	AF		
N=18	N =10	N =2	N =2	N =1		
Years on PD	3-10		11-15	16-20	21-25	26-
N=18	N=7		N=0	N=0	N=7	N=4
Number positions	1-3		4-5	6-8	9-11	12
N=16, Missing =2	N=7		N =4	N=2	0	N=3
Education	HS+	AA	Col grad	College +		
N=17 Missing=1	N=4	N=3	N= 3	N=7		
Married/ Partners	Yes	No	Missing			
	11	4	3			
Children	YES	NO				
N=18	N=10	N=8				
Positions-past	patrol	det	serg	lt		
N=18	18	4	1	1		
Now N=17	N=1	N= 5	N= 4			

Table 3: Health Images

Health Image	Younger Women (Woods et al, 1988)	Older Women (Parry & Woods, 1995)	Female Police Officers
Clinical	No lowered appetite No bothersome symptoms Not ill or sick No chronic illness No bad feelings Infrequent illness Only occasional colds Not incapacitated Normal Don't need medications Not having to see a doctor Quick recovery, no lingering memories from illness Not susceptible to disease No aches, pains, or headache Pap smear ok Health examinations ok Not bedridden No addictions No pain	Not bedridden No guilt No tiredness or laziness No pain Health examinations ok Still enjoy food Have enough energy	Not having aches and pains on a daily basis No injuries or pain Not having to go to the doctor other than just regular checkups Not having to take medications Disease free
Role Performance	Able to be as active as you want Able to do anything physical Able to do work, do usual functions Able to move Able to get through it Able to exercise Able to get up in the morning Able to perform Able to get around Able to do things Able to function without discomfort, fatigue Predictably being able to do things Able to tackle anything mentally	Able to do work Able to move Able to get through it Able to exercise Able to get up in the morning Able to perform Able to get around Able to do things Able to function without discomfort, fatigue Predictably being able to do things Able to tackle anything mentally Able to take care of yourself	Doing my job Being able to be strong enough to do it Being capable of doing the job Being able to jump into a fight ...and holding my own Being a part of the team that takes somebody down

Table 3: (continued)

Adaptive	<ul style="list-style-type: none"> <li>Able to take anything physical</li> <li>Able to take care of things easily</li> <li>In control</li> <li>Control over life</li> <li>Control over mind, health, and body</li> <li>Flexibility</li> <li>Sense of humor</li> <li>Able to put things in perspective</li> <li>Don't let things get you down</li> <li>Acceptance of life's situations</li> <li>Adaptability to change</li> <li>ability to cope</li> <li>Able to handle or manage life</li> <li>Stress management</li> <li>Adequate money to meet needs</li> <li>Financial adequacy</li> <li>Self-discipline</li> </ul>	<ul style="list-style-type: none"> <li>Able to take self in hand</li> <li>Able to know and accept own limits</li> </ul>	<ul style="list-style-type: none"> <li>Having the ability to leave it behind when you need to.</li> <li>Having the ability to deal with the horrible things that you encounter</li> <li>Don't worry about the rest of it</li> <li>Being aware, not hyper-vigilant, but not being clueless</li> </ul>
Actualizing Self	<ul style="list-style-type: none"> <li>Reaching optimum</li> <li>Able to achieve goals</li> <li>Going for it</li> <li>Productive</li> <li>Self-awareness</li> </ul>	<ul style="list-style-type: none"> <li>Still see challenges</li> <li>Knowing you have met many of your goals</li> </ul>	<ul style="list-style-type: none"> <li>Going to stay on the same track</li> <li>I know that I'm doing the best I can</li> <li>More my own person</li> </ul>
Practicing Healthy Life Ways	<ul style="list-style-type: none"> <li>Wanting to do good things for your body</li> <li>Not smoking</li> <li>Taking care of self</li> <li>Exercising</li> <li>Moderate consumption of alcohol, chocolate</li> <li>Good eating habits</li> <li>Eat balanced diet</li> </ul>	<ul style="list-style-type: none"> <li>Using common sense and seeing the consequences of your actions</li> </ul>	<ul style="list-style-type: none"> <li>Healthy lifestyle</li> <li>Not smoking,</li> <li>Not drinking to excess</li> <li>Eating well</li> <li>Take vitamins</li> <li>Daily exercise</li> <li>Communication with others</li> </ul>
Self-concept	<ul style="list-style-type: none"> <li>Sense of self-worth</li> <li>Self-confident</li> <li>Feel good about self</li> <li>High self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>Value yourself</li> <li>Feel content with yourself</li> <li>Feeling good about self from within</li> </ul>	<ul style="list-style-type: none"> <li>Satisfaction in what I do in my life</li> <li>Satisfaction with self</li> </ul>
Body Image	<ul style="list-style-type: none"> <li>Ideal weight</li> <li>Look Good</li> <li>Nice appearance</li> </ul>	<ul style="list-style-type: none"> <li>Feeling good about your body given the changes that accompany aging</li> </ul>	<ul style="list-style-type: none"> <li>Professional appearance</li> </ul>

