OPERATIONAL STRESS AND SUICIDAL IDEATION AMONG KERALA POLICE FORCE

Dissertation submitted to Kerala University

In partial fulfilment of the requirements for the award of the Degree of

M. Sc. Counselling Psychology

By

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CERTIFICATE

This is to certify that the Dissertation entitled "**Operational Stress and Suicidal Ideation Among Kerala Police Force"** is an authentic work carried out by Aiswarya S S, Reg. No. 60422115002 under the guidance of Dr. Pramod S K during the fourth semester of M.Sc. Counselling Psychology programme in the academic year 2022- 2024.

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DECLARATION

I, Aiswarya S S, do hereby declare that the dissertation titled **"Operational Stress and Suicidal Ideation Among Kerala Police Force",** submitted to the Department of Counselling Psychology, Loyola College of Social Sciences, Sreekariyam, under the supervision of Dr. Pramod S K, Assistant professor of the Department of Counselling Psychology, for the award of the degree of Master's in Science of Counselling Psychology, is a bonafide work carried out by me. No part thereof has been submitted for the award of any other degree in any University.

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ABSTRACT

Objective: The research study aims to explore the extent and nature of operational stress experienced by members of the Kerala Police Force and its potential association with Suicidal Ideation.

Methods: A total of 120 participants were selected using convenience sampling. The Operational Police Stress Questionnaire (PSQ-Op). Suicidal Ideation Attribution Scale (SIDAS) was utilized to collect data. Shapiro Wilk, Pearson's correlation, and linear regression analysis were performed.

Results: Pearson correlation coefficient of 0.767 indicates a strong positive relationship between operational stress and suicidal ideation, suggesting that higher stress is significantly associated with increased suicidal thoughts. Regression analysis further supports this relationship, with operational stress explaining 58.8% of the variability in suicidal ideation.

Conclusion: The finding emphasizes the need for targeted stress management and mental health support programs to address the severe impact of operational stress on police personnel's mental well-being.

CHAPTER I

INTRODUCTION

- **SIGNIFICANCE OF THE STUDY**
- **STATEMENT OF THE PROBLEM**

"The greatest weapon against stress is our ability to choose one thought over another."

- William James

Police are considered to be the most ubiquitous sector of the society. The front liners to prevent crimes and find ways to reduce them with their plans and actions. The dynamic personalities of the society, wherein they risk their valuable life for the safety and protection of another being. An integral part of every nation is working towards protecting the life, liberty, and dignity of members of society and enforcing the law impartially. The police are the first approachable unit, that people consider in order, to any issues related to life, safety, and security threats. The various ranks and positions of police officers depend upon their functions or allotment of duty according to their departments (Bayley, 1994).

The Indian Police Force plays a pivotal role in maintaining law and order, safeguarding citizens, and upholding justice in a country as diverse and vast as India (Kumar & Mandal, 2018). Within this national framework, the Kerala Police Force, known for its distinctive discipline and efficiency, is tasked with ensuring public safety across the state of Kerala (Sudha & Jayasankar, 2021). Despite the valor and commitment shown by the police personnel, the profession is fraught with significant challenges that can lead to severe psychological and emotional distress (Violanti, 2018). Among these challenges, operational stress and suicidal ideation stand out as critical issues warranting urgent attention (Violanti, 2018; Carleton et al., 2018).

The Indian Police Force is structured into various units at the central, state, and local levels, each responsible for different aspects of law enforcement (Kumar & Mandal, 2018). It

is a profession that demands high levels of resilience, discipline, and readiness to face unpredictable situations (Violanti, 2018). The Kerala Police Force, a state division of this national entity, is recognized for its proactive approach and efficient handling of law and order in the state (Sudha & Jayasankar, 2021). Kerala, being a state with high literacy rates and socio-political awareness, presents unique challenges to its police force (Kumar & Mandal, 2018). The personnel is often required to manage large-scale public events, political rallies, and protests, as well as deal with a broad spectrum of criminal activities, from cybercrime to terrorism (Sudha & Jayasankar, 2021). This wide array of responsibilities places considerable demands on the mental and physical well-being of the officers (Violanti, 2018).

The nature of police work is inherently stressful. Police officers are exposed to traumatic events, life-threatening situations, and continuous pressure to perform their duties effectively (Violanti, 2018). In Kerala, like in other parts of India, police personnel face long working hours, inadequate rest, and the pressure of public scrutiny (Kumar & Mandal, 2018). The profession also involves a high degree of uncertainty, with officers often being the first responders to violent crimes, accidents, and natural disasters. These experiences can lead to cumulative psychological stress, known as operational stress, which, if not managed, can have severe consequences on the mental health of the officers (Violanti, 2018).

The Police are the most exposed unit to all sorts of disturbing events happening in society (Violanti, 2018). The internal disturbance thus develops, as a result of duty, but if it is not channelized to outthrow, then can further lead to psychological harm (Beehr & Newman, 1978). Understanding the need for mental health improvement is a major need globally.

The National Institute for Occupational Safety and Health (NIOSH) defined occupational stress as “the harmful physical and emotional responses that occur when the

requirements of the job do not match the capabilities, resources, or needs of the worker." "A perceived, substantial imbalance between demand and response capability, under conditions where failure to meet the demand has important, perceived consequences" defined by McGrath (1970). "A condition arising from the interaction of people and their jobs and characterized by changes within people that force them to deviate from their normal functioning" - Beehr and Newman (1978). Carson and Kupiers (1998), define the process of stress can be divided into three levels. In the first level, some stressors come from external sources, e.g., high job demands, a lack of resources, and a lack of support from supervisors and colleagues- these are specific occupational stressors. The second level can be seen as variables that act as a buffer against the effects of stress on individuals. The third level in the process consists of the outcomes of stress which can be positive or negative (Carson & Kuipers, 1998).

Types Of Stress

Stress is stigmatized to be a negative reaction toward the body. This is not the case always though. It can be considered healthy to enhance your performance. Negative as well as positive events tend to induce stress within the person (Lahey, 2001). But there are types of stress that we need to well understand.

Baseline stress: Daily routine can induce stress within the person, depending upon the role to be performed at home and the job. "Baseline or underlying stress can be caused due to various tensions regarding the individual, emotional, family, or societal levels. Facing sudden new assignments in the individual's life such as a new work environment, meeting new people, communication gap with family due to immigration, etc. could be causal factors. However, one usually copes up to this within a few weeks of regular work engagement (Lahey, 2001).

Acute stress: Termed to be a short-term stress. It is the body's reaction to the stress that we perceive to be a threat to our well-being. Could be it physical or even psychological. This type of stress prepares our body to protect itself and shows up a survival function.

Cumulative Stress: When there is constant exposure to high levels of ongoing stress, this may result in cumulative or chronic stress. This type of stress causes discomfort, drains out physically, and makes one mentally ill if occurs too frequently. This type of stress is long-lasting and severe too. The circumstances that make one feel distress may not be the same for another although individual perception creates a difference (Lahey, 2001).

Critical Incident Stress: An unexpected or sudden incident, that makes one lose control, involves a life threat, or may have an emotional or physical loss is considered to be Critical incident stress. Examples could be natural disasters, multiple-casualty accidents, sexual or other types of harassment, traumatic death in a family, and any such events that shake the person internally. As these critical incidents can happen uncertainly, there are specific occupational groups who are exposed to such traumatic events. Firefighters, emergency health care workers, search and rescue personnel, Police officers, United Nations peacemakers, etc. are the most prone groups. This type of stress is considered to be a threat to life, Immediate actions as well as awareness are needed from the organizations.

Causes Of Stress

The cause of stress known to us can lead to a pathway to cope with it. Stress could emerge from the body, mind, and environment. In a study conducted by Staple (1996), environmental stress could be caused due to noise disturbance, safety issues, crowded workplaces, inadequate ventilation, and pollution. Illness, injuries, or straining of the body are examples of bodily stress. Stress from the mind is the most common one that emerges every

day. Negative thinking and improper reasoning towards some issues impact the person to deal effectively (Rue,1992).

Job Mismatch: A conflict between the employers‟ skills or abilities that do not match with the job demands. Role ambiguity and role overload are also sources of stress where the employee is unclear about their performance. The expectations by the employers (reward, penalties), where it is incompetent with the job. The type of role overload also plays an important role. Quantitative role overload occurs when employers are asked to do more than they have to in a given period. Whereas qualitative role overload is when employees feel they do not have specific skills and abilities to do the assigned work, Treven (2005).

Working Conditions: Improper physical work conditions, insufficient lightning conditions, no regulation of temperature, and no noise control could be very distressing. Long working hours in police occupation to deal with cases is one of the factors.

Working relationships: The relationships with the employee, working with superiors, peers, subordinates, and the different groups of people in a sector could give rise to various issues. Sometimes, limited social interactions and few who do not wish to involve themselves in decision-making also tend to create problems (Stoner & Fry, 1983).

Positive life events: Marriage, birth of a child, promotion in job, buying of a new house, show up to be the positive life events but even then, these require a high level of adjustments in living. As police officials, do not have a personal life within the society, due to their job role demand of long working hours, such events can develop mental stress (Sarson, et. al, 1978).

Pressure: Pressure to perform well, failure at the workplace, inability to complete a task in a given time, get fired at times, The pressure to avoid these events can itself cause stress (Lahey 2001).

Operational Stress

Operational stress refers to the psychological strain and emotional fatigue experienced by individuals due to the demands and nature of their occupation (Violanti, 2018). In the context of police personnel, operational stress encompasses the stressors associated with their daily duties, including exposure to traumatic events, high-risk situations, and the constant vigilance required to ensure public safety. According to Violanti (2018), operational stress in law enforcement is a significant predictor of various mental health issues, including depression, anxiety, and burnout. The impact of operational stress on police personnel is profound, often leading to impaired decision-making, reduced job performance, and strained interpersonal relationships.

In the current study, operational stress is examined as a primary variable due to its critical influence on the mental health and overall well-being of Kerala Police officers. Understanding the sources and manifestations of operational stress within this specific context is essential for developing targeted interventions to mitigate its effects. Moreover, this study seeks to explore how prolonged exposure to operational stress can contribute to the development of suicidal ideation among police personnel, thereby highlighting the urgent need for effective stress management and mental health support systems within the force.

Suicidal Ideation

Suicidal ideation refers to the contemplation or consideration of suicidal , ranging from fleeting thoughts to detailed planning (Carleton et al., 2018). It is a complex psychological phenomenon influenced by various factors, including mental health disorders, life stressors, and individual vulnerabilities. Among police personnel, the prevalence of suicidal ideation is a growing concern, with studies indicating a higher risk compared to the general population

(Carleton et al., 2018). The demanding nature of police work, combined with the stigma surrounding mental health issues in law enforcement, often leads to unaddressed psychological distress, which can escalate to suicidal thoughts (Violanti & Gehrke, 2004).

Suicidal ideation is explored as a critical outcome variable linked to operational stress in the present study. The significance of examining suicidal ideation in this context lies in the alarming rates of suicidal among police personnel globally, and the potential for such outcomes in the Kerala Police Force.

Given the unique and challenging nature of police work, this study aims to explore the relationship between operational stress and suicidal ideation among the Kerala police force in Trivandrum City. Understanding these dynamics is crucial for developing effective interventions and support systems to mitigate stress and enhance the well-being of police officers.

NEED AND SIGNIFICANCE OF THE STUDY

Operational stress is a well-documented phenomenon in law enforcement, with numerous studies linking it to adverse mental health outcomes, including anxiety, depression, and suicidal ideation. The Kerala Police Force, like many law enforcement bodies worldwide, operates under conditions that exacerbate stress, such as high workloads, irregular hours, exposure to traumatic events, and the constant threat of violence. However, the unique cultural, social, and environmental factors specific to Kerala, including its socio-political landscape, high population density, and distinct community dynamics, may further compound the stress experienced by police personnel.

Despite these recognized challenges, there is a lack of systematic research focusing specifically on the mental health of police personnel in Kerala. Existing studies predominantly

address operational stress in broader national or international contexts, often overlooking regional variations that could influence outcomes. Moreover, while some research has explored the mental health of police officers in India, these studies usually lack a focused examination of suicidal ideation as a critical consequence of operational stress, particularly within the Kerala context.

The need for the present research – "Operational Stress and Suicidal Ideation among Kerala Police Force" is underscored by recent data indicating a troubling rise in mental health issues and suicidal s among police officers in India. Studies such as that by Violanti et al. (2018**)** have established a direct link between occupational stress and suicidal ideation among law enforcement officers, highlighting the urgent need for region-specific investigations. Furthermore, research by Chopra and Chandran (2019) points to the absence of adequate mental health resources within police departments in India, emphasizing the need for targeted interventions.

