

Quality of Life and Resilience as Predictors of Mental Health among Police Officers

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ABSTRACT

This study investigates the predictors of mental health among Philippine police officers, concentrating on the roles of quality of life and resilience. Alarming instances involving police officers drive the research, emphasizing the importance of professional stress on their mental health and conduct. The study used a descriptive-correlational methodology and polled 300 police officers from the Drug Enforcement Unit in Camarines Sur, Bicol, Philippines, to assess their quality of life, resilience, and mental health. The findings show that quality of life and resilience are strong indicators of mental health in police personnel. Quality of life includes physical, psychological, social, and environmental aspects, whereas resilience refers to the ability to deal with stress and adapt to difficult situations. The study suggests that strengthening these elements can lead to better mental health outcomes, improving general well-being and lowering occurrences of misconduct. This study emphasizes the importance of comprehensive mental health programs within the Philippine National Police that focus on building resilience and increasing officers' quality of life. By addressing these issues, law enforcement agencies may create a healthier work environment and improve the mental health and well-being of their officers.

Keywords: quality of life, resilience, mental health, police officers, stress management

INTRODUCTION

The stressful nature of police work has an impact on their physical and mental health, which can also result in burnout, aggressive behavior, and occasionally even suicide (Queirós et al., 2020). Some of the factors are due to their duties and responsibilities, which include protecting citizens, resolving disagreements among individuals, managing traffic, and documenting violations (Talavera-Velasco et al., 2018). According to Soomro and Yanos (2019), police officers are more likely to encounter people with mental illness than members of the community, putting them at risk of trauma exposure. Due to this, police officers are concerned about the prevalence and predictors of stigma and resilience (Soomro & Yanos, 2019).

In light of the stressful nature of police work and its impact on the physical and mental health of officers, as emphasized by Queirós et al. (2020), a series of alarming incidents involving police officers in the Philippines has raised significant concerns. The reports, such as the case reported by Jairo Bolledo of Rappler (2021), where Police Master Sergeant Hensie Zinampan, seemingly intoxicated, shot and killed a woman in a store, highlight growing worries about police misconduct, testing the commitment of Police Chief Eleazar to address such issues.

Additionally, a case study by Waters and Ussery (2017) examined an incident where an officer, experiencing severe stress and undiagnosed PTSD, fatally shot an unarmed civilian during a routine traffic stop. The officer had exhibited signs of emotional instability, including increased irritability and withdrawal from colleagues, which were overlooked during performance appraisals. The study concluded that the failure to address the officer's mental health issues through appropriate intervention measures directly contributed to the tragic outcome.

These incidents, along with other cases reported by Julie S. Alipala of the Philippine Daily Inquirer (2021) and Victor Martin and Emmanuel Tupas of The Philippine Star (2022), underscore the pressing issue of behavior among police officers in the country. The need for a comprehensive approach to address mental health issues

within the Philippine National Police is evident, as mentioned by Franco Luna of Philstar.com (2021), who reported on the consideration of regular neuro-psychiatric tests, reflecting a recognition of the mental health challenges faced by officers.

According to Wikipedia, the Philippine National Police has approximately 228,000 personnel to police a population in excess of 100 million. Between January and December 2022, the PNP Health Service compiled a report on personnel who exhibited mental health red flags and underwent counseling and psychiatric intervention. This report included a total of 1270 individuals, and in 2023, it included 657 personnel nationwide. According to this figure, many police officers must attend to their mental health needs in order to maintain their mental health and well-being.

In Bicol Region, Philippines, the Neuro-Psychiatry Section of Regional Medical and Dental Unit 5 (RMDU5) received a total of seventy-eight (78) requests for psychological intervention from personnel involved in a variety of cases for the year 2023. This is a component of the restorative approach, in line with the PNP internal disciplinary mechanism. The common administrative cases filed against this personnel are simple neglect of duty, grave neglect of duty, less grave neglect of duty, simple misconduct, grave misconduct, less grave misconduct, simple irregularity in the performance of duties, conduct unbecoming of police officers, conduct of unbecoming and oppression, and discharge of firearms.

Additionally, the Neuro-Psychiatry section received eleven (11) endorsements in 2022 and twenty (20) in 2023 from various stations, provincial offices, and units. These endorsements requested psychological evaluations of their personnel due to observations of a change in their work performance, issues with co-workers or family, and some findings of mental health issues.

Moreover, the study of Chhabra and Devi (2023) analyzed Work-related Quality of Life (WRQoL) among police officers, focusing on work-family conflict, occupational police stress, mindfulness, and self-regulation. The study found that occupational police tension was the most significant negative predictor of WQoL.

In addition, Violanti et al. (2012) conducted a study comparing suicide rates within small and large police departments. They surveyed 119,624 officers from 298 departments and calculated annual suicide rates per 100,000 officers. Chi-square tests revealed that smaller departments had higher rates of suicide. Factors contributing to this disparity include limited mental health assistance, increased workload, and increased community visibility among officers in smaller departments.

According to Queros et al. (2020), police officers need to be resilient and use effective coping mechanisms to deal with stress, burnout, and the psychological effects of critical situations in recognition of the dangers related to policing and the demanding working conditions. Furthermore, when it comes to police officers' mental health issues, resilience is thought to be a crucial predictor. It is considered one of the important competencies for police officers to cope with and adapt to difficult situations caused by operational traumatic stressors, organizational stressors, and other conflicts regarding their private lives (Meulen et al., 2018).

Meanwhile, it was revealed that resilience was a significant predictor of mental health (Mei et al., 2022). This only implies that resilience can affect the mental health of police officers, which can be used as their coping mechanism as they face emotional challenges in their work. In contrast, Wu et al. (2020) stated that some studies have shown that resilience is not significantly associated with mental health (Miller and Chandler, 2002; Nrugham et al., 2010; Wells et al., 2012; Poole et al., 2017; Shapero et al., 2019). This indicates that resilience does not affect the mental health of a police officer and might result in other mental health issues.

McCraty and Atkinson (2020) introduced a resilience training program that focused on helping police officers manage stress through techniques such as heart rate variability biofeedback and mindfulness practices. The program was shown to reduce stress levels, improve emotional regulation, and enhance job performance. Officers who completed the program were less likely to exhibit signs of burnout and were better equipped to handle high-pressure situations without resorting to misconduct.

Additionally, aside from resilience, quality of life is also one of the crucial aspects of mental health. According to Chaudhury et al. (2018), quality of life in mental health has long been a concern for many people, and its psychological aspects include stress, anxiety, satisfaction, and other positive and negative emotional responses. However, Trombka et al. (2018) stated that high rates of burnout, anxiety, and depression, as well as a lower quality of life than the population overall, are indicators that police officers' mental health is particularly affected. In addition, the study by Parsaei et al. (2020) suggested that planning interventions to lessen the negative impacts of stressors and thereby increase the quality of life among the workforce, such as police officers, may be enhanced by understanding the correlations between the quality of life and job stress.

According to Rusli et al. (2008 cited by Parsaeri et al., 2020), psychological factors, specifically stress, are not significantly associated with quality of life. This implies that the stresses experienced by police officers are unrelated to their quality of life and thus cannot be used to predict mental health. However, the study findings of Xiao et al. (2020) revealed that stress and burnout in the workforce were significantly associated with quality of life. This result indicates that psychological aspects such as stress and burnout can affect the quality of life of a police officer.

Moreover, according to a study by Anshel (2020), the integration of mental health assessments into regular performance appraisals for law enforcement officers significantly improves the identification of officers at risk of burnout or other mental health concerns. This proactive approach allows agencies to provide targeted interventions, such as counseling or stress management training, to support their officers and enhance overall workplace well-being. Early detection and intervention through such a program are paramount to ensuring officer well-being and optimal performance. Thus, in order to create a healthier work environment, the administration needs to check the performance of the personnel appraisals to really address who needs them.

Returning to the initial statement on the stressful nature of police work and its impact on officers' physical and mental health, this makes it even more important to look into the complex relationship between quality of life, resilience, and mental health among police officers. Thus, to determine if these two can predict the respondents' mental health. The incidents mentioned above underscore the need to identify sources of mental health issues and formulate targeted programs that promote quality of life and resilience to improve the performance and well-being of police officers.

Statement of the Problem

This study aimed to determine the quality of life and resilience as predictors of police officers' mental health. Specifically, it sought to answer the following questions:

1. What is the level of quality of life of the respondents in terms of:
 - 1.1 physical,
 - 1.2 psychological,
 - 1.3 social relationships. and
 - 1.4 environment?
2. What is the level of resilience of the respondents?
3. What is the level of mental health of the respondents in terms of:
 - 3.1 anxiety,
 - 3.2 depression,
 - 3.3 behavioral control,

3.4 positive affect, and

3.5 emotional ties?

4. Is there a significant relationship between the level of quality of life and the level of mental health among police officers?

5. Is there a significant relationship between the level of resilience and the level of mental health among police officers?

6. Do the quality of life and resilience predict the police officers' mental health?

7. Based on the findings, what mental health program can be proposed?

LITERATURE REVIEW

Quality of Life

An organization's approach as to how it will meet its employees' requirements is what defines the employees' quality of life. A variety of benefits, including both monetary and non-monetary compensation are provided to all employees. These factors play an important role in one's opportunities for personal and professional development—these can include a supportive work environment, fair compensation, job stability, enhancement of skills, positive relationships with colleagues and superiors, and supplementary welfare measures. When the quality of life of the police personnel is met, they frequently report increased job satisfaction and contentment. However, when the organization starts to neglect these things that satisfy its employees, this may lead to burnout, tension, and an imbalance between one's professional and personal life. In situations where job satisfaction and pleasure are of the utmost importance, the significance of QoWL is evident, underscoring the imbalance and discontent that exist. The well-being of police officers is significantly influenced by the job context, which encompasses these factors (Yadav et al., 2021).

Quality of life among police officers has become a significant area of concern in recent years due to the demanding nature of their jobs and the potential impact it has on their overall well-being. Many studies have explored the various factors that influence the quality of life of police officers, including work-related stress, job satisfaction, social support, and the presence of a healthy work-life balance. Johnson and Tiesman (2019) found that the demanding and often dangerous nature of police work can lead to higher levels of stress and psychological distress among officers. Such stressors can negatively affect their quality of life and overall mental health, potentially leading to burnout, substance abuse, and deteriorating interpersonal relationships.

Additionally, one of the most prominent factors influencing the quality of life among police officers is job satisfaction. Studies have consistently shown that higher levels of job satisfaction are associated with better overall well-being and improved quality of life. Research by Smith and Crank (2018) indicated that officers who reported higher levels of job satisfaction also had better mental health outcomes, greater job commitment, and a reduced intent to leave the profession. Thus, job satisfaction was found to be positively related to job performance and organizational citizenship behavior.

Wu et al. (2019) stated that police officers are thought to have a particularly demanding and stressful job, which is directly related to job disability and other factors that may reduce quality of life. The findings of the study revealed that police officers have a lower quality of life than the overall adult population, and risk-oriented interventions should be put into place to enhance it. Wu et al. (2019) said that their study compared the health-related quality of life (HRQoL) of 281 Chinese criminal police officers to that of adults in general. The study found that being a criminal police officer is a stressful and difficult job that might affect their general health. Lower HRQoL has been associated with factors like age, alcohol consumption, physical activity, injuries at work, and anxiety or depression symptoms.

To support the study above, Velasco-Garrido et al. (2022) considered police work to be one of the most stressful jobs, as officers experience both physical and psychosocial stress. Furthermore, the findings have shown that work-related stress is associated with a low health-related quality of life. Also, related studies (Papantoniou et al., 2018) suspect that shift work is associated with harmful effects (such as sleep disorder, depression, and cardiovascular complications) on the quality of life among police officers. Additionally, it turns out that officers are less likely to have negative effects on their quality of life as long as they have more days off and regular weekends off from work.

Furthermore, Márquez et al. (2020) stated that police officers' work in a field has a significant risk of stress, burnout, and emotional exhaustion. The study suggests one way of lowering stress and improving the psychological and emotional balance of these officers would be to implement mindfulness techniques into the health and occupational-risk prevention programs provided by the national police forces.