Table 3: (continued)

Social Involvement	Outgoing Liked by others Involved in community Interesting to be with Having many (some) friends Able to enjoy family Feel good about relationships Being with healthy people Able to love and care	Have deep attachments Able to listen See other points of view	Healthy relationship Civilian friends Other than work activities Involved in non-police community
Fitness	Rested Energetic Feel strong Stamina Physically fit Able to be active In good shape Strength, emotional strength	Have energy	Stamina Toughness Emotional strength
Cognitive Function	Think rationally Having many interests Alert Clear headed Inquisitive	Sharp Curious Keep your memory Keep your judgment Be oriented to reality	Awareness of surroundings
Positive Mood	Sense of well-being Exciting Exhilarating Positive mental attitude Happy Joyous Cheerful Wonderful Affectionate Feel good	To be willing to try	To be happy Independence Feel Energetic Satisfaction Having fun
Harmony	Centered Peaceful Relaxed Calm Carefree Peace of mind Spiritually whole Sense of purpose In harmony Life in balance No worries Body and mind in harmony satisfied		Sense of peace

Table 4. Exposures, Effects, and Strategies

Exposure	Effects	Strategy
Ergonomic: Equipment weight, size, & design Body mechanics	Back & neck injuries Chronic pain Headaches Repetitive strain injuries	Lighter gear (ex-web gear) Utilize suspenders Weight training Maintain physical fitness Prioritize belt equipment Change departments Health professionals (physical therapy, massage therapists, chiropractors, medical doctors) Searching out appropriately sized equipment
Hazardous conditions: Infectious diseases Noise Chemicals Shift work hours Assault	URI'S, Hep B & C HIV Hearing loss Sleep deprivation Poor eating habits Childcare problems Injuries, death	Annual influenza & Hep B vaccines PPE's (masks, gloves, vests, hearing protection) Hazardous materials training Attention to equipment cleanliness (car interiors, uniforms) Change departments Physical fitness Carry healthy snacks
Psychological conditions: Traumatic events Hyper vigilance Lack of acceptance, Mistreatment, Harassment	Physical arousal & adrenaline surges Fatigue Psychological stress disorders Negative Distortion of the demographic Cynicism Proving self Being tough	Exercise Reading Television Relationships with friends and families Interactions with non -police friends Change shift (ex. Late night shift to day shift) Relationships with pets Acceptance of self worth

