Managing occupational stress injury in police services: A literature review

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Abstract: Occupational stress is an increasingly significant economic and social burden in Australia, yet its impact is not being adequately addressed, particularly in emergency services organisations, such as police services. Management of workplace stress injury is therefore a priority, requiring integration of effective occupational rehabilitation systems to prevent and mitigate this condition at an organisational level. This literature review describes the specific issues associated with occupational stress in police services. Findings of the review indicate that attention is required to the job and organisational characteristics of police services, stress management processes, training and knowledge, and the police culture and organisational climate. These issues contribute to stress and create barriers to rehabilitation within police services. Recommendations for addressing occupational stress in police organisations are provided, with a focus on developing and maintaining effective prevention and rehabilitation processes.

Keywords: Occupational stress, police services, stress management

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Introduction
Stress in the work context is a significant issue given the economic impact on employers and society. The median cost for a mental disorders claim in Australia was calculated at $18,000 in 2008-09, whilst the median cost for all serious workers’ compensation claims during the same period was $7,700 (1). There are considerable indirect and hidden costs associated with stress injury (2). For example, workplace stress significantly affects employee productivity, absenteeism and presenteeism, with an estimated overall cost of over $10 billion per year (2-4). Hidden costs are also associated with staff turnover, the impact of stress on physical health, such as cardiovascular disease and musculoskeletal disorders, and the consequences for families and society. The direct and indirect costs of stress suggest that employers need to manage this condition in the workplace to ensure their businesses remain competitive.

In Australia, employers have a legal obligation to prevent and manage workplace injuries. This includes the provision of safe work environments, workers’ compensation insurance and rehabilitation assistance (5-7). Employers must also adhere to health and safety legislation, regulations and codes of practice (8,9). Those employers that manage and reduce occupational injury and disease beyond legislative demands can reduce insurance premiums, and improve productivity and company image (5,10,11). Numerous studies have
identified workplace interventions as key to recovery and successful return to work, recognising that work environment factors, such as work tasks and work organisation, social relationships and organisational culture, are significant in work disability (12-16). A favourable work environment is particularly important when returning workers with mental health issues to the workplace (12).

Addressing workplace stress injury is particularly relevant in front line emergency services, such as police services. Personal and other service occupations have the highest frequency of workers’ compensation claims for occupational diseases and up to 75% of these claims are for mental disorders. Police services, corrective services and fire brigade services account for 84% of the mental disorders claims in the personal and other services occupational categories, (1), making these public order and safety occupations a primary concern for mental disorder claims. Police officers and emergency service personnel in particular face operational stressors (17,18), and these stressors are significantly added to or moderated by workplace factors (19,20), necessitating an organisational response to injury.

**Organisational response to injury: Workplace rehabilitation**

One response to managing the direct and indirect costs of occupational stress injury to organisations is to develop effective occupational rehabilitation systems to both prevent and manage injuries (21). Occupational rehabilitation is a process aimed at maintaining and/or restoring injured workers’ functional effectiveness via appropriate and timely services (22, 23). Effective occupational rehabilitation includes immediate interventions after injury with the aim of returning injured workers back to the same workplace as early and safely as possible (5,24,25). Six essential components of successful return to work rehabilitation programs have been identified that include centralized coordination of return to work, individual psychological and occupational interventions, workplace-based interventions, work accommodations, contact between the stakeholders and concerted action (13).

While the focus of much rehabilitation literature has been on individual clinical and psychological factors associated with return to work, addressing these is not necessarily the most effective approach for promoting return to work outcomes (12-15). Whilst clinical treatment may reduce symptoms, the impact on return to work outcomes is limited unless combined with other interventions within a systems approach that acknowledges the interaction between the injured worker and health care, the work environment and the compensation system (12-14,16). Work environment factors, such as work tasks and work organisation, social relationships and organisational culture, are now recognised as significant in work disability, and numerous studies have identified workplace interventions as key to recovery and successful return to work (12-16).