Relatively, social support is another critical factor that influences the quality of life of police officers. The demanding and often isolating nature of police work can lead to feelings of loneliness, stress, and decreased well-being. Sousa et al. (2019) highlighted the importance of social support in buffering the negative effects of stress among police officers. Having strong social support systems, whether from colleagues, supervisors, or family and friends, can provide officers with emotional support, encouragement, and a sense of belonging. Social support networks can enhance coping mechanisms and provide access to resources that promote well-being and overall quality of life.

Additionally, Ferrans et al. (2020) stated that the role of mental health in determining quality of life has gained significant attention in recent years. Studies have shown that mental health disorders, such as depression and anxiety, can significantly impact an individual's quality of life. In addition, a comprehensive study conducted in South China, as quoted by Costa et al. (2020), highlights the significantly low health-related quality of life experienced by police officers. It has been revealed through this study that police officers frequently report anxiety and depression as their most common issues. Moreover, the study also pointed out other factors that played a crucial role—these include higher alcohol consumption, lack of physical activity, and damage caused by work. These factors significantly contribute to decreasing the overall quality of life experienced by police officers. The findings highlight the important influence that these mental and physical health challenges can have on the overall well-being of police personnel, ultimately impacting their performance and effectiveness in their job roles.

The presence of a healthy work-life balance is crucial in maintaining the quality of life among police officers. The unpredictable nature of their work schedules, long hours, and exposure to trauma can often disrupt their personal lives, leading to strained relationships and decreased overall satisfaction. Gershon et al. (2020) indicated that police officers with a healthy work-life balance reported higher levels of job satisfaction and greater overall well-being. Strategies such as flexible work arrangements, support for family and personal commitments, and adequate time off can help officers maintain a healthy work-life balance, leading to improved quality of life and enhanced job performance. Police organizations must recognize the significance of work-life balance in maintaining the well-being and satisfaction of their officers and implement policies and programs accordingly.

In addition to the factors mentioned above, the physical well-being of police officers plays a significant role in determining their quality of life. The physically demanding and high-risk nature of police work can lead to a range of health implications, including injuries, chronic pain, and increased susceptibility to cardiovascular disease. Violanti et al. (2019) demonstrated that officers with higher levels of physical fitness and better overall health reported higher job satisfaction and better overall quality of life. Implementing wellness programs that focus on fitness, nutrition, and stress management can benefit officers' physical well-being, leading to improved job performance, reduced absenteeism, and better overall quality of life. By prioritizing the physical health of police officers, organizations can create an environment that supports officers' well-being and promotes their ability to serve the community effectively.

The study conducted by Jain and Quereshi (2022) revealed that police personnel are exposed to a higher risk of stress and anxiety compared to other professions—the higher risk is because of physical hazards that come

with the responsibilities in their job that include ensuring public safety, dealing with offenders, and investigating and preventing crimes. Being police personnel is considered one of the most stressful occupations due to its demanding and dangerous occupation responsibilities. In addition, the role of a police officer is firmly established within a structured hierarchy that requires strict obedience to orders and alignment with directives from the higher-ups— police personnel often devote a huge part of their lives to fulfilling their job responsibilities due to this condition. The demanding nature of their duties, while requiring constant vigilance and quick response to various incidents can play a crucial role in their mental and physical well-being. When the quality of life for police personnel declines, it can greatly impact their job satisfaction. Experiencing a lower quality of life can result in a decrease in motivation, higher rates of turnover, and an overall sense of dissatisfaction with their profession. As a result, their performance and the effectiveness of their duties may be affected, which can have consequences for public safety and community trust. In addition, the study highlights the crucial significance of addressing the quality of life for police officers. By prioritizing improved working conditions, offering mental health support, and implementing comprehensive welfare measures, job satisfaction can be enhanced, and a high level of commitment and efficiency can be maintained among police personnel.

Furthermore, in light of the quality of life of police officers, Ban et al. (2021) conducted a study on the quality of life of police officers and soldiers in Nam Dinh province, Vietnam. The study involved 843 officers and soldiers from 2019 to 2020, with a majority of them being male (90%) and aged 18 to 30 years. The WHOQoL-Bref instrument was used to assess the quality of life in various domains, with the physical domain receiving the highest score (38.5 ± 11.5). The psychological and social relationship domains received the lowest scores (28.0 ± 11.0 , 29.0 ± 15.0 , and 15.5 ± 11.0). The study found that the mean quality of life rating for police officers and soldiers in Nam Dinh province was comparatively deplorable, with the environmental domain receiving the lowest scores. The WHOQoL-Bref instrument was found to be suitable for evaluating the quality of life within this demographic.

Resilience

In the occupation of a police officer, one is routinely exposed to a multitude of stressors. Not only do they face immediate dangers and challenges in their job duties, but they also have to deal with organizational stressors and the struggle to balance work and private life. These stressors have the potential to become intertwined with traumatic experiences, causing a significant impact on mental and physical well-being. Such stressors have the potential to cause a variety of severe conditions. These may include anxiety, sleep disorders, depression, post-traumatic stress disorder (PTSD), an increase in sick leave, and a higher risk of suicide. The intensity and frequency of these stressors highlight the importance of having effective coping mechanisms and support systems within the police force. Nevertheless, the idea of resilience has garnered considerable interest as a possible solution in recent years. Resilience is seen as a crucial quality that enables police officers to effectively handle and adjust to the different challenges they face. One must possess the capacity to bounce back from setbacks, uphold a positive perspective, and sustain optimal performance despite the obstacles encountered. In addition, there was also a focus on the increasing acknowledgment of resilience within the realm of police work. Developing resilience among police officers is considered a proactive strategy for minimizing the negative impacts of their demanding and frequently distressing encounters. One way to achieve this is by implementing a range of strategies. These can include resilience training programs, mental health support services, peer support groups, and wellness initiatives that prioritize both physical and mental well-being. By promoting resilience, police departments can support officers in cultivating the necessary skills and mindset to better cope with stress, decrease the likelihood of mental health problems, and enhance job satisfaction and performance. As a result, a more stable and effective police force can be achieved, ensuring that they are better equipped to serve and protect the community while also prioritizing their health and well-being (Janssens et al., 2018).

Resilience has been widely recognized as a crucial protective factor in promoting mental health and well-being. According to Masten (2021), resilience refers to the capacity to adapt and bounce back from adversity, demonstrating positive outcomes despite facing significant challenges. In addition, O'Dowd et al. (2018) stated that resilience was defined as an individual's coping mechanism rather than thriving, which corresponds to the organizational instead of the developmental concept of resilience. This emphasizes how crucial it is to

recognize the individual's current perceptions of resilience and gain understanding before adopting any workplace-based interventions that address resilience.

Research by Bonanno (2019) suggests that resilient individuals possess the ability to effectively regulate their emotions, maintain a positive outlook, and utilize social support networks. These factors enable them to cope with stress and recover from traumatic experiences more effectively. According to Choi et al.'s (2019) study, it is suggested that studies that focus on resilience could help individuals learn more about the biological processes that allow us to adapt to stress, find the people that would benefit most from early detection and prevention, and discover modifiable protective factors that keep bad things from happening, even for people who are genetically more likely to be affected.

Furthermore, in each police officer, resilience can be a shield in dealing with stressors at work resulting in more positive services from them. In addition, researchers are investigating the police working environment, community policing, police training, and other related disciplines of police work, as the literature on police resilience continues to expand within the expanding field of police (Ghazinour & Rostami, 2021). Furthermore, there is a need for further studies of coping mechanisms and the potential to use an individual's perspective in dealing with system-level stressors to develop therapeutic interventions that enhance resilience (O'Dowd et al., 2018).

Moreover, the study by Karasar and Canh (2020) revealed that one of the important factors in mental health is resilience. The concept of resilience appears to be crucial for minimizing and mitigating the harmful psychological effects of some challenging situations. A moderate and negative correlation between resilience and depression was revealed. This indicates that initiatives aimed at improving resilience should be given greater importance (Karasar & Canh, 2020). In addition, since police officers are exposed to a variety of stressful situations— it was stated that promoting resiliency through police training can lead to reducing stress among police officers, for instance— there are self-reports that police who are exposed to police training are significantly have lower negative mood, lesser heart rate reactivity, and have done better performance than those who are not in police training (Stogner et al., 2020).

Likewise, Fletcher and Sarkar (2018) stated that several factors have been identified as protective factors that contribute to the development of resilience in individuals. These include social support networks, positive relationships, adaptive coping strategies, self-efficacy, and a sense of purpose and meaning in life. For police officers, having supportive colleagues, strong leadership, and access to resources and services can enhance their resilience and mitigate the negative impact of stressors (Papazoglou et al., 2019).

Conversely, social support is a crucial factor in building and maintaining resilience. Strong social connections provide individuals with emotional support, practical assistance, and a sense of belonging. Resilient individuals actively seek and utilize social support networks during times of stress or adversity. These networks can include family, friends, colleagues, or support groups. Research has shown that social support acts as a buffer against the negative effects of stress, enhances coping abilities, and fosters resilience (Masten & Obradović, 2021). By fostering meaningful relationships and cultivating social support networks, individuals can enhance their resilience and effectively navigate challenging circumstances. In addition, police officers who received social support and self-esteem as protective factors are the ones that exhibit lower distress, lower threats, higher self-esteem, and lesser PTSD symptoms— this indicates that these protective factors play a crucial role in resilience and improving one's mental health, being in a socially supportive environment enhances one's resilience to traumatic situations (Teaff, 2019).

Regehr et al. (2019) highlighted the substantial stress and danger faced by police officers, particularly in response to traumatic incidents like plane accidents and terrorist attacks. The authors emphasized the importance of accurately quantifying the mental health burden resulting from such events for both policing organizations and individual officers. Their systematic review aimed to consolidate current research on massive catastrophes to enhance understanding of the psychological effects on law enforcement personnel. Despite varying prevalence rates of mental disorders, the review found that police officers generally exhibited lower rates of PTSD compared to civilians and other professional fields affected by the same catastrophe. This was attributed to the resilience and education of law enforcement officers. The study also emphasized the

tendency for distress, including anxiety and depression, to increase over time after such events, underscoring the need for mental health support services for law enforcement personnel in the post-event phase.

Moreover, Meulen et al. (2019) stated that the ability to cope with extreme pressures is referred to as resilience. However, only a few studies focus on the consistency of resilience and the degree to which changes in resilience are connected to interactions that could be traumatic for police officers. Additionally, the findings of Pink et al. (2021) discovered that police officers who interacted directly with the public reported lower levels of psychological disturbance than the overall population of workers, as they were also reported to have a high resilience level.

In the context of law enforcement, resilience plays a vital role in promoting the psychological well-being of police officers. Studies have shown that police officers who exhibit higher levels of resilience are better equipped to handle the stressors inherent in their profession (Carleton et al., 2019). Resilient officers are more likely to engage in active coping strategies, seek social support, and maintain a sense of purpose and meaning in their work (Papazoglou et al., 2019). This enables them to effectively navigate the challenges of the job and maintain their mental health.

Correspondingly, Meulen et al. (2019) investigated psychological resilience stability among 305 police officers over nine months. They identified five distinct resilience trajectories, noting consistent patterns over time. Interestingly, fluctuations in resilience were not substantially influenced by potentially traumatic events (PTEs), suggesting that officers' resilience levels remained relatively constant irrespective of PTE experiences.

Recognizing the importance of resilience in law enforcement, various resilience training programs have been developed to enhance officers' ability to cope with stress and adversity. For instance, the Resilience Training Program (RTP) developed by Violanti et al. (2018) incorporates mindfulness techniques, cognitive restructuring, and problem-solving skills to build resilience among police officers. Research has shown that such training programs can significantly improve officers' resilience levels and reduce symptoms of stress and burnout.

Thus, resilience is considered a crucial personal asset for police officers in the workplace (Semeijin et al., 2019). According to the job demands-resources (JDR) model (Semeijin et al., 2019), resilience is an essential requirement for long-term employment, particularly in terms of organizational commitment, which comprises vitality, determination, and absorption. However, Semeijin et al., (2019) stated that resilience can be viewed as a personal resource that may aid in managing work demands, thereby assisting in preserving or even resulting in greater vitality and workability, as well as a potential decrease in absenteeism.