This study is significant for several reasons:

1. Prevalence and Severity: By systematically assessing the prevalence and severity of operational stress and its association with suicidal ideation among Kerala Police personnel, this study will fill a critical gap in the literature. It will provide empirical data specific to Kerala, which can be compared with national and international findings to identify unique stressors and mental health challenges faced by this group.
2. Impact of Cultural and Environmental Factors: The research will consider how Kerala's unique socio-cultural environment influences stress levels among police officers, adding depth to our understanding of the cultural determinants of mental health in law enforcement.

3. Policy Implications: The findings could inform the development of evidence-based policies and interventions aimed at reducing operational stress and preventing suicidal among police personnel. This includes recommendations for stress management programs, mental health resources, and crisis intervention strategies tailored to the Kerala context.
4. Contribution to Law Enforcement Well-being: By highlighting the psychological toll of police work in Kerala, the study aims to foster a more supportive work environment within the force. This could lead to improved job satisfaction, enhanced performance, and a more effective and resilient police force capable of better serving the community.

Ultimately, this research will contribute to the broader discourse on occupational health in law enforcement, offering insights that could be applied to similar settings both within and beyond India. The study's findings could also be used as a basis for further research, potentially leading to a more comprehensive understanding of how to mitigate the negative effects of operational stress in high-pressure professions.

STATEMENT OF THE PROBLEM

The research study aims to explore the extent and nature of operational stress experienced by members of the Kerala Police Force and its potential association with suicidal ideation.

The study centers on understanding how the high-pressure, demanding nature of police work in Kerala contributes to significant stress levels among officers, potentially leading to adverse mental health outcomes, including suicidal thoughts.

Hence the study is stated as "Operational Stress and Suicidal Ideation Among Kerala Police Force"

CHAPTER II

REVIEW OF LITERATURE

- **THEORETICAL REVIEW**
- **EMPIRICAL REVIEW**
- **RESEARCH GAP**

THEORETICAL REVIEW

Operational Stress

Operational stress is a significant and pervasive issue in high-demand professions, such as the military, emergency response, and healthcare, where individuals are routinely exposed to intense and often unpredictable challenges. The ability to understand and manage this stress is crucial, not only for the well-being of those in these professions but also for the overall effectiveness and safety of the operations they perform. Despite its importance, operational stress remains a complex phenomenon, influenced by a variety of psychological, environmental, and organizational factors.

To gain a deeper understanding of operational stress, it is essential to examine the theoretical frameworks developed to explain how stress arises and impacts individuals in high-pressure environments.

Selye's (1956) General Adaptation Syndrome of stress :

The popularity of the stress concept in science and mass media stems largely from the work of the endocrinologist Hans Selye. In a series of animal studies, he observed that a variety of stimulus events (e.g., heat, cold, toxic agents) applied intensely and long enough are capable of producing common effects, meaning not specific to either stimulus event. (Besides these nonspecific changes in the body, each stimulus produces, of course, its specific effect, heat, for

example, produces vasodilatation, and cold vasoconstriction.) According to Selye, these non-specifically caused changes constitute the stereotypical, i.e., specific, response pattern of systemic stress.

Selye (1976) defines this stress as `a state manifested by a syndrome which consists of all the non-specifically induced changes in a biologic system.' This stereotypical response pattern, called the `General Adaptation Syndrome' (GAS), proceeds in three stages.

(a) The alarm reaction comprises an initial shock phase and a subsequent countershock phase. The shock phase exhibits autonomic excitability, an increased adrenaline discharge, and gastro-intestinal ulcerations. The countershock phase marks the initial operation of defensive processes and is characterized by increased adrenocortical activity.

(b) If noxious stimulation continues, the organism enters the stage of resistance. In this stage, the symptoms of the alarm reaction disappear, which seemingly indicates the organism's adaptation to the stressor. However, while resistance to the noxious stimulation increases, resistance to other kinds of stressors decreases at the same time.

(c) If the aversive stimulation persists, resistance gives way to the stage of exhaustion.

The organism's capability of adapting to the stressor is exhausted, the symptoms of stage (a) reappear, but resistance is no longer possible. Irreversible tissue damage appears, and, if the stimulation persists, the organism dies. Although Selye's work influenced a whole generation of stress researchers, marked weaknesses in his theory soon became obvious. First of all, Selye's conception of stress as a reaction to a multitude of different events had the fatal consequence that the stress concept became the melting pot for all kinds of approaches. Thus, by becoming a synonym for diverse terms such as, for example, anxiety, threat, conflict, or emotional arousal, the concept of stress was in danger of losing its scientific value (cf. Engel 1985). Besides this general reservation, specific critical issues have been raised.

One criticism was directed at the theory's core assumption of a nonspecific causation of the GAS. Mason (1971, 1975b) pointed out that the stressors observed as effective by Selye carried a common emotional meaning: they were novel, strange, and unfamiliar to the animal. Thus, the animal's state could be described in terms of helplessness, uncertainty, and lack of control. Consequently, the hormonal GAS responses followed the (specific) emotional impact of such influences rather than the influences as such. By this assumption, Mason (1975b) demonstrated that in experiments where uncertainty had been eliminated no GAS was observed. This criticism leads to a second, more profound argument: unlike the physiological stress investigated by Selye, the stress experienced by humans is almost always the result of a cognitive mediation (cf. Arnold 1960, Janis 1958, Lazarus 1966, 1974). Selye, however, fails to specify those mechanisms that may explain the cognitive transformation of `objective' noxious events into the subjective experience of being distressed. In addition, Selye does not consider coping mechanisms as important mediators of the stress–outcome relationship. Both topics are central to psychological stress theories as, for example, elaborated by the Lazarus group.

Folkman & Lazarus' (1984) Cognitive Appraisal Theory of stress :

The Cognitive Appraisal Theory of stress focuses on an individual's cognition of a stressor which informs their emotional response. It is a theory of emotion which implicates people's interpretation of an event in determining their emotional reaction' (Psychcentral, 2014). How an individual interprets the stressor is significant and according to Folkman and Lazarus, we respond to a stressful event or situation by making a primary appraisal, during which we assess whether the event is harmful to us either physically or in terms of our esteem, core beliefs and our values or goals (Folkman, 1986). During the secondary appraisal (which

can take place before, at the same time, or after the primary appraisal) we consider whether we have the resources to manage the stressor; the outcome of which affects our coping strategy.

Coping strategies can be understood as either: problem-based; where the stressor is perceived as a challenge and we generate strategies to manage it or solutions to remove it, or emotionally based; where the problem is considered to be a threat that cannot be resolved and various coping strategies such as avoidance, distancing and acceptance are employed (Blackswanstress, 2014).

According to the Cognitive Appraisal of Stress model, in response to a stressor we establish if there is a threat, employ coping strategies, and then reassess the threat which results in the identification of emotional responses (Nicky Hayes, 1994). Stress is viewed in a more transactional sense, as a two-way process in which individuals respond dynamically to their environment. Unlike the GAS model then, cognitive approaches are of paramount importance and it is a more fluid and responsive model, recognizing the importance of the individual in every stress response.

The Conservation of Resources Theory, Hobfoll (1989) :

The Conservation of Resources (COR) Theory, developed by psychologist Stevan Hobfoll in 1989, assumes that stress occurs in any of three contexts: when people experience loss of resources, when resources are threatened, or when people invest their resources without subsequent gain.

- Threat of Resource Loss: When individuals perceive a potential threat to their resources, such as the possibility of losing a job or experiencing social rejection, they experience stress.

- Actual Resource Loss: When resources are lost, such as financial loss or deteriorating health, the stress is even more pronounced.
- Inadequate Resource Gain: When individuals invest resources (e.g., time, energy) to gain more resources but the return on that investment is insufficient, stress results. This can happen, for instance, when efforts at improving job performance do not lead to expected promotions or recognition.

Four categories of resources are proposed: object resources (i.e., physical objects such as home, clothing, or access to transportation), condition resources (e.g., employment, personal relationships), personal resources (e.g., skills or self-efficacy), and energy resources (means that facilitate the attainment of other resources, for example, money, credit, or knowledge).

Hobfoll and co-workers outlined several testable hypotheses (called principles) derived from basic assumptions of COR (cf. Hobfoll et al. 1996).

1. Loss of resources is the primary source of stress. This principle contradicts the fundamental assumption of approaches on critical life events (cf. Holmes and Rahe 1967) that stress occurs whenever individuals are forced to readjust themselves to situational circumstances, may these circumstances be positive (e.g., marriage) or negative (e.g., loss of a beloved person). In an empirical test of this basic principle, Hobfoll and Lilly (1993) found that only loss of resources was related to distress.

2. Resources act to preserve and protect other resources. Self-esteem is an important resource that may be beneficial for other resources. Hobfoll and Leiberman (1987), for example, observed that women who were high in self-esteem made good use of social support when confronted with stress, whereas those who lacked self-esteem interpreted social support as an indication of personal inadequacy and, consequently, misused support.

3. Following stressful circumstances, individuals have an increasingly depleted resource pool to combat further stress. This depletion impairs individuals' capability of coping with further stress, thus resulting in a loss spiral. This process view of resource investment requires to focus on how the interplay between resources and situational demands changes over time as stressor sequences unfold. In addition, this principle shows that it is important to investigate not only the effect of resources on outcome but also of outcome on resources.

The Diathesis- Stress Model :

The Diathesis-Stress Model is a psychological framework that explains the development of mental disorders as a result of the interaction between a person's inherent vulnerability (diathesis) and external stressors. Diathesis refers to an individual's predisposition, which can be influenced by genetic factors, biological makeup, or early life experiences. This predisposition does not necessarily lead to a disorder on its own but makes the person more susceptible to developing one when faced with stress. Stress, in this context, refers to external pressures or challenging life events, such as trauma or significant life changes. According to the model, the combination of a person's vulnerability and exposure to stress determines whether they will develop a psychological disorder. For example, someone with a genetic predisposition to anxiety might develop an anxiety disorder after experiencing a traumatic event, while another person without such a predisposition might not. The model underscores the importance of both genetic and environmental factors in mental health, guiding the development of more personalized treatment approaches that address both vulnerabilities and stressors.

Suicidal ideation

Suicidal ideation, the consideration or planning of suicidal , is a critical issue among police personnel, a group frequently exposed to high levels of occupational stress, trauma, and other psychological challenges. Police work often involves dealing with violent crimes, life-threatening situations, and the pressure of public scrutiny, which can significantly impact mental health. Understanding the theoretical underpinnings of suicidal ideation in this population is essential for developing effective prevention and intervention strategies.

Stress – diathesis model

The Stress-Diathesis Model of Suicidal Behaviour is a framework that explains how suicidal thoughts and behaviors emerge from the interaction between an individual's inherent vulnerabilities (diathesis) and environmental stressors. According to this model, not everyone exposed to stress will develop suicidal ideation; rather, those with a predisposition vulnerability are at greater risk when confronted with significant stress. Vulnerabilities, or diatheses, can include biological factors like genetic predispositions and neurotransmitter imbalances, psychological traits such as impulsivity or pre-existing mental health conditions, and cognitive factors like hopelessness or negative self-perception. Stress, on the other hand, can take the form of acute stressors like the sudden loss of a loved one, chronic stressors such as ongoing interpersonal conflicts or sustained occupational pressure, or traumatic experiences like abuse or combat. The model highlights that the likelihood of suicidal behavior is highest when individuals with a strong diathesis are exposed to significant stress. For instance, a person with a history of depression who loses their job might be at a higher risk of suicidal ideation than someone without such a predisposition. Conversely, individuals with low vulnerability may withstand considerable stress without developing suicidal thoughts, while those with high

vulnerability may experience suicidal ideation even with minimal stress. The combination of high diathesis and high stress is particularly dangerous, significantly increasing the likelihood of suicidal behavior.

Interpersonal Psychological Theory of Suicidal Behavior

The Interpersonal Psychological Theory of Suicidal Behavior (IPTS), proposed by Thomas Joiner in 2005, is a well-known framework that aims to explain the reasons behind individuals engaging in suicidal behavior. According to IPTS, suicidal behavior occurs when three main factors converge: perceived burdensomeness, thwarted belongingness, and acquired capability for suicidal .

1. Perceived Burdensomeness: This refers to the belief that one is a burden to others, causing them more harm than good. Individuals who feel like they are a burden on their family, friends, or society may develop a sense of worthlessness and believe that others would be better off without them. This belief can significantly increase the risk of suicidal ideation.

2. Thwarted Belongingness: This involves a profound sense of social disconnection or loneliness. When individuals feel that they do not belong or are not connected to others, they may experience feelings of isolation and alienation. Thwarted belongingness, coupled with perceived burdensomeness, creates a dangerous combination that can lead to the desire for suicidal .