Although a favourable work environment is particularly important when returning workers with mental health issues to the workplace (12), workplace interventions also have to be feasible in practice (15,16). Studies have found that implementation of return to work programs within organisations requires active participation from key stakeholders, such as injured workers and their supervisors. (15,16). Stakeholder involvement factors include interactions between all participants, including compensation, health care and the work context, recognising the multi-causality of work disability beyond the initial injury (12,13, 16). Contemporary approaches to occupational rehabilitation, such as disability management, emphasise the seamless transition from prevention to post-injury rehabilitation and the involvement of stakeholders (21,26-28). Disability management is focused on employers and takes a systematic approach to the integration of prevention, claims management, early intervention and return to work case management (26), and has been highlighted as an effective occupational rehabilitation model, especially when applied within large organisations (21,26,28-30). Injured workers are actively involved in their
rehabilitation programs and are encouraged to have input into the development of return to work goals and plans, participate in stakeholder meetings, and contribute their work experience to the design of work accommodations. Injured workers are further empowered with information about their medical condition/s and company policies (26). This approach has been shown to achieve improvements in return to work outcomes, productivity and employee satisfaction, as well as saving on costs associated with absenteeism (26,31, 32). Large companies with successful disability management programs provide training and support for supervisors and financial incentives for departments to encourage local ownership of temporary work disability (31,32). Supervisors, union representatives and co-workers are also actively involved in both prevention and rehabilitation processes (26). Despite the promises of a disability management approach, minimal research has been undertaken into the application of disability management policies and practices (28) and the implementation of disability management principles in organisations (30). In particular there is little published information on effective interventions in the area of occupational stress (33). Clearly there is a need for more focus on the specific needs and cultures of Australian organisations in addressing occupational rehabilitation issues.

**Occupational stress**

Stress and psychological injuries are of significant concern to employers due to increased workers compensation costs, (6,30,34), and to employees given its impact on job satisfaction and quality of life (19,20,35). Physical health is also affected by chronic stress, increasing the risk of other occupational injuries to both the stressed individual and co-workers (36). Organisationally focused approaches to stress are thought to potentially benefit more employees than individually focused approaches (33), which are often now questioned in terms of their effectiveness to manage occupational stress (34,37,38). Different understandings of stress focus on different solutions, such as treating individuals or adjusting environments. Contemporary perspectives are more multidimensional than either the traditional psycho-medical or the stressor and strain model, taking ecological or systemic approaches (39). Ecologically, humans are viewed as living systems within environmental systems with psychological and social factors influencing each other (39).

In the work context, stress is best understood as a process influenced by several factors where stressors interact with an individual’s capacities resulting in strain if the stressors exceed the resources (30,40). Work stress definitions are often confused by the different uses of the term stress to also denote ‘stressors’ (the demands), as well as ‘strain’ (the negative outcome of stress) (30). Perceived work stress is the extent to which a person feels strain in relation to their work. Demanding jobs that lack individual control over the work and flexibility are considered most stressful (34,41,42). However, the assumption that stress is inherently negative or that it should be completely avoided is inaccurate (43). For example positive stress that does not exceed capacity can optimise productivity, while an ongoing lack of demands to challenge an individual can lead to long term dissatisfaction and be perceived as stressful (30). Frequent work stress is most strongly associated with problems for both individuals and organisations (41). Furthermore, strain resulting from work, personal and social stressors can impact on workers and are therefore considered in work stress studies (44).

**Individual versus organisational factors**

Given that occupational stress is recognised as the incompatibility between individual capacity and organisational demands (30,40,44-46), it is important to address the both individual and organisational causes of stress in the workplace (12,47-49). Focusing on getting a stressed worker better, only to return the worker to the same stressful workplace is
clearly ineffective and therefore requires co-operation from organisational stakeholders (12). Conducting the rehabilitation process from within the workplace allows the needs of the stressed individual to be addressed in the context of simultaneous reduction in workplace stressors demonstrating the employer’s commitment to the wellbeing of all workers.

Individual factors contributing to stress include those that determine ability to cope with stressors, such as personality traits and coping styles (39,50). For example, personality and locus of control have been found to affect ability to cope with interpersonal stressors (51). People with internal locus of control believe that they can influence the outcomes of a situation, whereas people with an external locus of control do not believe in their ability to control an event. Kenny (50) explores coping in the context of development from early childhood to adulthood, stating that attachment processes and other developmental experiences influence the adult personality and ability to cope with stress. Personal life stressors and life changes, such as the death of a family member, birth of a child, moving house or financial problems also generate stress that may affect ability to cope in the work context (18).