According to Luthar et al. (2020), resilience plays a crucial role in stress management, allowing individuals to effectively cope with and adapt to stressful situations. Resilient individuals possess the ability to regulate their emotions, maintain a positive mindset, and engage in problem-solving strategies. They are more likely to perceive stressors as challenges rather than threats, which helps them maintain a sense of control and optimism. Research has shown that individuals with higher levels of resilience are better equipped to handle chronic stress, recover more quickly from setbacks, and experience lower levels of psychological distress (Luthar et al., 2020). This ability to effectively manage stress contributes to overall well-being and improved mental health outcomes.

In addition to stress management, resilience is associated with psychological growth and development. When individuals face adversity and successfully navigate through it, they often experience personal growth and an enhanced sense of self. This phenomenon, known as post-traumatic growth, involves positive changes in areas such as personal strength, relationships, and life perspectives. Resilient individuals are more likely to embrace challenges as opportunities for growth, leading to increased self-awareness, improved problem-solving skills, and a greater appreciation for life's possibilities (Tedeschi & Calhoun, 2021). Through the process of resilience, individuals can transform their experiences of adversity into sources of personal growth and strength.

Furthermore, lower levels of depression are correlated with resilience, social support, and appreciation, as well as better levels of life satisfaction. An individual's capacity to handle depressive symptoms might be enhanced by focusing on and constructing these given qualities (McCanlies et al. 2018).

However, resilience is not solely about bouncing back from adversity but also encompasses the potential for post-traumatic growth. Post-traumatic growth refers to positive psychological changes that occur as a result of the struggle with highly challenging life experiences (Tedeschi and Calhoun, 2018). Studies have shown that individuals who have experienced trauma and exhibit high levels of resilience are more likely to experience post-traumatic growth, leading to personal development, increased self-awareness, and a greater appreciation for life's opportunities (Linley and Joseph, 2019).

Thus, resilience is a crucial factor in promoting the emotional well-being of police officers. Resilient officers possess the ability to adapt and bounce back from adversity, effectively manage stress, and maintain a positive outlook. Research has shown that officers with higher levels of resilience are more likely to experience better emotional well-being and reduced risk of mental health disorders (Carleton et al., 2020). Building resilience among police officers can be achieved through resilience training programs, which focus on enhancing coping skills, emotional regulation, and stress management techniques. By promoting resilience, police organizations can support the emotional well-being of their officers and mitigate the negative impact of stress and trauma.

Mental Health

Mental health is a condition of emotional well-being that helps people manage life's stressors, recognize their potential, learn and function successfully, and contribute to their communities. It is possible to minimize risks, develop resilience, and promote environments that are supportive of mental health by first identifying the personal, social, and structural factors that influence it (WHO, 2022).

Furthermore, Santre (2024) stated that police officers are more likely to suffer from mental illnesses than the general public—the increasing number of police that suffer from mental illness became a significant concern to the public and is indeed alarming making them one of the high-risk groups to develop psychological illness due to various traumatic situations that they encountered in their careers. Moreover, Soomro and Yanos (2019) addressed the issue of mental health stigma within the police force, highlighting the heightened vulnerability of officers to trauma exposure and post-traumatic stress disorder (PTSD). The study focused on predictors of mental health stigma among active-duty police officers through an online survey completed by 296 participants. Results revealed that police officers, compared to the general population, showed elevated rates of trauma exposure, current PTSD symptoms, and support for negative stereotypes about individuals with mental illness. Surprisingly, officers with current PTSD symptoms exhibited increased stigmatization of mental illness, emphasizing the need for law enforcement agencies to address and confront mental health stigma through training programs.

Syed et al. (2020) conducted a systematic review and meta-analysis to estimate global prevalence and identify risk factors for mental health issues among police personnel. The study included 67 research studies with 272,463 police personnel from 24 countries. Pooled prevalence estimates revealed significant rates of mental health issues, including depression (14.6%), PTSD (14.2%), generalized anxiety disorder (9.6%), suicidal ideation (8.5%), alcohol dependence (5.0%), and hazardous drinking (25.7%). Occupational stress emerged as a significant risk factor for depression and suicidal ideation, while PTSD was associated with both occupational stress and avoidant coping strategies. Enhanced peer support was linked to reduced PTSD symptoms. The findings underscored the substantial impact of inadequate social support, occupational stress, and maladaptive coping on mental health concerns among law enforcement personnel.

One of the most recent activities is the development of serious concern about mental health care in the Philippines as the electoral victors brought them back to the surface (Smith et al., 2022). Moreover, PNP chief Eleazar (2021) added that mental health should be taken care of, especially since being a police officer is a crucial role. Also, the National Center for Mental Health revealed that they received roughly 400 calls a month and an average of 30 to 35 calls per day from individuals seeking mental health assistance (Tomacruz, 2020).

In law enforcement, Lavoie (2022) stated that police officers' rate of mental health problems is on the rise. Additionally, the study also implied that this incident affects police officers in such a way that their emotional controllability is drastically getting worse (Violanti, 2021). Furthermore, Alejandre (2022) talked about how climate change or climate-related disasters worsen the mental health of an individual; he even labeled climate change as a threat-multiplying factor as the social and physical inequalities drive mental distress in an individual in the long run.

Carleton et al. (2019) stated that the emotional well-being of police officers is a crucial aspect of their overall mental health. Policing is a profession that exposes officers to high levels of stress, trauma, and emotionally charged situations. Research has consistently shown that police officers experience higher rates of mental health disorders, such as anxiety, depression, and post-traumatic stress disorder (PTSD), compared to the general population. The demanding nature of their work, including exposure to violence, public scrutiny, and the need to make split-second life-or-death decisions, can significantly impact their emotional well-being.

Similarly, according to Carlier et al. (2020), officers frequently encounter traumatic events and critical incidents in the line of duty, which can have a profound impact on their emotional well-being. Exposure to traumatic events, such as accidents, violence, or the loss of life, can lead to symptoms of post-traumatic stress disorder (PTSD) and other mental health issues. The emotional toll of witnessing and responding to such incidents can result in heightened levels of anxiety, depression, and emotional distress, which deteriorates their overall mental health.

Thus, as Woody (2019) explains, this engenders an "us vs. them" paradigm, where police officers begin to perceive the world as a dangerous place and themselves as the sole protectors of peace amidst chaos. This polarized thinking can lead to internal conflicts that affect their relationships, job performance, emotions, and overall quality of life.

On top of the above studies, mental health is also associated with variables such as discrimination (Alimoradi et al., 2022), childhood abuse (Fitzgerald, 2022), social isolation (Evans & Fisher, 2022), poverty (Hao et al., 2022; and Malaba, 2022), bereavement (Ghesquiere, 2018), other recent variables that appear to be strange, such as binge-watching (Stadelmann et al., 2022), and how parents cope with stress as a couple (Miller et al., 2022). Furthermore, in mental health literacy, death by committing suicide is one of the most heartbreaking parts of almost any situation regarding mental health problems. In 2019, 759,028 people died from suicide every year (Ritchie et al., 2019).

Thus, emotional regulation and coping strategies are crucial for police officers to maintain their emotional well-being. Research suggests that officers who possess strong emotional regulation skills are better able to manage the stressors and demands of their profession (Papazoglou et al., 2019). Effective emotional regulation includes recognizing and understanding one's emotions, as well as employing adaptive coping strategies to manage them. Police officers who engage in healthy coping mechanisms, such as seeking social support, engaging in physical activity, or practicing mindfulness, are more likely to experience better emotional well-being and reduced risk of mental health disorders (Violanti et al., 2018).

In addition, organizational support plays a vital role in promoting the emotional well-being and mental health of police officers. Research has shown that officers who perceive higher levels of support from their departments and supervisors are more likely to experience better emotional well-being (Burke et al., 2019). Supportive organizational cultures that prioritize mental health and emotional well-being can contribute to reduced levels of stress, burnout, and psychological distress among police officers. This suggests that implementing policies and practices that foster a supportive work environment, provide resources for emotional support, and encourage open communication can significantly enhance the emotional well-being of police officers.

Conversely, Craddock (2021) concludes that police stressors have significant implications for the health and well-being of police officers. Understanding and addressing workplace stress, shift work challenges, and traumatic stress are essential for promoting better mental health outcomes among police personnel. Thus, comprehensive approaches that consider both individual and organizational factors are necessary.

On the other hand, the management of negative emotions is crucial for the mental health and emotional well-being of police officers, as emphasized by Gross and John (2021). However, as Amaranto et al. (2019) point out, officers often feel compelled to suppress their emotions to fulfill their duties effectively. While emotional detachment may be adaptive in their work environment, it can strain their family life. Kirschman (2018), as cited in Woody (2019), further notes that police officers become emotionally guarded and skilled at suppressing their feelings under stress.

Over time, officers may become desensitized to the negative aspects of their job, particularly within the first 18 months of duty, as highlighted by Robinson et al. (2018). Regular exposure to violent incidents reinforces the expectation for officers to handle stress and pressure without showing vulnerability (Amaranto et al., 2020).

Quality of Life and Mental Health

According to Keyes (2019), quality of life and mental health are closely intertwined concepts that significantly impact each other. Quality of life refers to an individual's overall well-being and satisfaction in various domains of life, including physical, psychological, social, and environmental aspects. Mental health, on the other hand, encompasses emotional, psychological, and social well-being. Research consistently demonstrates that mental health is a crucial component of overall quality of life. Thus, it was concluded that good mental health enables individuals to effectively cope with stress, maintain positive relationships, and engage in meaningful activities, thereby enhancing their quality of life.

Conversely, mental health disorders, such as depression and anxiety, can significantly impair an individual's quality of life, leading to reduced functioning, impaired social interactions, and decreased overall satisfaction.

In support of this, according to Crosby et al. (cited in Cho et al. 2019), the concept of health-related quality of life refers to how a person perceives their health situation. Thus, the study by Cho et al. (2019) concluded that impaired quality of life was correlated with mental health complications in depressed people. In addition to the study, it was stated that it is important to identify and treat individuals with depression who have low quality of life risk factors. Research also shows that individuals with better mental health experience higher levels of life satisfaction, happiness, and overall well-being (Kessler et al., 2020).

In support, the study of Wu et al. (2019) revealed that most of their participants who are police officers have poor quality of life and are reported to be suffering from anxiety/depression— this indicates that mental health has played a crucial factor in having low quality of life.

According to Diener et al. (2018), several protective factors contribute to both quality of life and mental health. These factors include social support, positive relationships, a sense of purpose and meaning, and access to resources and services. Social support networks provide individuals with emotional support, practical assistance, and a sense of belonging, which can enhance their mental health and overall quality of life. Positive relationships contribute to feelings of connectedness, love, and support, promoting well-being and life satisfaction. Having a sense of purpose and meaning in life provides individuals with a sense of direction and fulfillment, contributing to their overall quality of life and mental well-being. Access to resources and services, such as mental health care, education, and employment opportunities, can significantly improve an individual's quality of life and mental health outcomes (Diener et al., 2018).

Furthermore, well-being is closely related and a determined factor for quality of life and mental health. Well-being encompasses various dimensions, including emotional well-being, psychological well-being, and subjective well-being (Diener et al., 2020). Emotional well-being refers to the experience of positive emotions, the absence of negative emotions, and overall life satisfaction. Psychological well-being involves having a sense of purpose, personal growth, and positive relationships. Subjective well-being refers to an individual's overall evaluation of their life and happiness. Research consistently shows that individuals with higher levels of well-being experience better mental health outcomes and overall quality of life (Huppert and So, 2018).

Conversely, Pa et al. (2021) concluded that occupational quality of life can be used as a predictor of mental health. This implies that quality of life is one of the factors that can predict or affect the mental health of an individual. In addition, the study also revealed that there has been a correlation between poor occupational quality of life and a higher risk of mental health issues, such as anxiety or depression, among people in the workplace.

Thus, the study of Short (2020) stated that in predicting quality of life and attitudes about utilizing professional psychological treatments, it was revealed that moderating relationships are in between predictor factors. The established correlations and moderating predictive relationships imply that operational stress, organizational stress, and public stigma will be the intervention areas with the largest effects on police officers' quality of life and attitudes toward seeking out professional psychological assistance (Short, 2020).