3. Acquired Capability for Suicidal : This is the third component of IPTS and refers to an individual's increased tolerance for pain and fearlessness about death, often developed through repeated exposure to painful or provocative experiences. These experiences might include self-harm, exposure to violence, or other forms of trauma. Over time,

these experiences can diminish the natural fear of death, making it easier for individuals to act on suicidal thoughts.

Joiner's IPTS suggests that while perceived burdensomeness and thwarted belongingness are necessary for suicidal ideation, the acquired capability for suicidal is what ultimately allows individuals to carry out suicidal behavior. Thus, IPTS provides a comprehensive understanding of how certain psychological states and experiences can combine to increase the risk of suicidal .

The Escape theory :

Ray Baumeister's Escape Theory provides a comprehensive framework for understanding suicidal behavior, focusing on the role of escaping intense emotional or psychological pain. Developed in the 1990s, this theory integrates concepts of self-control, ego depletion, and perceived inescapable distress to explain why some individuals might resort to suicidal as a means of escape (Baumeister, 1990). According to the theory, ego depletion—where self-control and willpower are finite and can be diminished by chronic stress or emotional strain—can lead to an increased likelihood of suicidal behavior, as individuals may feel unable to manage their emotional pain effectively (Baumeister, Bratslavsky, Muraven, & Tice, 1998). The theory also emphasizes that individuals who contemplate suicidal often experience overwhelming psychological pain and perceive a lack of viable alternatives to alleviate their distress (Baumeister, 1990). Furthermore, Baumeister posits that suicidal can be seen as an escape from the self, where the self's negative states, such as guilt and shame, become intolerable (Baumeister et al., 1998). In clinical practice, this model helps clinicians assess the impact of self-control depletion and perceived lack of alternatives on suicidal ideation, guiding therapeutic interventions that focus on enhancing self-control, stress

management, and cognitive restructuring (Baumeister et al., 1998). However, criticisms of the theory include its potential oversimplification of self-control and emotional distress, and its limited focus on external factors, such as social influences and situational stressors, which also play significant roles in suicidal behavior (Baumeister, 1990).

Cognitive Behavioral Theory (CBT) of suicidal ideation posits that distorted cognitive processes and maladaptive thought patterns significantly contribute to suicidal thoughts and behaviors. According to this theory, individuals who experience suicidal ideation often hold pervasive negative beliefs about themselves, their situations, and their futures. These cognitive distortions include all-or-nothing thinking, overgeneralization, catastrophizing, and personalization, which exacerbate feelings of hopelessness and helplessness (Beck, 1976; Ellis, 1994). Central to CBT is the concept of hopelessness, where individuals perceive their problems as insurmountable and believe their situation will never improve. This pervasive sense of hopelessness increases the likelihood of suicidal ideation, as individuals see no viable alternatives to their suffering (Beck, 1976). Additionally, feelings of helplessness, arising from a perceived lack of control over distressing circumstances, contribute to the risk of suicidal by reinforcing the notion of being trapped (Ellis, 1994). CBT-based interventions for suicidal ideation focus on challenging and modifying these maladaptive thought patterns through strategies such as cognitive restructuring, Behavioral activation, and problem-solving skills (Beck, 1976). Clinical applications of CBT involve assessing cognitive distortions and negative self-beliefs and developing therapeutic approaches to address these issues. Despite its effectiveness, CBT has limitations, including its emphasis on cognitive factors while potentially overlooking other critical elements such as biological, social, and emotional aspects (Ellis, 1994). Not all individuals may respond equally to CBT, highlighting the need for personalized treatment approaches. Overall, CBT provides a robust framework for

understanding and addressing suicidal ideation by targeting dysfunctional thought patterns and promoting healthier cognitive processes.

EMPIRICAL REVIEW

Vivek et al. (2018): Occupational stress among female police officers in an urban setting in South Kerala.

A cross-sectional study was conducted among 50 female police officers working in various police stations of Thiruvananthapuram city, selected by simple random sampling, during the period May 2018 to July 2018, using a pre-tested semi-structured questionnaire based on operational police stress questionnaire (PSQ-OP) and organizational police stress questionnaire (PSQ-ORG). The data was properly coded and entered in Microsoft Excel and analyzed using SPSS version 16.0.

The mean age of the study population was 38.07 years (SD=5.714 years) and the majority (64%) belonged to the middle socioeconomic class. Perceived organizational and operational stress prevalence among the study population was as high as 80% (40 % experienced moderate stress and 40% experienced high stress) and 90% (high stress reported by 70 % and moderate stress by 20%) respectively. The most common stressor reported for organizational stress was staff shortage (74%) and that for operational stress was finding time to stay in good physical condition (76%).

Ragesh et al. (2017): Occupational stress among police

A cross-sectional survey was conducted among police personnel (both male and female) in Calicut urban police district, Kerala state, India. Police personnel from all

designations (ranks), except the Indian services (Indian Police Service), were included in the study. Data were collected using a specifically designed datasheet covering socio-demographic profiles, and physical and mental health-related details which was prepared by researchers. Occupational stress was measured using the Operational Police Stress Questionnaire (PSQ-OP) and Organizational Police Stress Questionnaire (PSQ-ORG).

The study found that both operational and organizational stress were significant among police officers. Organizational stress was experienced at a moderate level by 68% and at a high level by 14%. Operational stress scores were in the moderate range of 67% and a high range of 16.5%. The younger age group (21-35 years) and lower-level rank police personnel had higher stress. Stress was higher among female police personnel compared to males. While 23% of them had been diagnosed with physical illnesses, a significant four percent of them with mental illness, and 29% of them reported substance abuse.

Jude & Leena (2020), Depression, Anxiety, and Stress among Civil Police Officers in Kerala

The study aimed to understand the level of depression, anxiety, and stress among civil police officers in the Trivandrum district, of Kerala. The study includes police officers from both genders (N=120) within the age range of 30 to 50 years. The sample was drawn using the purposive sampling technique. A descriptive research design was used as the research design. Personal data schedules and DASS-21 (Lovibond & Lovibond, 1995) were used as the assessment instruments in the present study. Statistical tests such as Frequency analysis and Spearman's correlation were used to analyze the data statistically. This study also intends to identify the relationship between depression, anxiety, and stress among civil police officers. The results showed that a significant number of police officers in Kerala suffer from depression, anxiety, and stress.

Violanti, J. M. (2004). Predictors of police suicidal ideation.

This study explores the predictors of suicidal ideation among police officers, focusing on the role of psychologically traumatic work experiences, posttraumatic stress disorder (PTSD), and alcohol use. The study sample consisted of 115 police officers from a Northeastern police agency. Results indicate that traumatic police work exposures significantly increase the risk of PTSD symptoms, which in turn are strongly associated with increased alcohol use and suicidal ideation. Officers with high levels of PTSD symptoms and alcohol use showed a ten-fold increase in the risk of suicidal ideation compared to those with lower trauma levels. The findings underscore the need for further investigation into the occupational factors contributing to suicidal ideation in police officers and suggest potential areas for intervention.

Acquadro M, D., et al. (2015). Occupational stress, anxiety, and coping strategies in police officers.

The study focused on occupational stress among police officers, highlighting that they are frequently exposed to stressful events, which can impair their psychosocial well-being and physical health. The research aimed to assess the levels of stress, the resulting anxiety, and the coping strategies employed by police officers in a large city in northern Italy. Using the Police Stress Questionnaire, Distress Thermometer, State-Trait Anxiety Inventory, and Brief COPE questionnaire, the study gathered data from 617 police officers, achieving a response rate of 34%. The findings revealed significant gender differences, with women in all operational service roles being more vulnerable to both organizational and operational stressors than men ($P < 0.001$). Conversely, in the interior department, men were more vulnerable to

organizational stressors ($P < 0.05$). Despite these stressors, the officers generally demonstrated good use of positive coping strategies. The study concluded that training courses and support programs designed to manage occupational stress should consider factors such as gender, role, and type of work, with tailored programs potentially serving as effective tools for preventing chronic stress.

Sekar, M., et al. (2013). Policing the most stressful occupation: A study on Tamil Nadu head constables.

Police work is inherently stressful, often leading to adverse effects on the physical, mental, and interpersonal well-being of officers. This study investigates the factors contributing to stress among Grade III police personnel in Tuticorin District, Tamil Nadu, and examines how demographic factors influence occupational stress. Data were collected from 200 Grade III police constables across 52 police stations using a structured questionnaire. The questionnaire addressed demographic information and stress-inducing factors, with responses measured on a Likert Scale. Descriptive analysis, factor analysis, weighted averages, and Chi-square tests were employed to analyze the data. The study identified significant stressors, including societal and criminal pressures, organizational policies, and workplace conditions, such as periods of inactivity, handling mass demonstrations, and media interactions. The findings suggest that stress due to environmental factors, supervision, and poor organizational policies is correlated with age, gender, religion, and marital status. The study highlights the need for effective motivational programs, enhanced training, and improved organizational policies to mitigate stress. Implementing these strategies during police training can empower officers, improve decision-making, and enhance overall performance. Police departments must address workplace conditions that contribute to stress and support officers in adopting effective coping strategies.

Amin, W. M. (2015). Occupational stress among police persons in Jammu and Kashmir.

The study examines occupational stress among police officers in Jammu and Kashmir, with a focus on gender and marital status. It involved 100 participants, equally divided between males and females, and among them, an equal split between married and unmarried individuals. The Occupational Stress Index (OSI) developed by Srivastava and Singh was used to measure stress levels. Statistical analysis, including mean scores, standard deviations, and t-tests, was applied to the data.

The results revealed no significant difference in stress levels between male and female officers, with a t-value of 0.09 indicating no notable variation ($p > 0.05$). This finding supports previous research by Gachter et al. (2009), which showed similar levels of psychological stress between genders, though it noted higher physical stress in female officers.

In contrast, marital status showed a significant impact on stress levels. Married officers reported higher stress (mean = 97.68) compared to unmarried officers (mean = 86.24), with a t-value of 2.15 ($p < 0.05$). This supports Husain et al. (2012), who found higher levels of depression, anxiety, and stress among married police officers. The study concludes that marital status significantly affects occupational stress, whereas gender does not.

Queirós, C., et al. (2020). Job stress, burnout, and coping in police officers.

Policing is a stressful occupation, which impairs police officers' physical/mental health and elicits burnout, aggressive behaviors, and suicidal . Resilience and coping facilitate the management of job stress policing, which can be operational or organizational. All these constructs are associated, and they must be assessed by instruments sensitive to policing

idiosyncrasies. This study aims to identify operational and organizational stress, burnout, resilient coping, and coping strategies among police officers, as well as to analyze the psychometric properties of a Portuguese version of the Organizational Police Stress Questionnaire. A cross-sectional study, with online questionnaires, collected data from 1131 police officers. With principal components and confirmatory factor analysis, PSQ-org revealed adequate psychometric properties, despite the exclusion of four items, and revealed a structure with two factors (poor management and lack of resources, and responsibilities and burden). Considering cut-off points, 88.4% of police officers presented high operational stress, 87.2% high organizational stress, 10.9% critical values for burnout, and 53.8% low resilient coping, preferring task-orientated than emotion and avoidance coping. Some differences were found according to gender, age, and job experience. Job stress and burnout correlated negatively with resilient coping, enthusiasm toward the job, and task-orientated coping. Results reinforce the importance of investing in police officers' occupational health.

Johns, F., et al. (2012). Occupational hazards vs. morbidity profile among police force in Kerala.

The study investigates work-related problems among police personnel in Kottayam district, Kerala. Utilizing a questionnaire-based approach, data were collected from 1125 police officers, encompassing demographic details, physical health, health-compromising habits, mental health issues, social problems, and family dynamics. The data were analyzed using SPSS version 13.0.

The sample comprised 1049 males (93.2%) and 76 females (6.8%). Age distribution revealed that the largest group was between 40 and 44 years (27.6%), followed by those aged 45 to 49 years (22.8%). The study identified several prevalent health issues: backache (31.9%),

joint pain (21.1%), hypertension (17.9%), diabetes (12.5%), and mental stress (15.1%). Backache, joint pain, and hypertension were more common among men, whereas women exhibited a higher prevalence of mental stress (19.7% vs. 14.8% in men).

The analysis also highlighted lifestyle-related problems, with 13.2% of subjects smoking and 9.1% consuming alcohol. Psychological issues were notable, with 20.7% reporting psychological problems, including depression (8.6%) and suicidal ideation or attempts (14.6%). Ergonomic problems affected 37.6% of the officers and 57.9% experienced medical issues.

Overall, only 22.8% of respondents considered themselves healthy. The findings underscore the need for targeted interventions to address the diverse range of health and lifestyle issues affecting police personnel, with a particular emphasis on mental health support and ergonomic improvements.

Mohiddin, F. K., et al. (2022). A study on operational stressors among traffic police officers in Bengaluru.