Interventions focussed on individual factors emphasise teaching individuals to control stress responses; these include behavioural self-control (52), biofeedback (53), meditation and abdominal breathing (54), progressive visualisation and cognitive processing (55). These interventions aim to decrease stress reactions by controlling thought, physiological and behavioural responses to stressors (52,53,55). Established interventions, such as cognitive behavioural therapy and psychoanalysis, have common features such as progressive visualisation and relaxation, cognitive processing, and shifting to more positive feelings and more positive behaviours (55).

Given the value of work in modern society, the amount of time spent at work and the current changes that are affecting the nature of work, it is not surprising that work stress appears to be increasing (56). Three broad ‘causes’ of organisational stress have been identified as job-induced (e.g., work overload), organisationally-induced (e.g., communication problems) and change-induced (e.g., new supervisor) (4,57). Occupational stress and rehabilitation are impacted by organisational culture and climate, particularly in terms of how members of that organisation behave and expect others to behave (58,59). It is now clear from research that organisational climate cannot be ignored in efforts to reduce the fiscal and human costs of occupational stress (47,58). Improving the climate (and eventually the culture) of an organisation requires supportive leadership, peer support, and a shared understanding of goals and experiences, which contributes to a positive work environment conducive to good mental health and employee motivation (47,58). Further, Bell et al (47) suggested strategies that address organisational culture (accepting and addressing the effects of trauma), workload (adequate variety and appropriate distribution), work environment (safety and comfort), job specific education, group support (social support and debriefing opportunities), supportive supervision, and resources for self-care (counselling, support groups or other resources).

Creating healthy organisations

Given the significance of organisational factors in occupational stress, it has been proposed that the management of stress involves the creation of ‘healthy organisations’, which are defined as ones which recognise that health is more than the absence of stress and other ill health and therefore create an environment which facilitates good health and positive emotions (60). Healthy organisations re-focus responsibility for the health of employees to the organisation and give more control to workers by encouraging their participation in change management, job re-design, open communication, and understanding of the political or economic constraints within which the organisation operates (61). This demonstrates
organisational commitment to the worker, facilitating worker commitment to the organisation. It is therefore suggested that healthy organisations are those that adopt appropriate methods of job-person matching or job design that facilitates the expertise and needs of workers; managing and rewarding performance; informing and involving workers; and supporting lifestyle and family needs of workers (60,61). According to Schurman and Israel, any organisational intervention must be specific to the context rather than ‘off-the-shelf’. The intervention must engage relevant people in direct learning activities that allow them to understand stress processes in their organisation at a systemic level and should involve participants in the development of change strategies (62). Improving health and safety in a large organisation also requires good communication, a detailed analysis of needs and implementation at a systemic level with support from all areas of the organisation (57).

**Police context**

Over the past two decades, occupational stress literature has increasingly recognised the impact of organisational factors, such as organisational culture, on stress-related issues in policing. While police officers face operational stressors, such as occupational exposure to body fluids (17), critical incidents and violence (18), these stressors are significantly added to or moderated by organisational factors (19,20). For example, the development of PTSD, which is the most frequently investigated consequence of trauma in police officers (18), has been found to be most affected by the work environment (18,41,63).

Police stress is linked with health problems, antisocial behaviour and suicidal ideation (41,64). Causes of occupational stress for police officers include: 1) organisational factors, such as the paramilitary structures; 2) operational issues associated with tasks such as protecting people, rescuing traumatised people, role conflicts and dangerous work; 3) external systems, such as the criminal justice system, and public perceptions, including media coverage and; 4) personal life stressors (18). Critical incidents are defined as adverse events which may result in a range of symptoms from exhaustion to symptoms of progressing mental illness (63). These have been linked with post-traumatic stress disorder (PTSD) symptoms in police officers, including measurable physical and physiological symptoms (18,20,63). Indeed, police officers are exposed to a high degree of work stress in the form of critical incidents and ‘disasters’, such as intentional violence against humans, and studies have therefore linked police work to conditions such as “vicarious traumatization, secondary traumatic stress, traumatic countertransference, burnout, and compassion fatigue” (18).