Furthermore, in the field of mental health, it is acknowledged that while symptom reduction is a desired treatment result, it is also critical to consider how recovery affects an individual's daily life and quality of life. As a result, the assessment of quality of life or disease-specific quality of life measures used by people fully covers the aspects that were determined to be significant to the quality of life of people with mental health problems (Krugten et al., 2021).

Thus, prevention and promotion efforts are crucial for improving mental health and enhancing quality of life. Research suggests that early intervention programs, mental health promotion campaigns, and community-based initiatives can significantly reduce the incidence and impact of mental health disorders (Patel et al., 2020). Prevention efforts aim to identify and address risk factors, promote protective factors, and enhance mental health literacy. By investing in prevention and promotion strategies, communities and societies can create environments that foster positive mental health and enhance the quality of life for individuals.

Moreover, holistic approaches that consider the multidimensional nature of mental health and quality of life are essential for promoting well-being. These approaches involve addressing biological, psychological, social, and environmental factors that contribute to mental health and quality of life (World Health Organization, 2021). By adopting a holistic perspective, individuals, communities, and policymakers can implement comprehensive strategies that promote mental health, enhance social support, address social determinants of health, and create inclusive environments. These holistic approaches are crucial for improving mental health outcomes and enhancing the overall quality of life for individuals.

Resilience and Mental Health

Resilience and mental health resilience are closely interconnected concepts. Resilience refers to an individual's ability to bounce back, adapt, and thrive in the face of adversity, while mental health resilience specifically focuses on an individual's ability to maintain positive mental health outcomes despite stressors and challenges. Research consistently shows that individuals with higher levels of resilience are more likely to exhibit better mental health resilience (Fergus and Zimmerman, 2018).

Bonanno (2020) stated that resilient individuals possess the skills and resources to effectively cope with stress, regulate their emotions, and maintain a positive mindset, which contributes to their ability to maintain good mental health even in the face of adversity. This suggests that by cultivating resilience, individuals can enhance their mental health resilience and build the necessary skills to navigate life's challenges with greater ease and adaptability.

Additionally, Dice et al. (2019) found that there is a strong connection between resilience and positive mental health indicators, such as life satisfaction, psychological well-being, and positive emotions. On the other hand, resilience is found to have a negative association with negative mental health indicators, including depression, anxiety, and negative emotions. This highlights the link between psychological resilience and an individual's overall mental well-being.

In support, Steenbeek et al. (2020) indicated that resilience has improved an officer's mental well-being resulting in higher improvement in adapting, anticipating, and growing as well as lesser risk in chronic stresses

and acute crises. Aside from that, resilience is rather an effective tool in helping police personnel identify their strengths and weaknesses that can lead to change, innovation, higher creativity, and novelty. Lastly, increased resilience has been shown as an effective tool for dealing with work stressors that leads to a more positive outcome in the well-being of police officers.

However, according to several studies, anxiety and depression are negatively correlated with resilience (Shapero et al., 2019). As cited in Wu (2020), of all the resilience factors, serenity and meaning factors have the strongest correlations with depression. Thus, one strategy for reducing an individual's depression may be to develop resilience.

Furthermore, several protective factors contribute to mental health resilience. These factors include social support, self-efficacy, optimism, adaptive coping strategies, and a sense of purpose and meaning in life. Social support networks provide individuals with emotional support, practical assistance, and a sense of belonging, which can enhance their mental health resilience (Masten and Obradović, 2018).

Optimism, characterized by a positive outlook and the expectation of positive outcomes, is associated with better mental health resilience (Carver et al., 2020). Adaptive coping strategies, such as problem-solving, seeking social support, and reframing negative situations, contribute to individuals' ability to effectively manage stress and maintain mental health resilience (Connor and Davidson, 2019). Thus, having a sense of purpose and meaning in life provides individuals with a sense of direction and fulfillment, which can enhance their mental health resilience (Ryff and Singer, 2020).

Meulen et al. (2018) highlight that resilience, particularly when adjusted for foundational time-span mental health problems, shows a declining protective capacity for mental health disorders over a medium period. In addition, the relationship between resilience and mental health status appears to be a chain one from the standpoint of longitudinal development: mental health status seems to influence resilience, and resilience then affects mental health status. Thus, people with lower baseline mental health levels who experience hardship later in life should therefore receive timely mental health education or intervention to increase their quality of resilience, coping capacity with adversity, and environmental adaptability (Wu et al. 2020).

Additionally, Hofgaard et al. (2021) stated that when people exhibit strong mental health despite experiencing a lot of stress or hardship, it is an indication of psychological resilience. The study reveals that low levels of suffering and high levels of well-being can both be indicators of good mental health. However, meaning in life, physical activity, pleasant emotions, and relationship satisfaction are only a few examples of potential causative resilience elements (Hofgaard et al., 2021).

On the other hand, Bahar et al. (2020) showed that interventions to improve resilience can be used before, during, or after stressful or traumatic experiences. Prior to stressful occurrences, intervention or training take place, which helps the person be more resilient. Promoting healthy family and community contexts that enable the individual's natural protective systems to develop and function properly is one of the most crucial things that can be done to increase resilience (Bahar et al., 2020).

Conversely, the interpretations of police officers' resilience include self-awareness and control over one's physiological stress responses to threats; recovery from exposures beyond one's control; and psychological and physiological flexibility in the face of adversity (Masten, 2014, as cited by Andersen et al., 2021). According to Andersen et al. (2021), what makes police resilience important is that it comprises understanding one's emotional limitations, being realistic about one's capabilities and weaknesses, and knowing when to seek help and when to do it alone.

Furthermore, resilience is closely linked to the prevention of mental health disorders. Research suggests that individuals with higher levels of resilience are less likely to develop mental health disorders, even in the presence of risk factors (Rutter, 2019). Resilient individuals possess the skills and resources to effectively cope with stress, regulate their emotions, and maintain a positive mindset, which acts as protective factors against the development of mental health disorders (Masten & Tellegen, 2018). By promoting resilience through early

intervention programs, mental health promotion campaigns, and community-based initiatives, societies can reduce the incidence and impact of mental health disorders and enhance mental health resilience.

It has also been found that resilience plays a significant role in treatment outcomes for individuals with mental health challenges. Research suggests that individuals with higher levels of resilience are more likely to respond positively to treatment interventions and experience better recovery outcomes (Southwick et al., 2020). Resilient individuals demonstrate greater treatment adherence, engagement, and motivation, which contribute to improved mental health outcomes (Bonanno et al., 2020). By fostering resilience in individuals receiving mental health treatment, clinicians can enhance treatment effectiveness promote long-term mental health and well-being and achieve their recovery goals.

Furthermore, the study of Taylor (2022) underscores the historical neglect of mental wellness resources for law enforcement personnel, leaving departments ill-equipped to address this crucial aspect of officer welfare. The article warns that the absence of mental health initiatives may lead to officers facing mental health challenges, posing risks to themselves, peers, and the community. Additionally, Schaefer et al. (2020), investigated the connection between health-promoting factors and mental health outcomes in medical staff, police officers, and firefighters, considering their high-stress work environments. The cross-sectional study found that sense of coherence (SOC), trait resilience, and internal locus of control were negatively linked to posttraumatic stress, exhaustion, and general psychopathological symptoms in all three professions. Conversely, an external locus of control showed positive correlations with these mental health issues.

The cited studies above have found a correlation between quality of life and mental health, as well as psychological resilience to mental health. It shows that both variables are significant for mental health, as they vary in different aspects. In general, the related literature and studies gathered and presented in this section show numerous gaps regarding the given variables.

Synthesis of the Reviewed Literature and Studies

Three variables were reviewed in this study: quality of life, resilience, and mental health. Human resources, the organizational definition, and application to various industries and nations, as well as the conceptual relationship between independent and dependent variables, all investigated these variables.

Most current studies about the quality of life in the organization show a positive relationship with mental health. When measuring the effects of medical and health interventions, it is crucial to consider the quality of life. Quality of life is a multidimensional term used in numerous disciplines, including health and medicine (Haraldstad et al. 2019). According to Bottomley et al. (2019), health-related quality of life is the subjective perception of an individual's illness and treatment's impact on their physical, mental, and social existence. Jain and Quereshi (2022) explained that the components of quality of life are well-being, social responsibilities, partnerships, and ecological connection. These researchers discovered that fair compensation, work overburden, workplace safety, and job stress all affect the quality of life of police officers.

Further, according to Fathi and Simamora (2019), chronic anxiety and inadequate coping skills can decrease a worker's quality of life. According to Goussinsky et al. (2016), cited in Fathi & Simamora (2019), coping strategies and organizational commitment can prevent employees from depleting their emotional resources. Both emotional and problem-focused approaches to relieving tension are beneficial. Because they emphasized problem-solving, it was believed that problem-focused coping strategies were more effective (Fathi & Simamora, 2019). Police officers work in a particularly stressful environment, which can contribute to impairment on the job and other factors that diminish the quality of life (Wu et al., 2019). The research revealed that the quality of life of police officers is inferior to that of the general adult population; therefore, risk-based measures should be implemented to enhance it.

Moreover, police officers experience both physical and emotional duress (Velasco-Garrido et al., 2022). Work-related anxiety diminishes the health-related quality of life. Similar research (Papantoniou, 2018) indicates that shift work may diminish the quality of life of police officers by causing sleep disorders, depression, and cardiovascular issues. The quality of life of police officials is less likely to deteriorate if they have more days

off and consistent weekends off. Hence, police officers are susceptible to stress, fatigue, and mental exhaustion, according to Márquez et al. (2020).

Resilience has been seen to have a great contribution to an individual being an effective member of an organization. Resilience studies may help find the biological processes that allow us to adapt to stress, the individuals that would benefit most from early detection and prevention, and the protective factors that can be changed to lessen bad outcomes, even in people who are genetically more likely to be affected (Choi et al., 2019). Karasar and Canh (2020) say psychological fortitude is essential to mental health. Some challenging circumstances may reduce resilience. Depression is linked poorly with resilience. Resilience efforts should be prioritized (Karasar & Canh, 2020). O'Dowd et al. (2018) say resilience is a coping mechanism, not a thriving one. This emphasizes the importance of understanding a person's resilience viewpoint before implementing workplace-based resilience interventions.

According to O'Dowd et al. (2018), more research on coping strategies is needed, and therapeutic treatments that boost resilience based on system-level stressor views may be feasible. Meulen et al. (2019) define resilience as the ability to handle extreme duress. Few studies have examined police officers' resilience after stress. Pink et al. found that police officers who worked with the public were more resilient and had less psychological anxiety than other workers (2021). Thus, police officers must be tough (Semeijin et al., 2019). Semeijin et al. (2019) explained that resilience can help manage job demands, maintain or improve vitality and workability, and possibly reduce absenteeism. Resiliency, social support, appreciation, and pleasure lower depression. These traits may help cops manage their depression (McCanlies et al., 2018).

Mental health helps people overcome life's challenges, learn, perform, and give back. Recognizing psychological, social, and structural factors that impact mental health makes it easier to reduce risks, build resilience, and create supportive environments (WHO, 2022). As previously stated, external stimuli like life experiences that a person may encounter can cause psychological distress. However, the process of experiencing or developing a mental illness does not solely revolve around exposure to such inductive instances. Internal and biological processes also come into play when a person manifests mental health problems. Generally, people experience mental and physical stressors, which are inevitable and sometimes healthy. During acute stress, the body tends to increase specific hormone volumes, such as cortisol, that initiate coping responses through enhanced catabolic processes that supply energy to the body (Do Yup Lee & Choi, as cited in Thau et al., 2021). The disappearance of the stressor would cause heightened hormonal levels to return to basal levels through feedback inhibition. However, Do Yup Lee and Choi added that in instances where stress is repeated chronically, the circulating cortisol and other hormones involved are sustained at peak levels for prolonged periods. They mentioned that long-term elevation of high cortisol levels eventually damages the hippocampal and cortical neurons, which are sites for feedback inhibition, which results in abnormally heightened cortisol activity despite the absence of a stressor.