Occupational stress among police officers, particularly in traffic roles, is a significant yet often overlooked issue with far-reaching consequences for both individuals and their departments. This study aimed to identify occupation-related stressors faced by traffic police officers in Bengaluru, Karnataka, India. A cross-sectional survey was conducted within the Bengaluru urban police district using a pretested structured questionnaire, specifically the Operational Police Stress Questionnaire. Data were coded and entered into Microsoft Excel for analysis, employing both descriptive and inferential statistics.

The study identified six major operational stressors with median values of 4 or higher: negative comments from the public, difficulties managing social life outside work, limitations

on social life, insufficient time with friends and family, the persistent feeling of being "on the job," and demands related to overtime. Notably, 76% of respondents rated "Negative comments from the public" with scores ranging from 4 to 7, indicating it as a particularly significant stressor.

The findings reveal that traffic police officers in Bengaluru experience a high level of occupational stress, underscoring the need for intervention. Stress management training and support systems are crucial for improving work efficacy and enhancing coping skills among traffic police officers. Addressing these stressors through regular training and organizational support can mitigate the adverse effects of occupational stress and improve overall job performance and well-being.

Patel, Z., et al. (n.d.). Examining the relationship in operational stress, professional quality of life, and coping strategies among police personnel: An empirical investigation.

The police, as a reflection of societal dynamics, face unique challenges related to crime and terror, influencing their operational structure and legal status. These factors contribute to continuous expansions in police numbers and budgets but also underscore persistent issues within the organizational framework and individual experiences of police personnel. This study aimed to explore the significant associations between operational stress, professional quality of life, and coping strategies among police officers (N=238).

The study found a significant relationship between compassion satisfaction/fatigue and operational stress and coping strategies. Hierarchical regression analysis was employed to determine whether professional quality of life and coping strategies could predict police personnel's levels of operational stress. The analysis revealed that these predictors accounted for 49% of the variance in operational stress ($R^2 = .49$, $F(4, 234) = 1.96$, $p < .01$).

These findings highlight the critical need to tailor occupational, physical, and psychosocial environments to better match the abilities, needs, and expectations of police personnel. Adjusting these settings could enhance overall performance and well-being within the police force, reinforcing the importance of addressing operational stress and improving professional quality of life for better outcomes in law enforcement.

Kacker, P., & Sen, S. (2017). The relation between work stress and personality of police personnel. *International Journal of Indian Psychology, 5*(1).

The study examines the relationship between work stress and personality traits among police personnel. The police profession is inherently stressful due to its demanding nature and the need to deal with critical and potentially dangerous situations regularly. This research aims to investigate how different personality traits influence the perception and experience of work-related stress among police officers.

150 police personnel were surveyed using standardized instruments to assess their work stress levels and personality traits. The data collection involved administering the Work Stress Inventory and the Big Five Personality Inventory. The analysis revealed that certain personality traits, such as high neuroticism and low agreeableness, were positively correlated with higher levels of work stress. Conversely, traits such as conscientiousness and emotional stability were associated with lower stress levels.

The findings suggest that personality traits significantly impact how police officers experience and manage stress in their work environment. Understanding these relationships can inform the development of targeted stress management programs and interventions tailored to different personality profiles. The study underscores the importance of incorporating

personality assessments into stress management strategies to enhance the well-being and performance of police personnel.

Guerrero-Barona, E., et al. (2021). Suicidal ideation and mental health: The moderating effect of coping strategies in the police force.

The study explores the relationship between mental health issues—specifically depression and anxiety—and suicidal ideation among police officers, with a focus on the role of coping strategies. Noting that the suicidal rate within police forces (Fuerzas y Cuerpos de Seguridad-FFCCSS) is higher than that of the general population, the research aims to identify mental health problems and assess how coping strategies influence the link between mental health issues and suicidal thoughts.

The study employed several measurement tools: the Suicidal Behavior Questionnaire (SBQ-R), Beck's Depression Inventory (BDI), the State-Trait Anxiety Inventory (STAI), and the Brief Cope. The sample comprised 98 Spanish police officers, predominantly male (91.8%). Results revealed that both depression and anxiety significantly predicted suicidal ideation among the officers. However, the analysis found that coping strategies did not moderate the relationship between mental health and suicidal ideation in this group.

The findings highlight the significant impact of mental health issues on suicidal ideation in police officers but also indicate that coping strategies alone may not sufficiently buffer against these effects. The study underscores the need for targeted mental health support and intervention strategies within police forces to address the high risk of suicidal ideation among officers.

Abraham, J., et al. (2019). A study on occupational stressors among civil police officers of a subdivision of Thrissur district

Occupational stress among police officers remains a critical yet under-addressed issue, with significant implications for both individuals and the police department. Policing is inherently stressful due to the constant threat to life, job uncertainty, political pressures, exposure to violence, and the potential for death. This study aimed to identify the specific occupation-related stressors faced by civil police officers in the Irinjalakuda subdivision of Thrissur, Kerala.

A cross-sectional study was conducted from January 2017 to October 2018, encompassing all civil police officers in the subdivision. Data were collected using a pre-tested structured questionnaire, which included sociodemographic variables and self-reported physical morbidities. Occupational stressors were assessed using the Operational and Organizational Police Stress Questionnaire. The collected data were coded, entered into Microsoft Excel, and analyzed using the Statistical Package for Social Sciences (SPSS version 23).

The study population predominantly consisted of males, with a mean age of 39.94 ± 7.067 years. Analysis revealed that eight operational stressors and five organizational stressors had median values above four, indicating high levels of stress. The most commonly reported operational stressors were “fatigue” and the perception that “friends/family feel the stigma associated with the job,” while “staff shortages” and “bureaucratic red tape” were the most frequent organizational stressors.

The findings suggest that police officers in this subdivision experience significant stress due to both operational and organizational factors. To mitigate these effects, the study recommends implementing work modifications such as distributing tasks more evenly and

setting fixed duty hours. Additionally, regular stress management training is advised to improve competency and enhance coping skills among police officers. Addressing these stressors is crucial for reducing occupational stress and improving overall well-being within the police force.

Kaushal, S. L., et al. (2020). Occupational stress in Himachal Pradesh police constabulary.

The study conducted by Kaushal et al. (2020) investigates occupational stress among police constabulary personnel in Himachal Pradesh, India. Using a purposive sampling method, 250 constabulary officers were selected to participate in the study. The research employed the Organizational Role Stress (ORS) scale developed by Pareek (1983) to measure various aspects of occupational stress. Data analysis was carried out using statistical tools including ANOVA, t-tests, and descriptive statistics.

The findings reveal a significant level of occupational stress among the constabulary. The study identifies those male individuals with higher education qualifications, those with less field experience, younger officers, and married personnel who experience higher levels of stress compared to their counterparts. Key stressors include the shift system and the need for targeted training programs.

The results underscore the necessity for implementing shift system adjustments and tailored training programs to address and mitigate occupational stress effectively. By addressing these stressors, it is anticipated that the overall well-being and performance of police constabulary personnel can be improved.

Bapna et al. (2021) conducted a cross-sectional study to assess the levels of depression, anxiety, and stress among police personnel in North India during the COVID-19 pandemic. The study involved a random selection of 8 police stations and 13 check-posts, screening a total of 298 police officers. The objective was to examine how the pandemic and related duties, particularly in COVID-19 containment zones, impacted the mental health of the officers.

The study utilized the Depression, Anxiety, and Stress-21 (DASS-21) scale to measure the psychological impact on the participants. Data analysis was performed using MS Excel, Epi Info, and R software. The findings revealed that the police personnel experienced significant stress due to the potential risk of transmitting COVID-19 to their families.

Although higher levels of anxiety and depression were observed among female officers compared to their male counterparts, the difference was not statistically significant. The study underscores the mental health challenges faced by police personnel during the pandemic, emphasizing the need for targeted mental health support and interventions to manage stress and improve overall well-being.

RESEARCH GAP

Several studies have explored occupational stress among police officers, but there is a notable lack of comprehensive analysis specifically linking operational stressors to suicidal ideation within the Kerala police force. Although general stress and mental health issues have been examined, research has not deeply analyzed how particular operational stressors directly contribute to suicidal thoughts or behaviors in this specific context. Additionally, existing research often focuses on police forces from various regions, including North India and Tamil Nadu, with less emphasis on Kerala. There is a critical need for region-specific data to understand the unique stressors faced by police officers in Kerala and their impact on mental

health outcomes such as suicidal ideation. Recent studies have also highlighted the impact of external stressors, such as the COVID-19 pandemic, on police mental health. However, the specific influence of such external stressors on operational stress and suicidal ideation within the Kerala police force remains underexplored.

Addressing these gaps could offer valuable insights into the factors contributing to suicidal ideation among police officers in Kerala and inform targeted interventions to support their mental health.

CHAPTER III

METHODOLOGY

- **VARIABLES**
- **OPERATIONAL DEFINITION OF THE VARIABLES**
- **OBJECTIVES**
- **HYPOTHESIS**
- **RESEARCH DESIGN**
- **PARTICIPANTS**
- **TOOLS USED FOR DATA COLLECTION**
- **PROCEDURE OF DATA COLLECTION**
- **STATISTICAL TECHNIQUES USED FOR DATA ANALYSIS**

Research methodology is a way to systematically solve the research problem. It may be understood as the science of studying how research is done scientifically. It involves describing, explaining, and predicting phenomena to solve a problem. Research methodology comprises aspects such as research designs, target population, sample size, sampling procedure, data collection instruments, and data analysis procedure. The researcher must know not only the research methods/techniques but also the methodology (Kothari, 2004).

VARIABLES

The variables in the current study are Operational stress and Suicidal Ideation.

Independent Variable: Operational Stress.

Dependent Variable**:** Suicidal Ideation.

OPERATIONAL DEFINITION OF THE VARIABLES

Operational Stress:

In the present study, Operational stress refers to the psychological and physical strain experienced by police personnel due to the demands and pressures of their job. This includes stress from working long hours, exposure to traumatic events, high-risk situations, and the overall demands of law enforcement duties.

Suicidal Ideation:

In the present study, Suicidal ideation refers to thoughts or considerations of ending one's own life. It encompasses a range of thoughts from fleeting ideas to serious plans or intentions to commit suicide.

Kerala Police Force:

The Kerala Police Force refers to the law enforcement agency operating in the state of Kerala, India. It includes all police personnel, including constables, sub-inspectors, inspectors, and officers, who are responsible for maintaining law and order in the region.

OBJECTIVES

- To examine the extent and nature of the relationship of Operational Stress among the Kerala Police Force.
- To examine the extent and nature of the relationship of Suicidal Ideation among the Kerala Police Force.
- To assess the relationship between Operational Stress and Suicidal Ideation.
- To assess to what extent Operational Stress contributes to Suicidal Ideation.
- To know whether the Police Force varies in their Operational Stress and Suicidal Ideation based on demographic and professional variables like age, gender, education level, marital status and rank/position.

HYPOTHESIS

- H_0 - There is no significant relationship between operational stress and suicidal ideation among the Kerala Police Force.
- H_0 - There are no significant differences in operational stress levels across different demographic and professional variables like gender, age, rank/position, marital status, and education level within the Kerala Police Force.
- H_0 - There is no significant association between specific factors within operational stress and suicidal ideation in the Kerala Police Force.

RESEARCH DESIGN

Research design can be considered as the structure of research. It is the "Glue" that holds all of the elements in a research project together. In short, it is a plan for the proposed research work. According to Jahoda, Deutch & Cook (1951), "A research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy and procedure."

The study employs a cross-sectional research design to examine the extent and nature of operational stress and suicidal ideation among the Kerala Police Force. A cross-sectional research design is an effective approach to understanding the extent and nature of operational stress and suicidal ideation among the Kerala Police Force. This design entails collecting data at a single point in time, allowing for a snapshot view of the current state of these variables within the population under study.

PARTICIPANTS

The data were drawn from a sample of 120 Police personnel from 15 Police Stations across Thiruvananthapuram City, of Kerala District. The samples were selected using a convenience sampling technique.

TOOLS USED FOR DATA COLLECTION

Informed Consent Form

Participants were provided with an informed consent form that outlined the study's purpose and the terms of confidentiality. This form ensured that their participation was voluntary and that they were fully aware of their rights and the nature of the research.

Personal Data Sheet

A personal data sheet was provided to collect sociodemographic details from participants. This sheet requested information such as the participant's initials, age, gender, marital status, educational level, years of service, rank/position, shift pattern, number of transfers, and monthly income. The data collected helped to ensure a comprehensive understanding of the participants' backgrounds and contextual factors relevant to the study.