The situation of workplace stress for police is more complex than the stress relating to critical incidents, thereby requiring attention to a range of psychological, organisational and operational factors. Police work stressors are often described as organisational (such as lack of recognition) and operational (such as dealing with the public) (18,63). Psychological characteristics such as an external locus of control and negative affect have been linked to increased occupational stress experiences in correctional officers (65). Similarly, ineffective coping mechanisms, such as avoidance, are strongly related to perceived work stress and health outcomes, such as anxiety and burnout in police officers (41). In addition to the individual factors linked with poor mental health outcomes, police officers have complex work environments, including inadequate equipment, unsuitable co-workers, unfair workload distribution, inadequate supervision, unclear work roles, and shift work (41,63).

According to Mayhew (19), health and safety risks in policing include critical incidents, such as death, homicide and assault on police officers. However, this list of risks also includes organisational factors such as stress and fatigue due to staff shortages, limited job control, staff conflict, autocratic management, unfair performance appraisal, workers’
compensation tribunal hearings and police culture (19), as well as poor relationships and lack of internal communication (20,66). Numerous studies indicate that work environment stress, rather than critical incidents, best predict perceived stress, PTSD symptoms and other health problems (41,63). Work environment stressors include a lack of consultation and communication, inadequate control and excessive workloads, and poor levels of support (63). Organisational stressors and the negative public image of the police have also been found to magnify the impact of critical incidents faced by police officers (67). Outside of the workplace, negative life events, including work-family conflict, and past trauma also contribute to PTSD symptoms (63).

Mental health problems, including PTSD symptoms, in police officers have been linked to four factors: 1) regular exposure to traumatic events; 2) an individual’s previous exposure to trauma; 3) “negative life events” outside of work; and 4) “routine work environment stress” (63). Maguen et al. acknowledge that policing is stressful and results in both physical and psychological symptoms. They examined the links between ‘routine work environment stress’ and PTSD symptoms utilising several measures of the four factors listed above to assess 180 recruits and reassess them after 12 months on the job. They found that the fourth factor (routine work environment stress) was most closely linked to PTSD symptoms. Work environment stressors affecting PTSD symptoms included dysfunctional equipment, routine operational hassles, work role ambiguity, poor interpersonal relationships with co-workers and discrimination (63).

There is a strong association between policing work and traumatic stress and burnout (18,20,63). There are also behavioural impacts of chronic stress among police officers, including suicide, drug and alcohol abuse, absenteeism and premature retirement, all of which occur at significantly higher rates than in other occupational groups (19,68). These findings have prompted research and discussion focused on addressing these risks in the police context. For instance, social support has been found to protect against the development of burnout and traumatisation conditions in police (18), and this extends to social support from the workplace. A supportive work environment protects police officers from developing PTSD symptoms and other mental health problems, by providing a compassionate context within which critical incidents are processed. Workplace cohesion and morale and strong leadership improve role clarity and job engagement and protects against the effects of stress (63). Furthermore, the workplace mediates between negative life events outside of work and PTSD symptoms. It was therefore concluded that whilst the organisation cannot control critical incidents and negative life events, it can provide the environment to buffer against the impacts of these factors (63). Prior trauma was also dismissed as a significant predictor of PTSD, suggesting that the focus should be on optimising the work environment rather than assessing previous traumatic events in police recruits lives (63).

**Occupational rehabilitation challenges in police organisations**

Police organisations need to address the complex issue of occupational stress due to the psychological, physical and behavioural impact of this occupational illness on individuals and their organisation. However, despite the significant body of evidence implicating organisational factors in the cause of occupational stress in policing, prevention activities (such as initial and ongoing police training) have continued to focus on operational dangers, leaving police officers ill prepared for organisational stressors (20,66). This imbalance between the evidence about causes of mental health conditions in police work and the interventions focused on treating individuals, rather than changing the organisational environment, has been echoed by other stress research (18,41). Accordingly, Gershon et al. (41) recommend a multi-layered approach, aimed at improving coping mechanisms in
officers (shifting from avoidant and negative coping strategies to cognitive problem-solving strategies), as well as addressing modifiable stressors such as organisational unfairness and job dissatisfaction. They also describe innovative strategies implemented by some progressive police organisations that include provision of specific cognitive problem solving skills programs, Alcoholics Anonymous groups, couples’ counselling retreats, peer support programs, changes to organisational structure, improved training programs and critical incident management systems (41).