Relatively, quality of life, resilience, and mental health were found to have so much importance and be beneficial to police officers, their colleagues and leaders, and the whole organization. Some variables in some studies may not be involved in this study. Nevertheless, quality of life was found to predict mental health, and resilience was found to predict mental health as well. This study will also try to see the connection between the variables of quality of life, resilience, and mental health to clearly analyze the factors that can fill in the gaps and relevant issues or challenges in the organization and, most importantly, employees.

METHODOLOGY

This section presents the research design, the population, sample size, and the sampling technique used; the description of the respondents; the instrument utilized; the procedures used in data gathering; and finally, the statistical treatment applied to the data. Therefore, it summarizes the set of procedures carried out to obtain the data.

Method of Research

The descriptive-correlational method was employed in this study. Correlational research is an important kind of statistical research. Descriptive correlational research is used to describe the statistical association between two or more variables (Lumibao, 2016). According to Gravetter and Wallnau (2012), the correlational method measured the extent to which variations in one factor correlated with variations in one or more factors based on the correlation coefficient. Descriptive research is a valid method that involved observing and describing the behavior without influencing it in any way (Martyn, 2011). In this study, a descriptive correlational study was used to determine the relationship between the levels of quality of life, resilience, and mental health among police officers. This also described the prediction of quality of life and resilience in mental health.

Moreover, prediction in research is significant as it allowed researchers to understand the potential relationships and outcomes between variables, providing insights for future interventions or decision-making (Albreiki et al., 2021). The prediction of quality of life, resilience, and mental health was significant because it could provide valuable insights into the factors that contributed to the well-being and overall mental health of police officers. By understanding the relationship between these variables, interventions and support systems could be developed to enhance the quality of life and resilience of police officers, ultimately promoting their overall mental health and well-being. This could also be used to inform policies and practices within law enforcement agencies, leading to the implementation of strategies that prioritize the mental health of police officers.

Population, Sample Size, and Sampling Technique

The population in this study was composed of police officers based in the Drug Enforcement Unit, Camarines Sur, Philippines. The total sample size was 300 police officers. The sample population was gathered by enlisting police officers within Camarines Sur. Sample sizes between 30 and 500 were still appropriate for the majority of research if total units could not be determined. A multivariate study should multiply the number of variables by ten or more (Sekaran, 2013). The researcher used non-probability sampling, which involved opportunity sampling because the participants were already close by. This type of sampling method relied on the chosen sample in a population and made assumptions about it (Byju, 2022).

Description of Respondents

The researcher required the involvement of all 300 police officers in Camarines Sur, Bicol, Philippines, including but not limited to job families, management level, age, sex, rank, position, and tenure.

In the demographic profile of the respondents, as illustrated in Table 1, a total of 300 individuals were included in the analysis. The majority of the respondents were male, constituting 79.3% of the sample, while females comprised 20.7%. Regarding marital status, a significant portion of the respondents identified as single, representing 80.3%, followed by those who were married at 18.7%. A small percentage consisted of individuals who were widowed (0.6%) or separated (0.3%).

Table 1

Profile of Respondents

Profile	Frequency	Percentage
Sex		
Male	238	79.3%
Female	62	20.7%
Total	300	100%

Marital Status		
Single	241	80.3%
Married	56	18.7%
Widowed	2	0.6%
Separated	1	0.3%
Total	300	100%
Rank		
PSMS	25	8.3%
PSSG	104	34.7%
PCPL	98	32.7%
PCPT	16	5.3%
PAT	18	6%
PEM	9	3%
PCAPT	9	3%
PMAJ	17	5.7%
NUP	1	0.3%
PLT	3	1%
Total	300	100%
Educational Level		
College Graduate	283	94.3%
Master's Degree	17	5.7%
Total	300	100%

The respondents were further categorized based on their rank within the police force. The most prevalent rank among them was Police Staff Sergeant (PSSG), accounting for 34.7%, followed by Police Corporal (PCPL) at 32.7%. Other ranks included Police Senior Master Sergeant (PSMS) at 8.3%, Police Captain (PCPT) at 5.3%, Patrolman (PAT) at 6%, Police Executive Master Sergeant (PEM) at 3%, Police Chief Superintendent (PCAPT) at 3%, Police Major (PMAJ) at 5.7%, Non-Uniformed Personnel (NUP) at 0.3%, and Police Lieutenant (PLT) at 1%.

In terms of educational background, a significant majority of the respondents were college graduates, representing 94.3% of the sample. Additionally, a smaller percentage of them held a master's degree, constituting 5.7% of the total. This demographic overview provides a comprehensive understanding of the

characteristics of the respondents, encompassing gender distribution, marital status, rank within the police force, and educational attainment.

Research Instruments

First, the researcher outlined the research topic, purpose, confidentiality, voluntary participation and withdrawal, potential risks and discomforts, potential benefits, consent, and assurance. This was done to inform the respondents about the study, assure data privacy, and explain how the data they provided will be used purposefully. To prevent duplicate recorded responses, the respondents only answered to the survey once.

Second, the researcher requested certain demographic profiles to include details like name, age, gender, civil status, tenure, and position level. This provided the researcher with valuable data about the respondents for analysis.

Lastly, the instruments that the researcher used to measure the variables were standardized and approved for use by the authors. The World Health Organization Quality of Life (2004) was used in Part I, the Brief Resilience Scale (2008) was used in Part II, and the Depression, Anxiety, and Stress Scale (1995) was used in Part III.

World Health Organization Quality of Life. The World Health Organization's WHOQOL group created the multilingual, multicultural, and generalized World Health Organization Quality of Life (WHOQOL-BREF) form of quality of life assessment. This instrument has a total of 26 items derived from the WHOQOL-100 and is composed of four domains: physical health, psychological well-being, social interactions, and environment. Moreover, this questionnaire has a 5-point Likert scale ranging from 1 (very poor/extremely dissatisfied/not at all) to 5 (extremely good/extremely satisfied/a great deal). The raw scores from each domain are transmuted into a linear scale, with 0 denoting the least desirable QoL and 100 denoting the most favorable QoL. With that being said, higher scores on this questionnaire indicate a greater quality of life (Torres & Paragas, 2019). The overall Cronbach's alpha value is 0.91, which is considered satisfactory. Additionally, when considering the different domains separately, the reliability coefficients are as follows: 0.83 for “physical health”, 0.72 for “psychological”, 0.67 for “social relationships”, and 0.76 for “environmental domains” (Almarabhe et al., 2023).

Thus, as its internal consistency presented a Cronbach alpha (α) value of 0.91 which can be acknowledged as high (Clavecillas & Perez, 2020), therefore, the WHOQOL-BREF questionnaire is a valid and reliable instrument to measure the overall quality of life among the respondents.

Table 2

Item Number of the Quality of Life

Quality of Life Dimension	Item Number
Physical	2, 3, 4, 10, 15, 16, 17, 18
Psychological	5, 6, 7, 11, 19, 26
Social Relationships	20, 21, 22
Environment	8, 9, 12, 13, 14, 23, 24, 25

Table 2 shows the item number where quality of life appears— this includes physical in items two, three, four, ten, 15, 16, 17, and 18; Psychological in items five, six, seven, 11, 19, and 26; Social Relationships in items 20, 21, and 22, and Environment in items eight, nine, 12, 13, 14, 23, 24, and 25. These test items allow further investigation of the quality of life in various categories among each respondent.

Table 3

Question Breakdown of the Quality of Life

Item Number	Dimension	Description
2, 3, 4, 10, 15, 16, 17, 18	Physical	This is a person's unpleasant body emotions and how much they disrupt life.
5, 6, 7, 11, 19, 26	Psychological	This is a person's contentment, balance, calm, happiness, hopefulness, delight, and enjoyment of life's nice things.
20, 21, 22	Social relationships	This is how much intimate connections provide companionship, regard, and support. This also addresses one's dedication to and experience with caring for and providing for others.
8, 9, 12, 13, 14, 23, 24, 25	Environment	This facet examines a person's sense of safety and confidence in bodily danger. People and governments can threaten safety and security.

Table 3 indicates the general overview of the presented question in the investigation of the quality of life among police officers— such as physical as “a person's unpleasant body emotions and how much they disrupt life”; Psychological as “a person's contentment, balance, calm, happiness, hopefulness, delight, and enjoyment of life's nice things”; Social Relationship as “how much intimate connections provide companionship, regard, and support. This also addresses one's dedication to and experience with caring for and providing for others”; Environment as “a person's sense of safety and confidence in bodily danger. People and governments can threaten safety and security.”

Table
Scaling Matrix of the Quality of Life

Point Range Value	Adjectival Description	Interpretation
1.00 to 1.49	Not at all	Very Low
1.50 to 2.49	A little	Low
2.50 to 3.49	A moderate amount	Neutral
3.50 to 4.49	Very much	High
4.50 to 5.00	An extreme amount	Very High

Table 4 shows the scaling matrix for the quality of life. This helped in the interpretation of the result, determining the average of the respondents whether very low to very high.

Brief Resilience Scale. The Brief Resilience Scale (BRS) is a 6-item scale and was developed to evaluate the perceived ability to recover or bounce back from stress. The authors of the scale are Bruce Smith, Jeanne Dalen, Kathryn Wiggins, Erin Tooley, Paulette Christopher, and Jennifer Bernard (2008). The scale was designed to evaluate a unitary construct of resilience by including items with both positive and negative

wording. The BRS has a potential score range of 1 (low resilience) to 5 (high resilience). The BRS has psychometric properties with a coefficient alpha of 0.71 and good internal stability (Fung, 2020). This outcome corresponds to the alpha values (ranging from 0.71 to 0.85).

Table 5

Scaling Matrix of the Brief Resilience Scale

Point Range Value	Adjectival Description	Interpretation
1.00 to 1.49	Strongly Disagree	Very Low
1.50 to 2.49	Disagree	Low
2.50 to 3.49	Neutral	Neutral
3.50 to 4.49	Agree	High
4.50 to 5.00	Strongly Agree	Very High

Mental Health Inventory. Veit and Ware (1983) created the Mental Health Inventory (MHI) which aids in evaluating general psychological distress and well-being (Degefa et al., 2022). All MHI questions are scored on a six-point scale (1-6). The range of raw values is between 38 and 226, with higher Mental Health Index scores suggesting less psychological distress and better psychological well-being. Depending on the underlying construct being measured, the items comprising numerous subscales and global scales can be reverse-scored Emotional Ties ed (Veit & Ware, 1983). It has a Cronbach’s alpha value of 0.93 (Degefa et al., 2022). Hence, items 1, 2, 22, and 38 were omitted from the subscales as they were rated in terms of the intensity of the symptoms of mind over the past month.

Table 6

Item Number of the Mental Health Inventory (MHI)

Mental Health Inventory	Item Number
Anxiety	3, 11, 13, 15, 25, 29, 32, 33, 35
Depression	9, 19, 30, 36
Behavior Control	8, 14, 16, 18, 20, 21, 24, 27, 28
Positive Affect	4, 5, 6, 7, 12, 17, 26, 31, 34, 37
Emotional Ties	10, 23

Table 7

Question Breakdown of the Mental Health Inventory (MHI)

Item Number	Quality of Life Dimensions	Description
3, 11, 13, 15, 25,	Anxiety	It is the condition of being frightened or concerned about the possibility of something

29, 32, 33, 35		unpleasant happening. It includes autonomic arousal, skeletal muscle effects, situational worry, and subjective anxiety experiences.
9, 19, 30, 36	Depression	It is a psychological condition in which the individual is unhappy and unable to appreciate the complexity and discomfort of the circumstances. It includes depressed mood, despair, life devaluation, lack of interest, anhedonia, and inertia are all symptoms of depression.
8, 14, 16, 18, 20, 21, 24, 27, 28	Behavior Control	It is the condition of an individual to have the capability to control and manage one behavior in different situations.
4, 5, 6, 7, 12, 17, 26, 31, 34, 37	Positive Affect	It is the expression of good feelings and sentiments, such as ebullience, pride, excitement, vigor, and pleasure.
10, 23	Emotional Ties	It is the cord that appears to be detachable between the individual and the other person due to the existence of emotional attachments.