The Operational Police Stress Questionnaire

The Operational Police Stress Questionnaire (PSQ-Op) is a 20-item self-report tool designed to assess stressors related to the operational aspects of police work. Developed by McCreary and Thompson in 2006, the PSQ-Op captures stress factors such as shift work, overtime demands, risk of injury, traumatic events, and maintaining a public image. Each item is rated

on a 7-point Likert scale, ranging from "No Stress At All" (1) to "A Lot Of Stress" (7), reflecting how much stress each aspect has caused the officer in the past six months.

Scoring:

Scoring the PSQ-Op involves summing the responses across all 20 items, with each item rated on a 7-point Likert scale from "No Stress At All" (1) to "A Lot Of Stress" (7). The total score reflects the overall level of operational stress experienced by the officer, with higher scores indicating greater stress.

Interpretation:

The overall score obtained from the PSQ-Op provides insight into the officer's stress level. Higher scores suggest significant operational stress, potentially necessitating interventions or support. The interpretation of these scores can guide mental health professionals and policymakers in designing appropriate stress management programs to improve officers' well-being.

Reliability:

The PSQ-Op has demonstrated high internal consistency, with Cronbach's alpha values typically exceeding 0.90 (alphas > .09; corrected item-total correlations between .40 and .60). This indicates that the items within the questionnaire are highly correlated, providing a reliable measure of operational stress. The strong reliability ensures that the tool consistently measures the intended construct across different populations and settings.

Validity:

The PSQ-Op has shown good construct validity, meaning it effectively measures what it is intended to assess. It correlates well with other measures of police stress and related constructs like job satisfaction and psychological well-being. This validity supports the tool's use in both

research and practical settings, ensuring that the results are meaningful and applicable to understanding police stress.

The Suicidal Ideation Attribution Scale

The Suicidal Ideation Attribute Scale (SIDAS) is a psychometric tool designed to assess the severity of suicidal thoughts. Developed by Peter Batterham and colleagues in 2014, SIDAS evaluates five key aspects of suicidal ideation: frequency, controllability, distress, interference with daily activities, and planning. Each item is rated on a scale from 0 to 10, with higher scores indicating more severe ideation. The scale has demonstrated strong reliability and validity, making it a valuable tool in clinical settings for identifying individuals at risk of suicidal and monitoring changes in suicidal thoughts over time.

Scoring:

Each item on the SIDAS is rated on a 10-point scale, with higher scores indicating more severe suicidal ideation. The scores for each item are summed to produce a total score ranging from 0 to 50. A higher total score suggests a higher severity of suicidal ideation, potentially indicating a need for immediate intervention.

Interpretation:

The total score from the SIDAS indicates the severity of suicidal ideation. Typically, a score of 21 or above is considered to represent a high level of suicidal ideation, signaling the need for urgent clinical attention.

Reliability:

The SIDAS has demonstrated excellent internal consistency, with Cronbach's alpha values generally above 0.90, indicating that the scale is a reliable measure of suicidal ideation. This

high level of reliability means that the SIDAS consistently captures the construct it is intended to measure across different populations and settings.

Validity:

The SIDAS has shown strong construct validity, correlating well with other measures of suicidal ideation and related constructs, such as depression and hopelessness. Its validity is supported by its ability to differentiate between individuals with varying levels of suicidal ideation, making it a useful tool for both research and clinical practice.

PROCEDURE OF DATA COLLECTION

Informed consent has been collected from the respondents for participating in the study. Data were collected using a specifically designed datasheet covering a socio-demographic profile which was prepared by researchers.

Operational stress was measured by using the Operational Police Stress Questionnaire (PSQ-OP). Everyone was asked to rate how stressful each item has been for him or her recently, on a seven-point Likert scale ranging from “not at all stressful,” “moderately stressful,” and “very stressful.”

Suicidal ideation was measured by using the Suicidal Ideation Attribute Scale (SIDAS). The respondent was asked to rate their experiences over the past month on a 0-10 scale for each question.

STATISTICAL TECHNIQUES USED FOR DATA ANALYSIS

The collected data was subjected to thorough statistical analysis to investigate the relationships and associations among the variables of interest. The following statistical techniques were utilized to obtain meaningful insights:

Shapiro-Wilk Test: The Shapiro-Wilk test was utilized to assess the normality of data distributions for operational stress and suicidal ideation among the Kerala police force. This test determines whether the data deviated significantly from a normal distribution, thereby guiding the selection of appropriate statistical methods for further analysis.

Descriptive Statistics: Descriptive statistics, such as means, standard deviations, frequencies, and percentages, were calculated to summarize the sociodemographic characteristics of the Kerala police force participants. These statistics provided a comprehensive overview of the sex ratio and the distribution of the participants within the study.

Correlation Analysis: Pearson's correlation analysis was employed to examine the relationships between operational stress and suicidal ideation among the Kerala police force. This analysis quantified the strength and direction of these associations, offering insights into how operational stress correlates with suicidal ideation.

Linear Regression Analysis: Regression analysis was conducted to explore the relationship between operational stress and suicidal ideation, along with various psychological factors. This analysis provided a detailed examination of how operational stress impacts suicidal ideation.

CHAPTER IV

RESULTS AND DISCUSSION

- **RESULTS**
- **DISCUSSION**

RESULTS AND DISCUSSION

The present study examined the relationship between operational stress and suicidal ideation among a sample of police personnel in Kerala. A total of 120 participants were selected, and the variables of interest, namely operational stress, and suicidal ideation, were measured using established questionnaires. Descriptive statistical techniques were employed for data analysis. The normality of the data was determined using the Shapiro-Wilk test. Consequently, suitable parametric tests were applied for further analysis using appropriate software, ensuring the accuracy and reliability of the findings.

The results obtained in the study have been presented in the tables and the results are discussed accordingly.

Table 4.1: Sociodemographic Characteristics of the Respondents

	Frequency	**Percent**
Age Group		
30-34 Years	13	10.8
35-39 years	30	25.0
40-44 Years	26	21.7
45-49 Years	22	18.3
50 and above	11	9.2
Gender		
Male	108	90.0
Female	12	10.0
Marital Status		
Married	115	95.8
Single	4	3.3
Divorced	1	0.8
Education Level		

SSLC	7	5.8
Pre-degree	18	15.0
Degree	83	69.2
PG	12	10.0
Years of Services		
1-5 Years	8	6.7
6-10 Years	12	10.0
11-15 Years	33	27.5
16-20 Years	21	17.5
21 + Years	46	38.3
Rank/Position		
ASI	4	3.3
CPO	40	33.3
GSI	2	0.8
GSCPO	18	15.0
SCPO	36	30.0
SI	20	16.7
Shift Pattern		
24 – hour shift	48	40.0
Day shift	11	9.2
Rotating shift	61	50.8

Table 4.1 shows that most respondents are aged 35-39 years (25.0%), followed by 40-44 years (21.7%). This indicates a mature workforce with considerable experience. The relatively lower percentages for younger (30-34 years) and older (50+) age groups suggest a predominance of middle-aged employees, possibly reflecting both experience and career stability.

A significant majority of respondents are male (90.0%), with females comprising only 10.0%. This highlights a gender imbalance in the workforce, which may influence the dynamics and experiences within the workplace, including perspectives on stress and job satisfaction.

Most respondents are married (95.8%), suggesting that personal stability might be a common trait among the participants. The small percentage of singles (3.3%) and divorced individuals (0.8%) indicates that marital status might not significantly affect operational stress levels, but may contribute to overall life satisfaction and stability.

A large majority hold a degree (69.2%), with fewer having a pre-degree (15.0%) or higher qualifications (10.0%). This education profile indicates a well-educated workforce, which could impact their coping mechanisms and perceptions of stress. The small proportion with only SSLC education (5.8%) reflects limited entry-level positions.

The majority have over 21 years of service (38.3%), followed by those with 11-15 years (27.5%). This suggests a highly experienced workforce, potentially contributing to lower operational stress due to familiarity with job demands. Fewer employees have shorter service durations, highlighting long-term commitment.

The most common ranks are CPO (33.3%) and SCPO (30.0%), reflecting a senior and experienced workforce. Lower percentages for ASI (3.3%) and GSI (0.8%) indicate fewer junior positions. The distribution suggests a focus on higher responsibility roles within the organization.

The majority work rotating shifts (50.8%), followed by 24-hour shifts (40.0%). This suggests a high degree of flexibility and adaptation required by employees. The lower percentage for day shifts (9.2%) indicates that continuous operations and irregular hours are predominant, which may impact stress levels and work-life balance.

Table 4.2: Normality Results for Operational Stress and Suicidal Ideation

Variables	Statistics	df	Significance
Operational Stress	0.972	120	0.063
Suicidal Ideation	0.979	120	0.058

Initially, the normality was tested using the Shapiro-Wilk.

Table 4.2 shows that the Shapiro-Wilk statistic was 0.972 with a p-value of 0.063 for Operational Stress. This p-value is greater than the conventional alpha level of 0.05, indicating that the distribution of operational stress scores does not significantly deviate from normality. A p-value above 0.05 suggests that the data follows a normal distribution, supporting the appropriateness of parametric tests that assume normality. This finding aligns with the assumption that operational stress among police personnel is distributed in a manner that allows for accurate use of statistical techniques requiring normality.

The Shapiro-Wilk statistic was 0.979 with a p-value of 0.058 for Suicidal Ideation. Again, the p-value exceeds the 0.05 threshold, implying that suicidal ideation scores also conform to a normal distribution. This normality is critical for ensuring the reliability of the statistical analyses that assess the relationship between suicidal ideation and operational stress.

The results from the Shapiro-Wilk test for both variables suggest that their distributions are sufficiently close to normal. This supports the validity of applying parametric statistical methods, such as regression analysis, which assume normally distributed variables. Normality in the data ensures that the results of these analyses—such as estimating the impact of operational stress on suicidal ideation—are robust and interpretable.

The normality of both operational stress and suicidal ideation scores suggests that the assumptions required for subsequent parametric analyses are met. This strengthens the credibility of the study's findings and supports the use of traditional statistical techniques to explore the relationships between these variables.

Table 4.3: Frequency distribution for Operational stress and Suicidal ideation Levels

Operational Stress Level

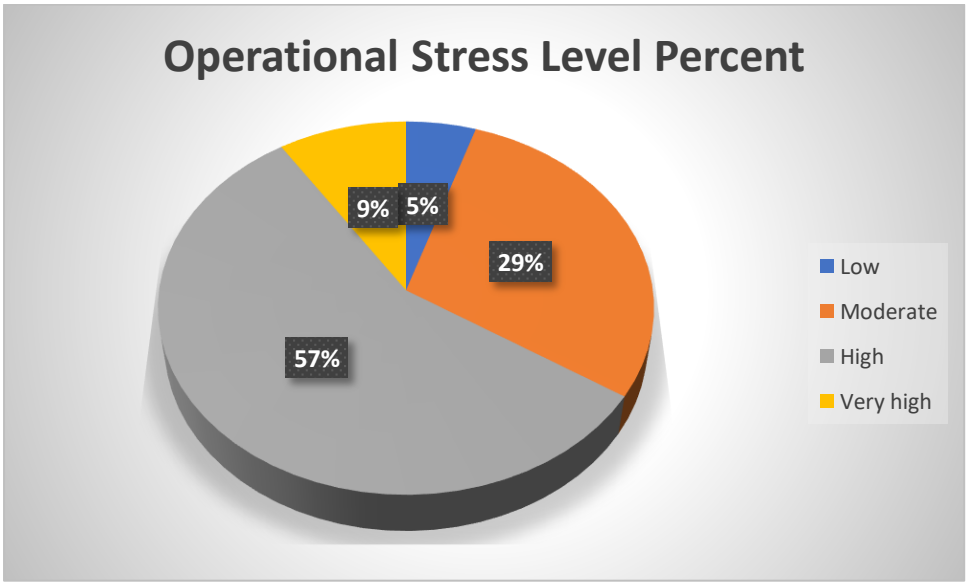
Level	Frequency	Percent
Low	6	5.0
Moderate	35	29.2
High	68	56.7
Very high	11	9.2

Suicidal Ideation Levels

Level	Frequency	Percent
Minimal	29	24.2
Moderate	50	41.7
Severe	37	30.8
Extremely severe	4	3.3

The frequency distribution for operational stress levels reveals a predominantly high-stress environment among participants, with 56.7% reporting high levels of stress. This is followed by 29.2% experiencing moderate stress. Only 5.0% of participants report low stress, and 9.2% report very high stress levels.