Appendix K: Figure

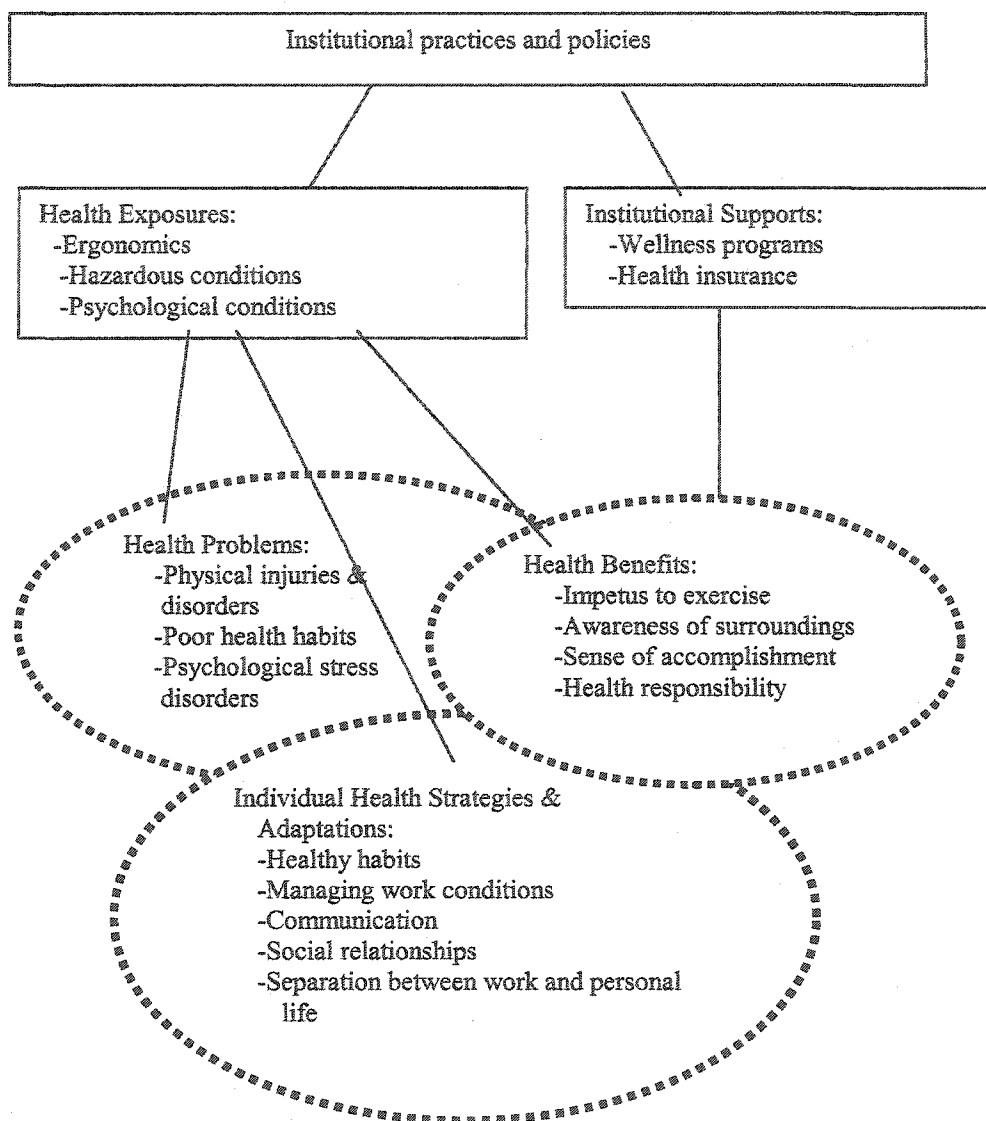


Figure 1: Interaction between Female Police Officers' Work and their Health

**Vita**

Sally O'Neill Ph.D, RN, IBCLC

**Education:**

Doctor of Philosophy in Nursing, 2004

University of Washington, School of Nursing, Seattle, Washington, USA

Master of Nursing in Nursing, 1991

University of Washington, School of Nursing, Seattle, Washington, USA

Bachelor of Science in Nursing, 1980

University of Pennsylvania, School of Nursing, Philadelphia, Pennsylvania, USA

Bachelor of Arts in Political Science, 1972

Ursinus College, Collegeville, Pennsylvania

Graduate Certificate in Women's Studies, 2004

University of Washington, Women Studies Program, Seattle, Washington, USA

**Certification:**

International Board Certified Lactation Consultant

International Board of Lactation Education, USA

**Dissertation Funding:**

Hester McLaws Nursing Scholarship Award, School of Nursing, University of Washington, 2003

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