Table 8

Scaling Matrix of the Mental Health Inventory (MHI)

Point Range Value	Adjectival Description	Interpretation
1.00 to 1.49	None of the time	Very Low
1.50 to 2.49	A little of the time	Low
2.50 to 3.49	Some of the time	Moderately Low
3.50 to 4.49	A good bit of the time	Moderately High
4.50 to 5.49	Most of the time	High
5.50 to 6.00	All of the time	Very High

Data-Gathering Procedure

The researcher gathered the data from July 10, 2023 to July 14, 2023. First, the researcher secured the Certificate of Ethics Review from the Graduate School Research and Extension Office to clear it from ethics guidelines and considerations, enabling the proceeding with data gathering for thesis writing purposes. This ensured that the data gathering had no harm to the respondents of the study and that the information they gave remained confidential.

Second, the data were gathered by obtaining police officers' consent through a Google form via a QR code using a mobile phone, and they were asked if they were willing to participate in the study. Once they agreed, they were directed to a website link to access the online questionnaires. This was facilitated through an online survey using Google Forms in a Likert-type questionnaire, which was also an economical and a fast way to

collect all the received data. When the respondents got the link, they started reading the first part, which had the research title, purpose, confidentiality, and consent. Once they agreed and gave their informed consent, they entered their email address and clicked Next. They were then moved to the next page, which consisted of demographic profile gathering, including name, age, gender, civil status, tenure, and position level. After that, they clicked Next, read the instructions, and clicked the most appropriate scale for them. The first part measured their quality of life, which had a total of 26 items and a Likert-type scale where they chose from 1 (not at all) to 5 (an extreme amount). Once they chose from the scale, they moved on to the second part that measured their resilience, which had a total of 6 items and a Likert-type scale where they chose from 1 (strongly disagree) to 6 (strongly agree). Once they chose from the scale, they moved on to the third and last part, which measured their mental health, having a total of 21 items, and a Likert-type scale where they chose from 0 (never) to 3 (almost always). Once done, their responses were saved, and only the researcher had access to them. When answering the forms, the respondents had no time limit and could only access them using one email address.

Third, the researcher organized the data gathering and completed 300 responses. The results were analyzed based on the gathered data using a statistical tool, such as SPSS, by a professional statistician. The researcher tabulated the results. Then, the researcher interpreted the statistical results using the scales above. Lastly, the researcher summarized the results to come up with conclusions based on the research problems, gave recommendations based on the results, and suggested further studies. Moreover, while this study highlights concerning trends, it acknowledges the absence of publicly available data from the Philippine National Police (PNP) regarding personnel who have experienced mental health issues or engaged in misconduct. Thus, any conclusions drawn from this analysis should be interpreted with caution, as they may not comprehensively reflect the complex situations within the PNP.

Statistical Treatment of Data

The statistical measures included the following:

Arithmetic Mean. This tool calculates the sum of scores divided by the number of populations. It was used in analyzing and presenting the average of the respondents.

The formula is:

$$X = (\sum X) / N$$

Where:

X = mean

$\sum X$ = sum of frequency

N = total population

Standard Deviation. This tool measures the amount of variation or dispersion in a set of values. It provides information about how spread out the data points are from the mean.

The formula is:

$$s = \sqrt{(\sum(X_i - X)^2 / (N - 1))}$$

Where:

s = sample standard deviation

X_i = individual data point

\bar{X} = mean of the data

Σ = summation symbol (summing over all data points)

N = total number of data points

Pearson Correlation Coefficient r . This tool measures the strength and direction of association between two continuous variables, such as quality of life and resilience, with one dependent variable, which is mental health.

The formula is:

$$r = \frac{\sum ((Xi - \bar{X}) * (Yi - \bar{Y}))}{(n * sX * sY)}$$

Where:

r = Pearson correlation coefficient

n = number of data points of the two variables

Xi = value of the independent variable

Yi = value of the dependent variable

\bar{X} = mean of the independent variable

\bar{Y} = mean of the dependent variable

sX = standard deviation of the independent variable

sY = standard deviation of the dependent variable

Stepwise Regression. This tool determines the statistical significance of every variable presented in a linear model. This helped to determine whether quality of life and resilience correlate with mental health.

RESULTS AND DISCUSSION

This section describes the results of the collected data from police officers who participated and answered the survey that measures quality of life, resilience, and mental health. The results are presented, interpreted, and analyzed systematically.

Level of Quality of Life

Table 9

Level of Quality of Life as to Physical Health

Statements	Mean	SD	Interpretation
1. To what extent do you feel that physical pain prevents you from doing what you need to do?	2.84	1.00	Moderate
2. How much do you need medical treatment to function in your daily life?	2.40	1.14	Low

3. Do you have enough energy for everyday life?	4.05	0.66	High
4. How well are you able to get around?	3.50	0.66	High
5. How satisfied are you with your sleep?	3.64	0.67	High
6. How satisfied are you with your ability to perform your daily living activities?	3.91	0.63	High
7. How satisfied are you with your capacity for work?	3.94	0.61	High
Overall	3.47	0.44	Moderate

Legend: 1.00 to 1.49 = Very low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Moderate; 3.50 to 4.49 = High; 4.50 to 5.00 = Very High

This table shows the level of quality of life as it relates to the physical health of police officers. Enough energy for everyday life received the highest mean weighted average at 4.05, next is their satisfaction with the capacity of their work at 3.94, satisfaction with their ability to perform daily living activities at 3.91, satisfaction with their ability to sleep at 3.64, well-being to get around at 3.50, the extent to which they feel physical pain that prevents them from doing what they need to do at 2.84, and the least mean weighted average at 2.40 of how much they need medical treatment to function in their daily lives. Furthermore, the quality of life as well as the physical health of police officers were moderate, with a mean weighted average of 3.47. Overall, the assumption is that, on average, respondents perceived their physical health-related quality of life to be at a neutral level, with specific areas like energy levels, mobility, and satisfaction with daily activities and work capacity being particularly high.

These findings rejected the study of James et al. (2017), Vetter et al. (2017), Maidstone et al. (2021), and Papantoniou et al. (2018) which suspect that shift work is associated with harmful effects (such as sleep disorders, depression, and cardiovascular complications) on the quality of life among police officers. Similarly, the study by Velasco-Garrido et al. (2022) considered police work to be one of the most stressful jobs, as officers experience both physical and psychosocial stress. Furthermore, the findings have shown that work-related stress is associated with a low health-related quality of life.

Table 10

Level of Quality of Life as to Psychological

Statements	Mean	SD	Interpretation
1. How much do you enjoy life?	4.11	0.69	High
2. To what extent do you feel your life to be meaningful?	4.12	0.68	High
3. How well are you able to concentrate?	3.87	0.68	High
4. Are you able to accept your bodily appearance?	3.98	0.70	High
5. How satisfied are you with yourself?	4.07	0.64	High
6. How often do you have negative feelings such as a blue mood, anxiety, depression?	2.06	0.98	Low
Overall	3.70	0.46	High

Legend: 1.00 to 1.49 = Very low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Moderate; 3.50 to 4.49 = High; 4.50 to 5.00 = Very High

This table displays the psychological quality of life of police officers. The extent of how they feel life to be meaningful obtained the highest mean weighted average at 4.12, next is how much they enjoy their life at 4.11, satisfaction with themselves at 4.07, acceptance of their bodily appearance at 3.98, how well they can concentrate at 3.87, and the least mean weighted average at 2.06 of how often they feel negative feelings such as blue mood, despair, anxiety, and depression. Additionally, with a mean weighted average of 3.70, police officers perceived life to be of high quality. Overall, the assumption is that, on average, respondents perceived their psychological well-being to be at a high level, with high levels of enjoyment, meaningfulness, concentration ability, acceptance of bodily appearance, satisfaction with oneself, and a low frequency of negative feelings.

This contradicted the study of Velasco-Garrido et al. (2022) who considered police work as one of the most stressful jobs as officers experience both physical and psychosocial stress. Furthermore, the findings have shown that work-related stress is associated with a low health-related quality of life

Table 11

Level of Quality of Life as to Social Relationship

Statements	Mean	SD	Interpretation
5. How satisfied are you with your personal relationships?	4.06	0.67	High
6. How satisfied are you with your sex life?	3.84	0.83	High
7. How satisfied are you with the support you get from your friends?	3.81	0.68	High
Overall	3.90	0.61	High

Legend: 1.00 to 1.49 = Very low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Moderate; 3.50 to 4.49 = High; 4.50 to 5.00 = Very High

This table shows the level of quality of life as it relates to the social relationships of police officers. The mean weighted average of their satisfaction with their personal relationships is 4.06, their satisfaction with their sexual life is 3.84, and their satisfaction with the support they receive from friends is 3.84. Furthermore, the quality of life in the social relationships of police officers is high, with a mean weighted average of 3.90. Overall, the assumption is that, on average, respondents perceived their social relationship quality of life to be at a high level, with high levels of satisfaction in personal relationships, sex life, and the support received from friends.

In support of this, Hansson and Paydyab (2023) stated that police officers have higher social support— it was revealed that male police officers are subject to availability and higher sex life indicating that they lean more on their spouses or family while female police officers gain much social support from peers and colleagues. This indicates that being satisfied with one’s social relationship is possible being a police officer.

Table 12

Level of Quality of Life as to Environment

Statements	Mean	SD	Interpretation
1. How safe do you feel in your daily life?	3.73	0.67	High
2. How healthy is your physical environment?	3.80	0.65	High

3. Have you enough money to meet your needs?	3.43	0.68	Moderate
4. How available to you is the information that you need in your day-to-day life?	3.70	0.62	High
5. To what extent do you have the opportunity for leisure activities?	3.27	0.67	Moderate
6. How satisfied are you with the condition of your living place?	3.93	0.65	High
7. How satisfied are you with your access to health services?	3.70	0.69	High
8. How satisfied are you with your transport?	3.84	0.66	High
Overall	3.67	0.47	High

Legend: 1.00 to 1.49 = Very low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Moderate; 3.50 to 4.49 = High; 4.50 to 5.00 = Very High

This table shows the level of quality of life in the environment of police officers. Satisfaction with the condition of their living place acquired the highest mean weighted average at 3.93, next is their satisfaction with their transport at 3.84, how healthy their physical environment is at 3.80, safety they feel in their daily lives at 3.73, availability of the information needed in their day-to-day life at 3.70, satisfaction with their access to health services at 3.70, enough money to meet their needs at 3.43, and the lowest mean weighted average at 3.27 of what extent they have the opportunity for leisure activities. Furthermore, the quality of life in the environment of police officers is high, with a mean weighted average of 3.67. Overall, the assumption is that, on average, respondents perceived their environmental quality of life to be at a high level, with high levels of satisfaction in safety, physical environment healthiness, availability of information, satisfaction with the living place, access to health services, and transport. There are moderate levels of satisfaction with financial needs and the opportunity for leisure activities.

To support this, it was revealed in the study of Subramaniam and Basheer (2017) that incentives, salary, and other environmental factors are clearly satisfying among police officers— adding that the higher the incentives are, the higher the satisfaction is since these environmental factors are seen as ‘security’.

However, these contradicted the study of Márquez et al. (2020), which stated that police officers' work in a field has a significant risk of stress, burnout, and emotional exhaustion. The study suggests one way of lowering stress and improving the psychological and emotional balance of these officers would be to implement mindfulness techniques into the health and occupational-risk prevention programs provided by the national police forces.