Figure 4.1: Frequency distribution of operational stress level



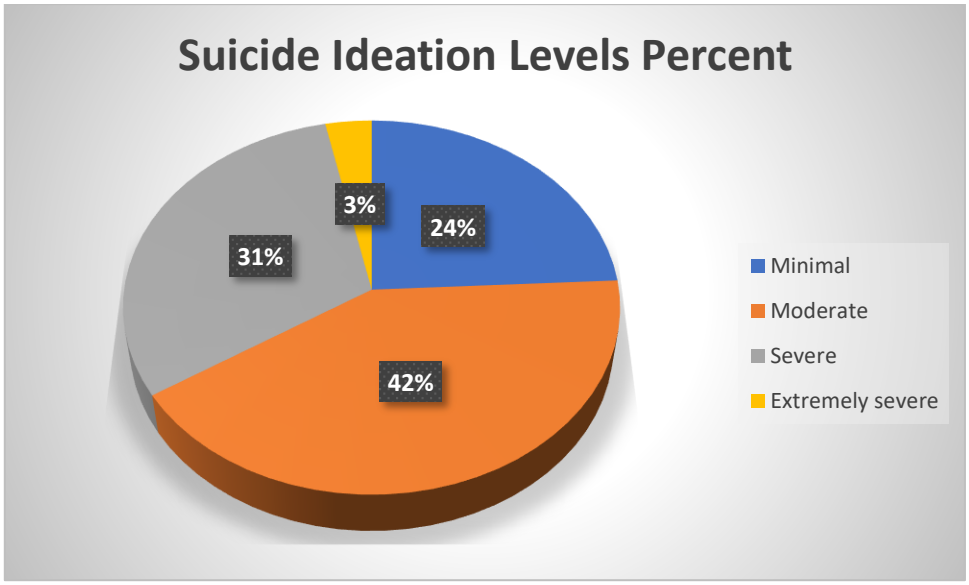
The high percentage of individuals experiencing high operational stress highlights a critical concern, particularly given the nature of police work, which is inherently demanding and fraught with challenges. The relatively small proportion of individuals in the low-stress category indicates that stress is a pervasive issue within this group. High operational stress can have severe implications, including decreased job performance, burnout, and adverse health outcomes.

The presence of a significant proportion of individuals reporting very high stress suggests that certain individuals may be experiencing extreme levels of strain that could be detrimental to their mental and physical health. Addressing these high-stress levels is crucial for improving the well-being of personnel. Implementing comprehensive stress management

programs and providing supportive interventions could help mitigate the effects of high operational stress and enhance overall job satisfaction and effectiveness.

The frequency distribution for suicidal ideation levels shows that a significant proportion of participants experience moderate to severe levels of suicidal thoughts. Specifically, 41.7% report moderate ideation and 30.8% report severe ideation. Minimal and extremely severe ideation levels are less common, at 24.2% and 3.3%, respectively.

Figure 4.2: Frequency distribution of Suicidal Ideation Levels



The high percentages of moderate and severe suicidal ideation indicate that many participants are struggling with substantial levels of distress. This prevalence underscores the urgent need for effective mental health interventions and support systems tailored to this population. Moderate ideation may reflect ongoing distress that could escalate if not addressed, while severe ideation is indicative of more acute psychological distress.

The low percentage of individuals with extremely severe ideation, though less common, still necessitates attention. These individuals may be at a higher risk of attempting suicide and require immediate and intensive support. The data emphasizes the importance of developing robust mental health resources, including counseling services and crisis intervention, to address the varying levels of suicidal ideation and provide necessary support to those in need.

Table 4.4: Correlation between Operational Stress and Suicidal Ideation

	Suicidal Ideation	Operational Stress
Suicidal Ideation	( )	…
Operational Stress	0.767**	( )

**Correlation is significant at the 0.01 level (2-tailed).

The Pearson correlation coefficient of 0.767 between Suicidal Ideation and Operational Stress indicates a strong positive relationship, suggesting that as operational stress increases, so does the likelihood of experiencing suicidal ideation. This finding aligns with previous research demonstrating that high levels of occupational stress can significantly impact mental health outcomes among police personnel (Violanti et al., 2017).

Operational stress among police officers is well-documented and often attributed to the high-pressure and high-risk nature of their duties. Officers frequently encounter traumatic

events, face irregular working hours, and experience constant demands for heightened alertness, all of which contribute to elevated stress levels (Söderfeldt et al., 1999). Such stress can manifest in various psychological symptoms, including suicidal thoughts. For example, a study by Deahl et al. (2000) highlights that police officers are at an increased risk of mental health issues, including suicidal ideation, due to the cumulative stress of their work environment.

The magnitude of the correlation coefficient in the study underscores the serious impact that operational stress can have on mental well-being. A coefficient of 0.767 indicates a significant association between operational stress and suicidal ideation, suggesting that operational stress is a major contributor to the risk of suicidal thoughts among police personnel. This finding is consistent with research by James and McCormick (2009), who found that stress in police work is strongly linked to various mental health issues, including depression and suicidal tendencies.

Since there is a strong correlation between Operational Stress and Suicidal Ideation, therefore the null hypothesis will be rejected. The strong correlation observed emphasizes the urgent need for targeted interventions to address stress management and mental health support for police officers. Stress reduction programs, psychological support, and fostering a supportive work environment are critical steps in mitigating the risk of severe outcomes like suicidal ideation. Interventions such as those outlined by Paton et al. (2003), including resilience-building training and mental health awareness, can be instrumental in managing operational stress effectively.

Implementing comprehensive mental health strategies, including regular mental health screenings, access to counseling services, and peer support programs, can play a crucial role in reducing the risk of suicidal ideation among police officers. Training programs focused on

coping strategies, stress management, and building resilience are essential to equip officers with the skills needed to navigate the challenges of their profession.

The findings from this correlation analysis underscore the critical need for proactive measures to address operational stress within the Kerala Police Force. By implementing targeted mental health strategies and support systems, the well-being of officers can be safeguarded, leading to a healthier and more effective workforce. Addressing operational stress not only benefits individual officers but also contributes to overall organizational effectiveness and safety.

Table 4.5: Regression results of Operational Stress for Suicidal ideation

Variables	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Chang
Operational Stress	0.767	0.588	0.585	5.447	0.588	168.567	1	118	0.000

The regression analysis shows a strong correlation coefficient (R) of 0.767, indicating a robust positive relationship between Operational Stress and suicidal ideation. This high value suggests that as Operational Stress increases, suicidal ideation tends to increase as well.

The R Square value is 0.588, meaning that 58.8% of the variability in suicidal ideation can be explained by Operational Stress. This indicates that the model does a decent job of capturing the relationship between the predictor and the outcome. The Adjusted R Square is 0.585, slightly lower than the R Square, accounting for the number of predictors in the model.

This adjustment confirms the model's effectiveness while considering potential overfitting from adding multiple predictors.

The Standard Error of the Estimate is 5.447, which reflects the average distance that observed values fall from the predicted values on the regression line. A lower standard error suggests a better fit of the model to the data. The R Square Change is 0.588, representing the proportion of variance in the suicidal ideation explained by adding Operational Stress. This shows that the predictor significantly contributes to explaining the variability in the outcome. The F Change statistic of 168.567 tests the overall significance of the regression model. A high F Change value indicates that the model is statistically significant and not due to random chance, reinforcing the predictor's relevance.

The Sig. F Change value is 0.000, which is less than the typical alpha level of 0.05, signifying that the addition of Operational Stress significantly improves the model. This result underscores the predictor's important role in explaining suicidal ideation.

The findings from the analysis reveal a concerning relationship between operational stress and suicidal ideation in the Kerala Police Force. The socio-demographic data indicate a predominantly mature and male workforce with a high level of education and significant years of service, which underscores their extensive experience and commitment. However, the data also highlight critical issues: a majority of respondents report high to very high levels of operational stress, with a substantial proportion experiencing moderate to severe suicidal ideation. The normality tests confirm that the distributions of both operational stress and suicidal ideation are suitable for parametric analysis, reinforcing the reliability of the statistical methods used. The strong positive correlation between operational stress and suicidal ideation ($r = 0.767$) and the significant regression model ($R^2 = 0.588$) underscore the substantial impact

of operational stress on mental health outcomes. These results emphasize the urgent need for targeted mental health interventions and stress management programs within the police force. Effective measures, such as counseling services, resilience training, and comprehensive support systems, are essential to mitigate the adverse effects of operational stress and address the risk of suicidal ideation, ultimately contributing to a healthier and more effective workforce.

Table 4.6. ANOVA for the Regression model

	Sum of Squares	df	Mean square	F	Sig.
Regression	5001.421	1	5001.421	29.670	0.000
Residual	3501.079	118	29.670		
Total	8502.500	119			

The ANOVA table offers valuable insights into the regression model's overall significance. The Regression Sum of Squares (5001.421) indicates the variance in suicidal ideation explained by the predictor, Operational Stress, reflecting the model's substantial contribution to understanding variability in the dependent variable. In contrast, the Residual Sum of Squares (3501.079) represents the variance in suicidal ideation that remains unexplained by the model. At the same time, the Total Sum of Squares (8502.500) reflects the total variance in suicidal ideation.

The Mean Square for Regression (5001.421), calculated by dividing the regression sum of squares by its degrees of freedom (df = 1), provides the average amount of variance explained by Operational Stress. Meanwhile, the Mean Square for Residual (29.670), derived by dividing the residual sum of squares by its degrees of freedom (df = 118), indicates the average variance not accounted for by the model.

The F Statistic (168.567), which is the ratio of the mean square for regression to the mean square for residuals, suggests that the regression model significantly improves the prediction of suicidal ideation compared to using the mean of the dependent variable. The statistical significance of the model is further confirmed by the p-value (Sig. = 0.000), which is less than 0.05, demonstrating that Operational Stress has a significant impact on suicidal ideation, and the model's findings are unlikely due to chance.

Taken as a whole, the ANOVA results confirm that the regression model is a significant predictor of suicidal ideation, emphasizing the critical role of Operational Stress in influencing this outcome.

Table 4.7: Crosstabulation of Gender and Operational Stress Levels

GENDER	OPERATIONAL STRESS LEVELS				TOTAL
	LOW	MODERATE	HIGH	VERY HIGH	
MALE	6	28	63	11	108
	5.6%	25.9%	58.3%	10.2%	100.0%
FEMALE	0	7	5	0	12
	0.0%	58.3%	41.7%	0.0%	100.0%
TOTAL	6	35	68	11	120
	5.0%	29.2%	56.7%	9.2%	100.0%

Table 4.8: Crosstabulation of Gender and Suicidal Ideation Levels

GENDER	SUICIDAL IDEATION LEVELS				TOTAL
	MINIMAL	MODERATE	SEVERE	EXTREMELY SEVERE	
MALE	26	44	34	4	108
	24.1%	40.7%	31.5%	3.7%	100.0%

FEMALE	3	6	3	0	12
	25.0%	50.0%	25.0%	0.0%	100.0%
TOTAL	29	50	37	4	120
	24.2%	41.7%	30.8%	3.3%	100.0%

Table 4.7 and Table 4.8 show the crosstabulation of gender and operational stress levels and gender and suicidal ideation levels respectively.

The crosstabulation of gender and operational stress levels highlights differences between male and female participants. Among males, 5.6% report low operational stress, 25.9% moderate, 58.3% high, and 10.2% very high levels of stress. In contrast, among females, a higher percentage (58.3%) report moderate stress, while 41.7% experience high stress, and none report low or very high stress. Overall, 56.7% of the total population experiences high stress, with males predominantly reporting higher stress levels compared to females, who are more likely to report moderate stress.

Regarding suicidal ideation levels, the crosstabulation shows a similar distribution between genders. Among males, 24.1% report minimal ideation, 40.7% moderate, 31.5% severe, and 3.7% extremely severe ideation. Females, on the other hand, show 25.0% reporting minimal ideation, 50.0% moderate, and 25.0% severe ideation, with no cases of extremely severe ideation. Across the total population, 41.7% report moderate suicidal ideation, followed by 30.8% reporting severe ideation, 24.2% minimal, and 3.3% extremely severe ideation.

By analyzing the table, it is evident that males are more likely to experience higher levels of operational stress and a broader range of suicidal ideation, with a noticeable portion experiencing severe and extremely severe ideation. Females, however, tend to report moderate levels of both stress and suicidal ideation, with no extreme cases of either operational stress or

suicidal ideation. This suggests a gender-based difference in how operational stress and suicidal ideation are experienced, with males tending toward higher severity in both categories.