Prevention and rehabilitation processes are likely to be affected by the police personality and culture. Police working personalities are developed in the context of the paramilitary organisational culture, the divided organisational subcultures (officers and staff) and the nature of their duties (69,70). These working personalities have been found to include characteristics such as natural suspicion (of outsiders and management), increased alertness to danger, solidarity with other serving officers and bravery (71-73). In the policing context, injury or disease translates to no longer being an active serving officer, no longer being seen as brave and not being able to stand alongside colleagues in the face of danger; these ‘signs of weakness’ stand in direct contrast to the accepted behaviour of police officers. In summary, the contextual and process issues described above suggest that solutions need to be sought in both overt processes and policies, and less tangible interpersonal factors concerning organisational culture, climate, characteristics and understandings about stress.

**Addressing occupational stress in police organisations**

Consistent with an ecological focus on addressing occupational stress in police the following recommendations reflect the complex nature of this condition. Changes to the organisational culture of police services, from the prevailing ‘macho’/ paramilitary environment, would positively impact on injury prevention and early intervention efforts, encouraging members to remain positively engaged with their organisations. Research from the past 20 years indicates that organisational climate cannot be ignored in efforts to reduce the fiscal and human costs of occupational stress (47,58). Addressing the punitive culture of police organisations is necessary to prevent general bullying, particularly of injured and recovering workers. Organisational culture is often a cause of police officers’ hesitation in reporting stress related issues, which limits the organisation’s capacity to respond to problems and implement effective and early secondary prevention and rehabilitation. Improving the climate (and eventually the culture) of an organisation requires supportive leadership, peer support, and a shared understanding of goals and experiences, which contributes to a positive work environment conducive to good mental health and employee motivation (47, 58). Trust is an important issue in organisational culture, and is built upon a shared identity between supervisors and supervisees and ongoing co-operation between them (74).

Consistent with a disability management approach to managing injury, staff at all levels of the organisation should be involved in strategy development and supporting health, wellbeing and rehabilitation initiatives. Lack of worker involvement in these areas reduces the potential for prevention and rehabilitation (75), with failures to develop healthy organisations attributed to the fact that change was not managed with the participation of the workers (62). Healthy organisations re-focus the responsibility for health to the organisation, but simultaneously give more control to workers by encouraging their participation in change management, job re-design, open communication, and understanding of the political or economic constraints within which the organisation operates (60,61).
Dissemination of information to promote understanding about prevention and rehabilitation within the police service is critical to successful rehabilitation initiatives. This includes: (a) information about the prevention and rehabilitation of physical and psychological injury and illness for specific members of the organisation; (b) supervisors to be more informed about stress issues, prevention and rehabilitation to undertake their role in making decisions and providing support for staff; (c) clearer boundaries between industrial relations issues and rehabilitation; (d) better understanding by injured workers of rehabilitation procedures, and the roles of support staff; and (e) more information and support for the families of injured and stressed officers.

Organisations must adopt a more holistic and comprehensive understanding of psychological issues, including personal stressors. This is consistent with research that showed whilst both individual and organisational factors influenced the development of vicarious trauma, the focus of intervention remained on affected individuals (47). Practically useful website information designed for officers, including flow charts, contact details and useful links, should be provided and regularly promoted to all stakeholders so they are more informed and confident in the rehabilitation process. Supervisors need to training to detect early signs of stress to prevent the escalation of mental health issues to dangerous levels, as well as understanding and supporting different coping mechanisms. People in support roles need knowledge and skills to effectively manage rehabilitation, including advanced people management and communication skills. It is important that there are clear requirements and processes for all stakeholders when injured workers returned to the workplace. Advice to injured workers about what to expect during the return to work process and education for others in that workplace allows for more realistic expectations and more positive return to work experiences. Resources for self-care, such as counselling, support groups or other resources, have also been identified as important to maintaining wellbeing within an organisation (47).

A critical component of occupational rehabilitation for police officers is the availability of systematic debriefing processes that are automatically initiated and adequately resourced to prevent subsequent psychological issues. Research suggests that a supportive work environment protects police officers from developing PTSD symptoms and other mental health problems, by providing a compassionate context within which critical incidents are processed. Workplace cohesion and morale and strong leadership improve role clarity and job engagement and protects against the effects of stress (63). Furthermore, the workplace mediates between negative life events outside of work and PTSD symptoms.