Level of Resilience

Table 13

Level of Resilience

Statements	Mean	SD	Interpretation
1. I tend to bounce back quickly after hard times.	3.51	1.09	High
2. I have a hard time making it through stressful events.	3.55	1.05	High

3. It does not take me long to recover from a stressful event.	3.37	1.19	Moderate
4. It is hard for me to snap back when something bad happens.	3.68	1.01	High
5. I usually come through difficult times with little trouble.	2.76	1.14	Moderate
6. I tend to take a long time to get over setbacks in my life.	3.72	0.98	High
Overall	3.43	0.56	Moderate

Legend: 1.00 to 1.49 = Very low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Moderate; 3.50 to 4.49 = High; 4.50 to 5.00 = Very High

This table presents the level of resilience of police officers. The long time they tend to get over setbacks in life attained the highest mean weighted average at 3.72, next is their hardship to snap back when something bad happens at 3.68, having a hard time making it through stressful events at 3.55, their tendency to bounce back quickly after hard times at 3.51, not having a long time to recover at a stressful event at 3.37, and the lowest mean weighted average at 2.76 of how usual they come through difficult times with little trouble. Furthermore, the level of resilience of police officers is average, with a mean weighted average of 3.43. Overall, the assumption is that, on average, respondents reported a moderate level of resilience, with tendencies to agree with statements related to bouncing back quickly, having a hard time during stressful events, finding it hard to snap back from bad events, and taking a long time to get over setbacks. The recovery time from stressful events is perceived neutrally on average.

These contradicted the study of Pink et al. (2021) which discovered that police officers who interacted directly with the public reported lower levels of psychological disturbance than the overall population of workers, as they were also reported to have a high resilience level.

Level of Mental Health

Table 14

Level of Anxiety

Statements	Me an	SD	Interpreta tion
1. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month?	4.16	0.98	High
2. How much of the time, during the past month, have you been a very nervous person?	4.99	0.95	High
3. During the past month, how much of the time have you felt tense or “high-strung”?	5.00	0.98	High
4. During the past month, how often did your hands shake when you tried to do something?	4.86	1.23	High

5. How much have you been bothered by nervousness, or your “nerves”, during the past month?	5.1 4	0.9 5	High
6. During the past month, how much of the time have you felt restless, fidgety, or impatient?	5.3 4	0.9 2	High
7. During the past month, how often did you get rattled, upset or flustered?	4.9 5	0.9 6	High
8. During the past month, have you been anxious or worried?	5.2 0	0.9 1	High
9. How often during the past month did you find yourself trying to calm down?	3.9 2	1.5 6	Average
Overall	5.4 4	0.8 1	High

Legend: 1.00 to 1.49 = Very low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Below Average; 3.50 to 4.49 = Average; 4.49 to 5.49 = High; 5.50 to 6.00 = Very High

This table exhibits the level of anxiety of police officers during the past month. The amount of time they felt restless, fidgety, or impatient had the highest mean weighted average at 5.34; next is the anxiety and worries they had at 5.20; how much they have been bothered by nervousness, or their “nerves” at 5.14, how much of the time they felt tense or “high-strung” at 5.00, how much they have been very nervous at 4.99, how often did they get rattled, upset or flustered at 4.95, how often did their hands shake when they tried to do something at 4.86, how often did they become nervous or jumpy when faced with excitement or unexpected situations at 4.16, and the lowest mean weighted average at 3.92 of how often did they find their selves trying to calm down. Furthermore, the level of anxiety of police officers is high with a mean weighted average of 5.44. Overall, the assumption is that, on average, respondents displayed a high level of anxiety, with most statements falling into the "High" range. The only exception is the frequency of trying to calm down, which is categorized as "Average."

Furthermore, since it was revealed, the respondents have an “average” on the frequency of trying to calm down while revealing a “high” on other number items— this indicates that this contradicted the study of Pink et al. (2021), which found that police officers who worked with the public were more resilient and had less psychological anxiety than other workers. In addition, this also contradicted the study of Otto and Gatens, (2022) that mentioned having a high resilience indicates having more positive emotions than those who do not have high resilience.

Table 15 shown on the next page displays the level of depression among police officers during the past month. The many times they were moody or brooded about things got the highest mean weighted average at 5.22, next is the amount of time they were in low or very low spirits at 5.19, the many times they were downhearted and blue at 5.13, and the lowest mean weighted average at 1.41 of feeling depressed. Furthermore, the level of depression among police officers is high, with a mean weighted average of 5.03.

Table 15

Level of Depression

Statements	Mean	SD	Interpretation
1. Did you feel depressed during the past month?	1.41	0.76	Very Low
2. How much of the time, during the past month, have you felt	5.13	1.02	High

downhearted and blue?			
3. During the past month, how much of the time have you been moody or brooded about things?	5.22	0.93	High
4. During the past month, how much of the time have you been in low or very low spirits?	5.19	1.00	High
Overall	5.03	0.73	High

Legend: 1.00 to 1.49 = Very low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Below Average; 3.50 to 4.49 = Average; 4.49 to 5.49 = High; 5.50 to 6.00 = Very High

Overall, the assumption is that, on average, respondents exhibited a high level of depression, with statements related to feeling downhearted, being moody, and being in low spirits most of the time falling into the "high" range. The only exception is the statement about feeling depressed, which is categorized as "very low" on average.

These supported the study of Lavoie (2022) which stated that police officers' rate of mental health problems is on the rise. Similarly, supporting the study of Livingston et al. (2014; Livingston, 2016) that described mental health problems as a recurring subject and is often observable in crisis. Police officers were said to have experienced an unfavorable childhood environment that today leads them to have PTSD and Depression. Correspondingly, the study's findings supported that this incident affects police officers in a way that their emotional controllability is drastically getting worse (Violanti, 2021).

Table 16 presented on the next page shows the level of behavioral control among police officers during the past month. The frequent times they felt that others would be better off if they were dead had the highest mean weighted average at 5.53, thus, they felt like crying at 5.15 and felt so down in the dumps that nothing could motivate them is "high". Hence, respondents' thinking about taking their own life is interpreted as high (4.64).

Table 16

Level of Behavioral Control

Statements	Mean	SD	Interpretation
8. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory?	1.58	1.01	Low
14. During the past month, have you been in firm control of your behavior, thoughts, emotions or feelings?	2.31	1.27	Low
16. During the past month, how often did you feel that you had nothing to look forward to?	4.86	1.22	High
18. How much of the time, during the past month, have you felt emotionally stable?	2.29	1.24	Low
20. How often have you felt like crying, during the past month?	5.15	0.96	High

21. During the past month, how often have you felt that others would be better off if you were dead?	5.53	0.81	High
24. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to?	4.32	1.25	Moderately High
27. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up?	5.03	1.05	High
28. During the past month, did you think about taking your own life?	4.64	0.93	High
Overall	3.97	0.45	Moderately High

Legend: 1.00 to 1.49 = Very Low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Moderate Low; 3.50 to 4.49 = Moderately High; 4.49 to 5.49 = High; 5.50 to 6.00 = Very High

Furthermore, the reason to wonder if they were losing their mind, or losing control over the way they act, talk, think, feel, or of their memory, firm control of their behavior, thoughts, emotions or feelings, and felt emotionally stable has garnered 1.01-1.24, which is interpreted as “low”. Overall, the assumption is that, on average, respondents demonstrated a moderately high level of behavioral control, with specific statements related to emotional stability, looking forward to the future, and feeling like crying falling into the "Low" and "High" ranges. The overall level is categorized as "Moderately High."

These supported the study of Wu et al. (2019) which stated that police officers are thought to have a particularly demanding and stressful job, which is directly related to job disability and other factors that may reduce quality of life. The findings of the study revealed that police officers have a lower quality of life than the overall adult population, and risk-oriented interventions should be put into place to enhance it. More so, supported the study of Velasco-Garrido et al. (2022) that considered police work as one of the most stressful jobs as officers experience both physical and psycho-social stress. Furthermore, the findings have shown that work-related stress is associated with low health-related quality of life.

Table 17

Level of Positive Affect

Statements	Mean	SD	Interpretation
4. During the past month, how much of the time have you felt that the future looks hopeful and promising?	2.92	1.29	Moderately Low
5. How much of the time, during the past month, has your daily life been full of things that were interesting to you?	2.69	0.96	Moderately Low
6. How much of the time, during the past month, did you feel relaxed and free from tension?	2.82	0.95	Moderately Low
7. During the past month, how much of the time have you generally enjoyed the things you do?	2.39	0.82	Moderately Low
12. When you have got up in the morning, this past month, about how often did you expect to have an	2.14	1.07	Low

interesting day?			
17. How much of the time, during the past month, have you felt calm and peaceful?	2.06	0.86	Low
26. During the past month, how much of the time has living been a wonderful adventure for you?	2.57	1.16	Moderately Low
31. How much of the time, during the past month, have you felt cheerful, lighthearted?	2.59	1.20	Moderate Low
34. During the past month, how much of the time were you a happy person?	2.29	0.93	Low
37. How often, during the past month, have you been waking up feeling fresh and rested?	2.32	0.96	Low
Overall	2.48	0.70	Low

Legend: 1.00 to 1.49 = Very Low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Moderate Low; 3.50 to 4.49 = Moderately High; 4.49 to 5.49 = High; 5.50 to 6.00 = Very High

Table 16 presents the level of positive affect among the police officers during the recent month. The police officers tend to feel that the future looks hopeful and promising, daily life is full of things that are interesting, relaxed, and free from tension garnered a mean score ranging from 2.39-2.92, which is interpreted as “moderately low”. Hence, waking up feeling fresh and rested, time that they were happy and felt calm and peaceful earned mean scores ranging from 2.14-2.32. Overall, the assumption is that, on average, respondents reported a low level of positive affect, with statements related to feeling hopeful, having interesting days, feeling relaxed, enjoying activities, expecting interesting days, feeling calm, considering life as an adventure, feeling cheerful, being a happy person, and waking up feeling fresh and rested falling into the "Low" and "Moderately Low" ranges. The overall level is categorized as "Low."

Furthermore, work stress, if prolonged, can severely impact a worker's quality of life, potentially leading to burnout, stress-related health issues, and even their emotional status (Fathi & Simamora, 2019). Hence, Goussinsky et al. (2016) posited that employees can avoid emotional exhaustion by embracing appropriate coping mechanisms and demonstrating organizational commitment. Additionally, effective coping mechanisms for managing stressors can incorporate both emotion-focused and problem-focused approaches. Due to their reliance on problem solutions, problem-focused coping strategies were thought to be more successful (Fathi & Simamora, 2019)."

Table 18

Level of Emotional Ties

Statements	Mean	SD	Interpretation
10. During the past month, how much of the time have you felt loved and wanted?	2.27	1.03	Low
23. How much of the time, during the past month, did you feel that your love relationships, loving and being loved, were full and complete?	1.89	0.94	Low

Overall	2.08	0.85	Low
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Legend: 1.00 to 1.49 = Very Low; 1.50 to 2.49 = Low; 2.50 to 3.49 = Moderate Low; 3.50 to 4.49 = Moderately High; 4.49 to 5.49 = High; 5.50 to 6.00 = Very High

The table above shows the level of emotional ties among police officers. During the past month, the respondents had a “low” score in terms of being loved and wanted, ranging from 1.89-2.27. Overall, the assumption is that, on average, respondents displayed a low level of emotional ties, with statements related to feeling loved and wanted and having full and complete love relationships falling into the "Low" range. The overall level is categorized as "Low." These findings were supported by the study of Queiros et al. (2020), that police officers' emotional stability is affected by the stressful nature of their jobs, which can also lead to burnout and aggressive actions. Moreover, it was also mentioned in the study of Teaff (2020) that social support plays a crucial role in one’s mental well-being, indicating that these results can lead to low mental well-being having a “low” result in emotional ties.

Relationship Between Quality of Life and Mental Health

Table 19

Relationship Between Quality of Life and Mental Health

Variable	r-value	p-value	Verbal description	Interpretation	Decision
Physical Health	-0.01	0.79	Not Significant	Negative Very Weak Correlation	Failed to Reject Ho
Psychological	0.00	0.99	Not Significant	Positive Very Weak Correlation	Failed to Reject Ho
Social Relationship	0.20	0.01	Significant	Positive Weak Correlation	Reject Ho
Environment	0.19	0.01	Significant	Positive Very Weak Correlation	Reject Ho

LEGEND:

*Based on Evans’ (1996, as cited by Piter, Loenato, & Jaya, 2018) correlation strength interpretation (absolute value of r):

±0.00 - ±0.19 = ± Very weak Correlation

±0.20 - ±0.39 = ± Weak Correlation

±0.40 - ±0.59 = ± Moderate Correlation

±0.60 - ±0.79 = ± Strong Correlation

±0.80 - ±1.00 = ± Very Strong Correlation

**Level of Significance at 0.05 level

This table presents the relationship between quality of life and mental health. The findings revealed that there is a significant relationship between quality of life and mental health. Specifically, there is no significant relationship between physical health (p=0.79), psychological (p=0.00), and mental health. The relationship between variables showed a very weak correlation, thus, the study failed to reject the null hypothesis. Furthermore, the relationship between social relationship (p=0.20), environment (p=0.19) and mental health is significant; thus, the null hypothesis is rejected. Overall, these results aligned with the understanding that positive social connections and a safe physical environment contribute positively to an individual's overall well-being and mental health. While the correlations are statistically significant, it's important to note that the

strength of these relationships is relatively weak, and there may be other factors not considered in the analysis that also influence quality of life.