Table 4.9: Crosstabulation of Education Levels, Operational Stress Levels

EDUCATION LEVEL	OPERATIONAL STRESS LEVELS				TOTAL
	LOW	MODERATE	HIGH	VERY HIGH	
SSLC	1	3	2	1	7
	14.3%	42.9%	28.6%	14.3%	100.0%
PRE-DEGREE	1	3	14	0	18
	5.6%	16.7%	77.8%	0.0%	100.0%
DEGREE	4	26	44	9	83
	4.8%	31.3%	53.0%	10.8%	100.0%
POSTGRADUATE	0	3	8	1	12
	0.0%	25.0%	66.7%	8.3%	100.0%
TOTAL	6	35	68	11	120
	5.0%	29.2%	56.7%	9.2%	100.0%

Table 4.10: Crosstabulation of Education Level and Suicidal Ideation Levels

EDUCATION LEVEL	**SUICIDAL IDEATION LEVELS**				**TOTAL**
	MINIMAL	MODERATE	SEVERE	EXTREME SEVERE	
SSLC	2	4	1	0	7
	28.6%	57.1%	14.3%	0.0%	100.0%
PRE-DEGREE	7	2	9	0	18

	38.9%	11.1%	50.0%	0.0%	100.0%
DEGREE	19	38	22	4	83
	22.9%	45.8%	26.5%	4.8%	100.0%
POSTGRADUATE	1	6	5	0	12
	8.3%	50.0%	41.7%	0.0	100.0%
TOTAL	29	50	37	4	120
	24.2%	41.7%	30.8%	3.3%	100.0%

Tables 4.9 and 4.10 show the Crosstabulation of education level and operational stress levels and education level and suicidal ideation levels respectively.

The crosstabulation of education level and operational stress levels reveals that stress increases with higher education levels. Among individuals with SSLC (secondary school), 14.3% report low stress, 42.9% moderate, 28.6% high, and 14.3% very high stress. Pre-degree holders exhibit a large majority (77.8%) experiencing high stress, with smaller proportions reporting low (5.6%) and moderate (16.7%) stress, and none in the very high category. Degree holders show the widest distribution, with 53.0% experiencing high stress, 31.3% moderate, and 10.8% very high, while only 4.8% report low stress. Postgraduates mainly experience high stress (66.7%) and moderate stress (25.0%), with 8.3% reporting very high stress and none in the low category. In general, 56.7% of the population reports high stress, indicating a trend of increasing stress with higher education levels, particularly concentrated in moderate to high ranges.

Regarding suicidal ideation, the crosstabulation shows variation across education levels. Among those with SSLC, 28.6% report minimal ideation, 57.1% moderate, and 14.3% severe, with no cases of extreme severity. Pre-degree holders show 38.9% minimal ideation,

11.1% moderate, and 50.0% severe ideation, with no extreme cases. Degree holders exhibit a range of ideation severity, with 22.9% reporting minimal, 45.8% moderate, 26.5% severe, and 4.8% extremely severe ideation. Postgraduates have 8.3% reporting minimal ideation, 50.0% moderate, 41.7% severe, and no cases of extreme ideation. Across the total population, 41.7% fall into the moderate ideation category, followed by 30.8% reporting severe ideation, 24.2% minimal ideation, and 3.3% extreme ideation.

By analysing the table, it is evident that higher education levels correspond to increased operational stress, while suicidal ideation ranges from minimal to severe across different educational groups, with most individuals experiencing moderate to severe ideation.

Table 4.11: Crosstabulation of Age and Operational Stress Levels

Age Group	Operational Stress Levels				Total
	Low	Moderate	High	Very high	
30 - 34	0	5	7	1	13
	0.0%	38.5%	53.8%	7.7%	100.0%
35 – 39	1	7	23	1	32
	3.1%	21.9%	71.9%	3.1%	100.0%
40 – 44	2	8	17	4	31
	6.5%	25.8%	54.8%	12.9%	100.0%
45 – 49	2	10	11	4	27
	7.4%	37.0%	40.7%	14.8%	100.0%
50 above	1	5	10	1	17
	5.9%	29.4%	58.8%	5.9%	100.0%
Total	6	35	68	11	120
	5.0%	29.2%	56.7%	9.2%	100.0%

Table 4.12: Crosstabulation of Age and Suicidal Ideation Levels

Age Group	Suicidal ideation Levels				Total
	Minimal	Moderate	Severe	Extremely Severe	
30 - 34	3	8	1	1	13
	23.1%	61.5%	7.7%	7.7%	100.0%
35 – 39	5	14	13	0	32
	15.6%	43.8%	40.6%	0.0%	100.0%
40 – 44	10	11	9	1	31
	32.3%	35.5%	29.0%	3.2%	100.0%
45 – 49	7	9	9	2	27
	25.9%	33.3%	33.3%	7.4%	100.0%
50 above	4	8	5	0	17
	23.5%	47.1%	29.4%	0.0%	100.0%
Total	29	50	37	4	120
	24.2%	41.7%	30.8%	3.3%	100.0%

Table 4.11 and Table 4.12 show the Age and Operational stress levels and age and suicidal ideation levels respectively. The crosstabulation of age and operational stress levels indicates that stress varies across different age groups. In the 30-34 age group, 53.8% experience high operational stress, while 38.5% report moderate stress, and only 7.7% report very high stress. Among those aged 35-39, a significant 71.9% experience high stress, with 21.9% moderate, and only 3.1% report low or very high stress. In the 40-44 group, 54.8% reported high stress, with a smaller proportion experiencing moderate (25.8%) and very high (12.9%) stress. For those aged 45-49, 40.7% experience high stress, 37.0% moderate, and 14.8% very high stress, showing a more balanced distribution. Among those aged 50 and

above, 58.8% report high stress, with fewer experiencing moderate (29.4%) or very high (5.9%) stress. Overall, 56.7% of the population experiences high stress, with moderate and very high levels distributed across age groups. The 35-39 age group shows the highest proportion of high stress, while stress remains significant in other groups as well.

The crosstabulation of age and suicidal ideation levels shows varying levels of ideation across age groups. Among those aged 30-34, 61.5% report moderate ideation, with smaller proportions experiencing minimal (23.1%), severe (7.7%), and extremely severe ideation (7.7%). In the 35-39 age group, 43.8% report moderate ideation, while 40.6% experience severe ideation, and 15.6% minimal ideation, with no cases of extreme ideation. In the 40-44 age group, ideation is more evenly spread, with 35.5% reporting moderate, 32.3% minimal, and 29.0% severe ideation, while 3.2% experience extreme ideation. Among those aged 45-49, 33.3% report both moderate and severe ideation, with 25.9% minimal and 7.4% extreme ideation. In the 50 and above group, 47.1% report moderate ideation, with 29.4% severe, 23.5% minimal, and no extreme cases. In general, moderate suicidal ideation is most common across all age groups (41.7%), with severe ideation (30.8%) and minimal ideation (24.2%) following, while extremely severe ideation remains low (3.3%).

By analyzing the table, it is evident that high operational stress is prevalent across all age groups, especially among those aged 35-39. Suicidal ideation tends to be moderate to severe across the age spectrum, with minimal and extremely severe ideation reported less frequently.

Table 4.13: Crosstabulation of Marital status and Operational stress levels

Marital status	Operational Stress Levels				Total
	Low	Moderate	High	Very high	
	5	32	67	11	115

Married	4.3%	27.8%	58.3%	9.6%	100.0%
Single	1	2	1	0	4
	25.0%	50.0%	25.0%	0.0%	100.0%
Divorced	0	1	0	0	1
	0.0%	100.0%	0.0%	0.0%	100.0%
Total	6	35	68	11	120
	5.0%	29.2%	56.7%	9.2%	100.0%

Table 4.14: Crosstabulation of Marital status and Suicidal ideation Levels

Marital status	Suicidal ideation Levels				Total
	Minimal	Moderate	Severe	Extremely severe	
Married	25	50	36	4	115
	21.7%	43.5%	31.3%	3.5%	100.0%
Single	3	0	1	0	4
	75.0%	0.0%	25.0%	0.0%	100.0%
Divorced	1	0	0	0	1
	100.0%	0.0%	0.0%	0.0%	100.0%
Total	29	50	37	4	120
	24.2%	41.7%	30.8%	3.3%	100.0%

Table 4.13 and Table 4.14 show the Marital status and Operational Stress levels and marital status and Suicidal ideation levels. The crosstabulation of marital status and operational stress levels indicates that the majority of married individuals experience high stress. Among married participants, 58.3% report high stress, followed by 27.8% experiencing moderate stress, 9.6% reporting very high stress, and 4.3% experiencing low stress. For single individuals, 50.0% report moderate stress, 25.0% report high stress, and 25.0% report low stress, with no cases of very high stress. The divorced participant reports only moderate stress, with no cases of low, high, or very high stress. In general, 56.7% of the total population experiences high stress, with the majority being married individuals.

In terms of suicidal ideation levels, the majority of married individuals (43.5%) report moderate ideation, followed by 31.3% experiencing severe ideation, 21.7% minimal ideation, and 3.5% extremely severe ideation. Among single individuals, 75.0% report minimal ideation, while 25.0% experience severe ideation, with no cases of moderate or extremely severe ideation. The divorced participant reports only minimal ideation. Across the total population, 41.7% experience moderate suicidal ideation, followed by 30.8% with severe ideation, 24.2% with minimal ideation, and 3.3% with extremely severe ideation.

By analyzing the table, it is noticeable that married individuals tend to experience higher levels of both operational stress and suicidal ideation compared to single and divorced individuals. Singles show a higher tendency for minimal suicidal ideation, while divorced individuals show minimal ideation but moderate stress.

Table 4.15: Crosstabulation of Rank or Position and Operational Strell Levels

Rank/Position	Operational Stress Levels				Total
	Low	Moderate	High	Very High	
ASI	1	1	1	1	4
	16.7%	2.9%	1.4%	9.1%	3.3%
CPO	0	11	24	5	40
	0.0%	32.4%	34.8%	45.5%	33.3%
GSI	0	1	1	0	2
	0.0%	2.9%	1.4%	0.0%	1.7%
GSCPO	0	5	11	2	18
	0.0%	14.7%	15.9%	18.2%	15.0%
SCPO	3	10	21	2	36
	50.0%	29.4%	30.4%	18.2%	30.0%
SI	2	6	11	1	20
	33.3%	17.6%	15.9%	9.1%	16.7%
TOTAL	6	34	69	11	120
	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4.16: Crosstabulation of Rank and Suicidal ideation Levels

Rank/Position	Suicidal Ideation Levels				Total
	Minimal	Moderate	Severe	Extremely severe	
ASI	2	0	2	0	4
	6.9%	0.0%	5.4%	0.0%	3.3%
CPO	4	23	10	3	40
	13.8%	46.0%	27.0%	75.0%	33.3%
GSI	0	2	0	0	2
	0.0%	4.0%	0.0%	0.0%	1.7%
GSCPO	7	3	7	1	18
	24.1%	6.0%	18.9%	25.0%	15.0%
SCPO	10	12	14	0	36
	34.5%	24.0%	37.8%	0.0%	30.0%
SI	6	10	4	0	20
	20.7%	20.0%	10.8%	0.0%	16.7%
TOTAL	29	50	37	4	120
	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4.15 and Table 4.16 Shows the crosstabulation of Rank or Position and operational stress and suicidal ideation levels respectively.

The crosstabulation of rank or position and operational stress levels reveals varying degrees of stress among different ranks. For Assistant Sub-Inspectors (ASI), the distribution is evenly spread across stress levels, with 16.7% experiencing low, moderate, high, and very high stress. Among Civil Police Officers (CPO), a significant proportion (34.8%) report high stress, 32.4% moderate, and 45.5% very high stress, indicating this group faces the highest operational stress. Senior Civil Police Officers (SCPO) also show a notable distribution, with 30.4% reporting high stress, 29.4% moderate, and 18.2% very high stress. Sub-Inspectors (SI) report a mix of stress levels, with 33.3% experiencing low stress, 17.6% moderate, and 15.9% high stress. Compared to other ranks, CPOs and SCPOs bear the brunt of operational stress, particularly at high and very high levels.

In terms of suicidal ideation, Civil Police Officers (CPO) show the highest prevalence, with 46.0% reporting moderate ideation, 27.0% severe, and 75.0% extremely severe ideation. SCPOs follow closely, with 37.8% reporting severe ideation and 24.0% moderate ideation, though none report extremely severe ideation. Sub-Inspectors (SI) report 20.7% minimal ideation, 20.0% moderate, and 10.8% severe ideation, with no extreme cases. G.S.I officers show only moderate ideation at 4.0%. Across all ranks, the population shows 41.7% moderate ideation, followed by 30.8% severe ideation, 24.2% minimal, and 3.3% extremely severe ideation. Operational stress is most concentrated in C.P.Os and S.C.P.Os, who also report the highest levels of suicidal ideation, particularly in the moderate and severe categories. Sub-inspectors tend to experience more moderate and minimal ideation, while G.S.Is report the least stress and ideation overall. This suggests a correlation between rank and the levels of operational stress and suicidal ideation experienced.