Interventions are required at each stage of the occupational rehabilitation process from pre-injury through to maintenance of the return to work. There are several potential improvements to be made to develop more proactive and strategic injury and illness prevention initiatives. A feature of a comprehensive disability management approach to occupational stress is the ongoing data collection and evaluation of the common causes of stress, injury and attrition to improve prevention systems and strategies for serving officers. Upon identifying a problematic area for injuries and illness, the issues should be followed up and addressed in consultation with local managers. Simpson (4) recommends systematic organisational assessment of risks considering all levels, including the whole organisation, work groups and individuals, to effectively address organisational needs.

As a pre-injury strategy organisations should develop a detailed understanding of job factors and organisational characteristics that can be used to counteract the sometimes unavoidable operational risk factors associated with policing, particularly those causing mental illness, such as PTSD. Reducing work environment stressors and improving organisational support mechanisms reduces the development of serious mental illness, despite the operational risks. Further, improving training and knowledge for key
stakeholders and providers may stem the escalation of stress, reduce the impact of injury and improve the outcomes of rehabilitation. A better awareness of stress and injury management processes for all stakeholders can improve the social structures and actions of officers to increase trust in the organisation and understanding about prevention and rehabilitation, thereby reducing the negative influence of stigma. Increased awareness requires time, resources and genuine interest in training to create a context where individuals feel more comfortable in reporting stress and participating in rehabilitation processes. Providing occupational rehabilitation awareness training can therefore have a broad and far reaching impact on injury prevention and rehabilitation outcomes in the organisation.

Injury and illness reporting processes are affected by the organisational climate, trust issues, as well as understanding of stress and rehabilitation processes. The needs and experiences of injured and ill individuals therefore need to take precedence over formal procedures to increase officers’ willingness to seek help for stress or other issues impacting work capacity. Training to recognise stress and strategies to compensate for geographic isolation are required to identify absences and initiate earlier rehabilitation. Once a rehabilitation need is identified, stakeholders need simple clear processes to fast track reporting and initiate support, especially when there is no workers’ compensation claim to guide the process. To achieve an increase in the rate of reporting of stress and other illness, strategies have to be approached in a supportive manner and be combined with making leaders more accountable for their people management skills and preparing the leaders of the future for this aspect of the role. Non-judgemental support and information about processes, such as lodging a workers’ compensation claim, encourages people to report stress symptoms and obtain early assistance.

Effective systems for early identification of stress and wellbeing issues can prevent injuries. Absenteeism management strategies include identifying non-consecutive absence patterns that might point to early signs of stress, training for supervisors to identify and respond to issues before they escalate, and improved secondary prevention systems, including risk management and debriefing after traumatic incidents. These changes require a shift in the prevailing social structures that expect police officers to get on with the job regardless of what they have experienced. If the damage is psychological, individuals should receive appropriate care and treatment, such as mental health first aid. People in support and supervisory roles need work structures that allow them to get to know staff to be able to detect potential stress and rehabilitation issues, and respond before early signs of stress escalate to serious psychological injury.

An effective approach for responding to injury is the removal of the distinction between compensable and non-compensable cases, streamlining processes and clarifying responsibilities for responding to injury, and focusing on achieving optimal outcomes and addressing individual needs. Both external and internal factors influence organisations, creating tension between people and processes. Whilst compensable cases tend to have some clear processes driven by the workers’ compensation authority, they create complexities in other organisational processes, such as the transition from the workers’ compensation decision to internal support mechanisms. At the initial contact with the absent individual, an increased focus on addressing needs will reduce the risk of a non-compensable case being dismissed as needing no support at all. Similarly, when a workers’ compensation claim is rejected by the insurer internal support options should still be considered, because a workers’ compensation claim may be rejected based on eligibility criteria even if the individual needs support for an illness that affects their ability to work. For example, a drop in the number of mental stress claims has been linked to jurisdictions tightening up on what is accepted, thereby reducing claim numbers but not the incidence of
stress (76,77). More proactive intervention outside of the claims process and would increase officers’ trust in the organisation that they will be looked after following injury.