CHAPTER V

SUMMARY AND CONCLUSION

- **SUMMARY**
- **MAJOR FINDINGS OF THE STUDY**
- **IMPLICATIONS OF THE STUDY**
- **LIMITATIONS OF THE STUDY**
- **SUGGESTIONS FOR FURTHER RESEARCH**

SUMMARY AND CONCLUSION

The analysis reveals significant insights into the sociodemographic characteristics, operational stress, and suicidal ideation among the respondents, presumably police personnel. The majority of respondents fall within the 35-39 years (25.0%) and 40-44 years (21.7%) age groups, indicating a workforce with substantial experience. There is a notable gender imbalance, with 90% male and only 10% female respondents. Most respondents are married (95.8%), suggesting a stable personal background. Educationally, a substantial majority hold a degree (69.2%), reflecting a well-educated workforce, while only a small proportion have only SSLC education (5.8%). The data also shows that a significant portion of respondents have over 21 years of service (38.3%), and most hold senior ranks such as CPO (33.3%) and SCPO (30.0%). The prevalent shift patterns are rotating shifts (50.8%) and 24-hour shifts (40.0%), indicating high adaptability and flexibility.

Normality tests confirm that both operational stress and suicidal ideation scores follow a normal distribution, justifying the use of parametric statistical methods. The correlation analysis shows a strong positive relationship ($r = 0.767$) between operational stress and suicidal ideation, indicating that increased stress is associated with higher levels of suicidal thoughts. The regression analysis supports this finding, with 58.8% of the variability in suicidal ideation explained by operational stress, and the model being statistically significant.

The operational stress levels are predominantly high, with 56.7% of respondents reporting high stress and 9.2% experiencing very high stress. Only a small percentage experience low (5.0%) or moderate (29.2%) stress. This suggests that operational stress is a pervasive issue within this group. Regarding suicidal ideation, a significant portion of respondents report moderate (41.7%) and severe (30.8%) levels of suicidal thoughts, while

minimal and extremely severe ideation are less common (24.2% and 3.3%, respectively). This prevalence highlights an urgent need for mental health support.

The crosstabulation analysis across gender, education level, age, and marital status reveals distinct patterns in operational stress and suicidal ideation among participants. Males tend to report higher levels of operational stress and a broader range of suicidal ideation, whereas females are more likely to experience moderate levels of both. Higher education is associated with increased operational stress, with postgraduates predominantly experiencing high stress levels. Suicidal ideation is mostly moderate across educational groups. Age-wise, participants aged 35-39 experience the highest operational stress, while moderate to severe suicidal ideation is prevalent across all age groups. Marital status plays a significant role, with married individuals showing higher operational stress and suicidal ideation compared to single or divorced participants. In terms of Rank or Position, Civil Police Officers (CPOs) and Senior Civil Police Officers (SCPOs) experience the highest levels of operational stress and suicidal ideation, particularly in the moderate to severe range. Sub-Inspectors (SIs) experience moderate stress and ideation, while GSIs report the lowest stress and ideation levels, reflecting rank-specific mental health challenges. High operational stress and moderate to severe suicidal ideation are common across the population, indicating the need for targeted interventions based on demographic factors.

Taken as a whole, the findings underscore the severe impact of operational stress on mental health, revealing a critical need for effective mental health interventions. Implementing comprehensive stress management programs, providing robust mental health support, and offering resilience training could significantly alleviate the negative effects of operational stress and reduce the risk of suicidal ideation among police personnel. Proactive measures are essential to improve the well-being of the workforce and enhance organizational effectiveness and safety.

MAJOR FINDINGS

The analysis of sociodemographic characteristics reveals a predominantly mature and experienced workforce among the Kerala Police Force, with the majority of respondents aged between 35-44 years. This age distribution, combined with a high percentage of individuals holding degrees and long tenures in service, indicates a well-educated and committed group. However, a significant gender imbalance is evident, with males representing 90% of the respondents, which may influence workplace dynamics. Most respondents are married, suggesting personal stability, but the impact of marital status on operational stress requires further exploration. The shift patterns, predominantly rotating and 24-hour shifts, reflect the demanding nature of the job, which likely contributes to high levels of operational stress.

The frequency distribution highlights that 56.7% of respondents experience high levels of operational stress, with an additional 9.2% reporting very high stress. This elevated stress level is a critical concern given the high-pressure nature of police work, and it correlates strongly with increased levels of suicidal ideation. The data shows that 41.7% of participants report moderate suicidal ideation, and 30.8% report severe ideation, underscoring the urgent need for effective mental health interventions.

Normality tests confirm that both operational stress and suicidal ideation scores are normally distributed, supporting the use of parametric statistical methods for analysis. The Pearson correlation coefficient of 0.767 indicates a strong positive relationship between operational stress and suicidal ideation, suggesting that higher stress is significantly associated with increased suicidal thoughts. Regression analysis further supports this relationship, with operational stress explaining 58.8% of the variability in suicidal ideation. This finding emphasizes the need for targeted stress management and mental health support programs to address the severe impact of operational stress on police personnel’s mental well-being.

In summary, these findings highlight the critical need for comprehensive mental health strategies and support systems to mitigate the adverse effects of operational stress and reduce the risk of suicidal ideation among police officers.

IMPLICATIONS

The findings from the study underscore the urgent need for targeted interventions to address the significant levels of operational stress and suicidal ideation among police personnel. With a substantial proportion of respondents experiencing high to very high-stress levels, it is clear that the demanding nature of police work—characterized by irregular hours and high-pressure environments—contributes heavily to their overall stress. This high stress is closely associated with elevated levels of suicidal ideation, highlighting the critical importance of implementing comprehensive mental health support systems. To mitigate these issues, it is essential to develop and deploy robust stress management programs, including resilience training and psychological support services, tailored specifically to the unique challenges faced by police officers. Establishing comprehensive mental health policies at the institutional level that mandate regular psychological evaluations, access to mental health professionals, and mandatory counseling sessions for personnel experiencing high levels of stress. Enforcing policies that promote better work-life balance, such as ensuring regular working hours, limiting overtime, and offering sufficient rest periods. This can significantly reduce the cumulative effects of stress caused by irregular shifts and high-pressure situations. Policymakers should implement a suicidal prevention framework that includes mandatory suicidal risk assessments for high-risk personnel, crisis intervention teams, and a 24/7 mental health hotline exclusively for police officers.

Additionally, enhancing support structures such as peer support networks and access to professional counseling can provide crucial assistance. By addressing the root causes of operational stress and offering effective support mechanisms, the well-being of fficers can be significantly improved, which in turn will enhance their job satisfaction and overall effectiveness. Implementing these measures is vital not only for individual mental health but also for the overall functionality and safety of the police force.

LIMITATION

Firstly, the cross-sectional nature of the survey limits the ability to infer causation between operational stress and suicidal ideation; while a strong correlation is observed, it does not establish a direct cause-and-effect relationship. The gender imbalance, with a significantly higher proportion of male participants, may not fully represent the experiences of female officers, thereby limiting the generalizability of the findings across genders. Moreover, the study's focus on the Kerala Police Force may restrict the applicability of the results to other police forces or professions with different operational contexts. Future research should consider longitudinal designs to better understand causal relationships and include a more balanced sample to enhance the generalizability and validity of the findings.

SUGGESTIONS FOR THE FURTHER RESEARCH

To build upon the findings of this study, several avenues for further research are suggested:

1. Conducting longitudinal studies would be effective in exploring the causal relationships between operational stress and suicidal ideation, tracking changes over time. This

approach can provide insights into how stress evolves with career progression and how it impacts mental health in the long term.

2. Include a more diverse sample with balanced representation across genders, different police forces, and various demographic groups. This can enhance the generalizability of findings and offer a comprehensive understanding of the stressors affecting different groups within the police force.

3. Perform analyses to determine if operational stress and suicidal ideation vary significantly across different demographic and professional variables such as age, gender, rank, and years of service. Identifying specific subgroups at higher risk can help in tailoring targeted interventions.

4. Investigate the impact of specific stressors (e.g., exposure to trauma, workload, shift patterns) and individual coping mechanisms. Understanding how these factors influence mental health can offer more targeted insights and inform the development of effective stress management strategies.

5. Conduct qualitative research, including interviews or focus groups, to uncover nuanced experiences and coping strategies that quantitative surveys may miss. This can provide a deeper understanding of the personal and organizational factors contributing to stress.

6. Assess the effectiveness of current stress management programs and mental health interventions within police forces. This can inform the development of more tailored and effective support systems, ensuring they meet the specific needs of the personnel.

7. Expand research to include comparative studies with other high-stress professions. This can highlight unique stressors and commonalities, providing a broader context for understanding and addressing operational stress.

8. Explore how organizational factors such as leadership, support systems, and work culture influence operational stress and mental health outcomes. Understanding these dynamics can guide organizational changes aimed at improving overall well-being.

9. Integrate physiological measures (e.g., cortisol levels, heart rate variability) with psychological assessments. This approach can provide a comprehensive view of stress and its impact, offering additional insights into the physiological aspects of operational stress.

10. Examine existing policies and their impact on operational stress and mental health. Research how policy changes affect stress levels and mental health can guide policy improvements, ensuring they effectively address the needs of police personnel.

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APPENDICES

INFORMED CONSENT FORM

Hello! I am Aiswarya SS (final year MSc Counselling Psychology) from Loyola College of Social Sciences, Trivandrum. As part of my course curriculum, I am conducting research on the topic "Operational Stress and Suicidal Ideation Among Kerala Police Force" under the guidance of Dr. Pramod S K, Assistant Professor, MSc Counselling Psychology. The questionnaires will require approximately 15-20 minutes to complete. I would be very grateful for your keen participation in my study.

Informed consent: Should you wish to participate in the study, the researcher will ask you for your personal information. You need not worry about your personal information or your identity for they will be strictly in the hands of the researcher. The information will be used only for research purposes. Confidentiality will be maintained.

I hereby endorse that I am willing to take part in this study:

Participant's signature Date:

SOCIODEMOGRAPHIC DATA

1.Name(Initials only) :

2. Age :

3. Gender :

4. Marital Status :

5. Educational Level :

6. Years of Service :

7. Rank/Position :

8. Shift Pattern : ☐Day Shift

☐Night Shift

☐Rotating Shifts

☐24 hrs

9. Number of Transfers:

10. Monthly income :

OPERATIONAL POLICE STRESS QUESTIONNAIRE

Operational Police Stress Questionnaire

Below is a list of items that describe different aspects of being a police officer. After each item, please circle how much stress it has caused you over the past 6 months, using a 7-point scale (see below) that ranges from "No Stress At All" to "A Lot Of Stress":

No Stress At All			Moderate Stress			A Lot Of Stress
1	2	3	4	5	6	7

1. Shift work	1	2	3	4	5	6	7
2. Working alone at night	1	2	3	4	5	6	7
3. Over-time demands	1	2	3	4	5	6	7
4. Risk of being injured on the job	1	2	3	4	5	6	7
5. Work related activities on days off (e.g. court, community events)	1	2	3	4	5	6	7
6. Traumatic events (e.g. MVA, domestics, death, injury)	1	2	3	4	5	6	7
7. Managing your social life outside of work	1	2	3	4	5	6	7
8. Not enough time available to spend with friends and family	1	2	3	4	5	6	7
9. Paperwork	1	2	3	4	5	6	7
10. Eating healthy at work	1	2	3	4	5	6	7
11. Finding time to stay in good physical condition	1	2	3	4	5	6	7
12. Fatigue (e.g. shift work, over-time)	1	2	3	4	5	6	7
13. Occupation-related health issues (e.g. back pain)	1	2	3	4	5	6	7
14. Lack of understanding from family and friends about your work	1	2	3	4	5	6	7
15. Making friends outside the job	1	2	3	4	5	6	7
16. Upholding a "higher image" in public	1	2	3	4	5	6	7
17. Negative comments from the public	1	2	3	4	5	6	7
18. Limitations to your social life (e.g. who your friends are, where you socialize)	1	2	3	4	5	6	7
19. Feeling like you are always on the job	1	2	3	4	5	6	7
20. Friends / family feel the effects of the stigma associated with your job	1	2	3	4	5	6	7

SUICIDAL IDEATION ATTRIBUTION SCALE (SIDAS)

There are certain questions given. Please think about your experiences over the past month and choose the number that best represents your feelings for each question. For each question, you will have to rate your experience on a scale from 0 to 10.

1. In the past month, how often have you had thoughts about suicide? (0 = Never, 10 = Always)

   0 1 2 3 4 5 6 7 8 9 10

2. In the past month, how much control have you had over these thoughts? (0 = No control, 10 = Full control)

   0 1 2 3 4 5 6 7 8 9 10

3. In the past month, how close have you come to making a suicide attempt? (0 = Not close at all, 10 = Made an attempt)

   0 1 2 3 4 5 6 7 8 9 10

4. In the past month, to what extent have you felt tormented by thoughts about suicide? (0 = Not at all, 10 = Extremely)

   0 1 2 3 4 5 6 7 8 9 10

5. In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks, or social activities? (0 = Not at all, 10 = Extremely)

   0 1 2 3 4 5 6 7 8 9 10