Streamlining processes and clarifying responsibilities for responding to injury, illness and absence is important to facilitate intervention and is required to increase trust in the organisation, increase local ownership of rehabilitation, and improve rehabilitation outcomes. This should include simplifying processes for interaction with external stakeholders like the workers’ compensation authority and streamlining processes to initiate early intervention. Responding processes need to be focused on achieving optimal outcomes and addressing individual needs. The initial direct contact with the affected member needs to be early to gain an overview of the affected officer’s needs and achieve a successful return to work. This requires minimal barriers to reporting. Injured workers need to be directly involved in communication throughout the rehabilitation process. Promoting individual ownership of rehabilitation has been established as important (26), and includes mechanisms encouraging feedback about support processes. Good communication with the absent officer early in the process helps them to understand issues, processes, roles and responsibilities, and promotes their constructive participation in the rehabilitation process. Early and effective contact with the absent individual is an opportunity to re-establish or maintain the occupational bond, address tensions and reduce stressors (30). If the initial contact is delayed or ineffective due to lack of time or excessive focus on paperwork, the whole rehabilitation process is jeopardised.

Intervention processes need to be focused on well-established principles of effective rehabilitation, especially for people with mental health problems. For instance, a holistic bio-psychosocial approach with multidisciplinary input, cognitive behavioural therapy and organisational interventions has been found to be effective in improving mental health and promoting successful return to work (78). Provided specific organisational needs are addressed, appropriate individual interventions are provided and stakeholder participation strategies are effectively implemented, well integrated return to work programs have been found to be effective for a range of conditions (12-16). Investing in rehabilitation interventions is cost effective because it promotes return to work outcomes and reduces compensation costs. Interventions aimed at return to work focus on job accommodations, including modified work tasks and work organisation (12,13). Creative approaches to finding return to work options for people requiring suitable duties are enhanced by easily accessible job descriptions and involving injured employees in decision making. Van Oostrom et al (15) found that facilitating injured workers and supervisors to develop their own consensus-based solutions to return to work barriers is effective in identifying obstacles and practical solutions. The roles of supervisors and co-workers in a successful return to work process are vital, especially when mental health problems are involved, but these stakeholders often lack the knowledge and skills required to fulfil this role effectively, jeopardising the return to work outcome (12). As the return to work process is quite dependent on support from supervisors, they need to be well informed. Other stakeholders in the workplace, such as co-workers and supervisors, also need information about the return to work process to be able to accommodate the limitations prescribed on suitable duties plans. A favourable work environment is particularly important when returning workers with mental health issues to the workplace (12).

Return to work maintenance needs attention to achieve complete resolution of issues. In some cases the organisation should be more flexible about rehabilitation goals if permanently modified duties make the return to work more sustainable. For psychological and serious injuries there is a particular need for procedural mechanisms to ensure return to work maintenance and resolution of issues. Such mechanisms include systems to detect a re-emergence of health issues early and to restart the rehabilitation process quickly to
ensure continued work functioning. Long-term monitoring, especially for psychological illnesses, is beneficial. In particular, all stakeholders within the workplace need to have an understanding of the long-term nature of mental health issues to support long-term return to work maintenance.

**Conclusions**

It is evident in Australia that there are ongoing challenges for the management of workplace stress stemming from workers’ compensation and organisational systems. Rising costs associated with workplace injury and illness, especially as a result of mental stress, indicate the need for research that focuses on the specific occupational rehabilitation needs and practices of large organisations, taking into account the complex interactions between individual and organisational factors. In policing organisations, there is a particular need to consider the organisational climate and culture and to address these with input from all levels of the organisation. While effective processes and policies are important, interpersonal factors concerning organisational culture, climate, characteristics and understandings about stress need to be understood and managed. Effective organisational communication is required to address both interpersonal and organisational issues and achieve a balance between the two. Creating a healthy organisational environment capable of identifying and addressing the needs of officers, improving the organisational climate to increase reporting of health concerns, and responding to and addressing injury or illness with a focus on individual needs will contribute to achieving more sustainable return to work outcomes. Effective occupational rehabilitation systems in police services therefore require insight into interpersonal factors and organisational processes to address established social structures and the actions of officers, as well as the interactions between them.

**References**