These supported the study of Cho et al. (2019) which concluded that impaired quality of life was correlated with mental health complications in depressed people. Correspondingly, the study of Sunga (2019) supported the study’s findings, it was revealed that there is a significant relationship between quality of life and mental health. Moreover, these findings were also supported by Wu et al. (2019) that having poor quality of life results in low mental health— indicating that there is a significant relationship between quality of life and mental health.

Relationship Between Resilience and Mental Health

Table 20

Relationship between Resilience and Mental Health

Variable	r-value	p-value	Verbal description	Interpretation	Decision
Mental health	-0.33	0.01	Significant	Negative weak correlation	Reject Ho

LEGEND:

*Based on Evans’ (1996, as cited by Piter, Loenato, & Jaya, 2018) correlation strength interpretation (absolute value of r):

±0.00 - ±0.19 = ± Very weak Correlation

±0.20 - ±0.39 = ± Weak Correlation

±0.40 - ±0.59 = ± Moderate Correlation

±0.60 - ±0.79 = ± Strong Correlation

±0.80 - ±1.00 = ± Very Strong Correlation

This table exhibits the relationship between resilience and mental health. The findings revealed that there is a significant relationship between resilience and mental health (p=0.01). The relationship between variables showed a negative weak correlation (r=-0.33), thus rejecting the null hypothesis. The negative correlation coefficient (-0.33) indicated that there is a weak inverse relationship between resilience and mental health. As resilience decreases, mental health is observed to decrease, and vice versa. These contradicted the study of Poole et al. (2017) and Shapero et al. (2019) concluded that anxiety and depression are negatively correlated with resilience. Moreover, this indicated that having high resilience means a positive outcome in the police officers' mental well-being and having low resilience results in low mental well-being (Stenbeek et al., 2020).

Quality of Life and Resilience Predict Mental Health

Table 21

Quality of Life, Resilience, and Mental Health

Model	Variable	Stand. Beta	Adjusted r-square	F-value	T-value	p-value	Interpretation
1	Constant				29.13		
	Psychological	-0.26	0.07	27.39	-5.23	0.01	Significant
2	Constant				26.89		
	Psychological	-0.271	0.09	19.12	-5.49	0.01	Significant

	Resilience	-0.157			-3.19	0.02	Significant
3	Constant				27.02		
	Psychological	-0.163	0.10	14.74	-2.42	0.01	Significant
	Resilience	-0.173			-3.50	0.01	Significant
	Social relationship	-0.159			-2.35	0.02	Significant

Note: Stepwise excluded environmental and physical variables

The stepwise regression examines the relationship between numerous facets of quality of life, including psychological, social connection, environmental, and physical factors, and resilience as indicators of mental health among police personnel.

In the initial model, the psychological aspect of quality of life was a substantial indicator of mental health, with a beta coefficient of -0.26 ($p = 0.01$) and a T-value of -5.23. The model accounted for 7% of the variability in mental health scores, as indicated by an adjusted R^2 of 0.07 and an F-value of 27.39. The negative beta value suggests that an increase in psychological discomfort is linked to a decline in mental health.

The second model incorporated both psychological distress and resilience as key variables. The beta coefficient for psychological distress was -0.271 ($p = 0.01$, $T = -5.49$), whereas the beta coefficient for resilience was -0.157 ($p = 0.02$, $T = -3.19$). The model accounted for 9% of the variability in mental health ratings, as shown by an adjusted R^2 of 0.09 and an F-value of 19.12. The findings revealed a correlation between elevated psychological distress and diminished resilience, which in turn were linked to unfavorable mental health outcomes.

In the third and final model, psychological distress, resilience, and social ties emerged as significant determinants of mental health. The beta coefficient for psychological distress was -0.163 ($p = 0.01$, $T = -2.42$); for resilience, it was -0.173 ($p = 0.01$, $T = -3.50$); and for social interactions, it was -0.159 ($p = 0.02$, $T = -2.35$). The model accounted for 10% of the variability in mental health ratings, as shown by an adjusted R^2 of 0.10 and an F-value of 14.74. Poor mental health outcomes were linked to higher psychological distress, reduced resilience, and weaker social ties. Significantly, the model eliminated the environmental and physical aspects of quality of life, suggesting that they did not substantially impact predicting mental health in this group.

Having higher distress indicates low resilience; this was supported in the study of Carleton et al. (2020), stating that resilience is crucial when it comes to the police personnel’s mental well-being— thus, high resilience is associated with a lower risk of negative mental well-being.

Table 22 shown on the next page presents the quality of life, resilience, and anxiety. A stepwise regression analysis was performed to investigate the link between different aspects of quality of life (psychological, social, environmental, and physical) and resilience as predictors of anxiety among police officers.

Table 22

Quality of Life, Resilience and Anxiety

Model	Variable	Stand. Beta	Adjusted r-square	F-value	T-value	p-value	Interpretation
1	Constant				39.45	0.00	
	Resilience	-0.32	0.1	44.12	-6.64	0.01	Significant

2	Constant				19.56	0.00	
	Resilience	-0.31	0.11	24.52	-6.30	0.01	Significant
	Social relationship	0.10			2.12	0.01	Significant
3	Constant				19.21	0.00	
	Resilience	-0.27	0.13	20.28	-5.64	0.01	Significant
	Social relationship	0.22			3.68	0.01	Significant
	Physical	-0.20			-3.25	0.03	Significant
4	Constant				17.29	0.00	
	Resilience	-0.26	0.14	16.87	-5.25	0.00	Significant
	Social relationship	0.14			2.01	0.05	Significant
	Physical	-0.27			-4.00	0.00	Significant
	Environmental	0.18			2.42	0.02	Significant

Note: Stepwise excluded environmental and psychological variables

In the initial model, resilience was found to be a strong indicator of anxiety, with a standardized beta value of -0.32 ($p = 0.01$) and a T-value of -6.64. The adjusted R^2 of 0.10 and an F-value of 44.12 indicate that this model accounted for 10% of the variability in anxiety scores. The negative beta value indicates an inverse relationship between resilience and anxiety levels, meaning that stronger resilience relates to lower levels of anxiety.

In the second model, both resilience and social interactions were identified as significant predictors of anxiety. The resilience variable had a beta value of -0.31 ($p = 0.01$, $T = -6.30$), while the social relationship variable had a beta value of 0.10 ($p = 0.01$, $T = 2.12$). The model accounted for 11% of the variability in anxiety levels, as shown by an adjusted R^2 of 0.11 and an F-value of 24.52. Greater resilience was linked to reduced anxiety, whereas improved social interactions were linked to elevated levels of anxiety.

Anxiety in the third model was significantly predicted by resilience, social interactions, and physical components. The beta coefficients for resilience, social ties, and physical components were -0.27 ($p = 0.01$, $T = -5.64$), 0.22 ($p = 0.01$, $T = 3.68$), and -0.20 ($p = 0.03$, $T = -3.25$), respectively. The model accounted for 13% of the variation in anxiety scores, as shown by an adjusted R^2 of 0.13 and an F-value of 20.28. Lower levels of anxiety were linked to increased resilience and improved physical health, while higher levels of anxiety were related to stronger social ties.

The fourth and final model significantly predicted anxiety through resilience, social interactions, and physical and environmental components. The beta coefficients were as follows: -0.26 for resilience ($p = 0.00$, $T = -5.25$), 0.14 for social relationships ($p = 0.05$, $T = 2.01$), -0.27 for physical components ($p = 0.00$, $T = -4.00$), and 0.18 for environmental components ($p = 0.02$, $T = 2.42$). The model accounted for 14% of the variability in anxiety levels, as shown by an adjusted R^2 of 0.14 and an F-value of 16.87. Lower anxiety levels were correlated with more resilience and improved physical health, but greater anxiety levels were linked to stronger

social relationships and higher environmental quality. Significantly, the model eliminated the psychological aspect of quality of life, suggesting that it did not play a substantial role in predicting anxiety in this population.

Table 23 displayed on the next page shows the quality of life, resilience, and depression. A stepwise regression analysis was performed to investigate the correlation between different aspects of quality of life (psychological, social, environmental, and physical) and resilience as predictors of depression among police officers.

In the initial model, resilience was found to be a substantial predictor of depression, with a standardized beta coefficient of -0.31 ($p = 0.00$) and a T-value of -6.22. The adjusted R^2 of 0.09 and an F-value of 38.66 shows that this model accounted for 9% of the variability in depression scores. The negative beta value indicates an inverse relationship between resilience and depression, meaning that higher levels of resilience relate to lower levels of depression.

Table 23

Quality of Life, Resilience, and Depression

Model	Variable	Stand. Beta	Adjusted r-square	F-value	T-value	p-value	Interpretation
1	Constant				37.17	0.00	Significant
	Resilience	-0.31	0.09	38.66	-6.22	0.00	Significant
2	Constant				14.59	0.00	Significant
	Resilience	-0.28	0.11	26.37	-5.76	0.00	Significant
	Environmental	0.18			3.59	0.00	Significant
3	Constant				15.26	0.00	Significant
	Resilience	-0.24	0.14	22.55	-4.94	0.00	Significant
	Environmental	0.34			5.14	0.00	Significant
	Physical	-0.24			-3.63	0.00	Significant
4	Constant				15.05	0.00	Significant
	Resilience	-4.64	0.16	18.73	-4.63	0.00	Significant
	Environmental	3.24			3.24	0.01	Significant
	Physical	-4.17			-4.17	0.00	Significant
	Social relationship	2.51			2.51	0.01	Significant
5	Constant				15.25	0.00	Significant
	Resilience	-0.23	0.17	16.12	-4.67	0.00	Significant

	Environmental	0.30			3.83	0.00	Significant
	Physical	-0.22			-3.07	0.01	Significant
	Social relationship	0.22			3.03	0.01	Significant
	Psychological	-0.18			-2.22	0.03	Significant

In the second model, the resilience variable continued to be a strong predictor, with a beta value of -0.28 ($p = 0.00$, $T = -5.76$). The influence of environmental factors was found to be statistically significant, as indicated by a beta value of 0.18 ($p = 0.00$, $T = 3.59$). The model accounted for 11% of the variability in depression scores, as indicated by an adjusted R^2 of 0.11 and an F-value of 26.37. There was a negative correlation between stronger resilience and depression, indicating that those with greater resilience experienced lower levels of depression. Conversely, there was a positive correlation between better environmental quality and depression, suggesting that individuals in environments with higher quality experienced higher levels of depression.

Resilience, environmental factors, and physical components were found to be important predictors of depression in the third model. The beta coefficients were -0.24 for resilience ($p = 0.00$, $T = -4.94$), 0.34 for environmental elements ($p = 0.00$, $T = 5.14$), and -0.24 for physical components ($p = 0.00$, $T = -3.63$). The model accounted for 14% of the variation in depression scores, as indicated by an adjusted R^2 of 0.14 and an F-value of 22.55. Lower levels of depression were linked to more resilience and improved physical health, while higher levels of depression were related to better environmental quality.

The fourth model found that resilience, environmental factors, physical components, and social relationships were all significant predictors of depression. The beta coefficients were -4.64 for resilience ($p = 0.00$, $T = -4.63$), 3.24 for environmental elements ($p = 0.01$, $T = 3.24$), -4.17 for physical components ($p = 0.00$, $T = -4.17$), and 2.51 for social relationships ($p = 0.01$, $T = 2.51$). The model accounted for 16% of the variability in depression scores, as indicated by an adjusted R^2 of 0.16 and an F-value of 18.73. Lower levels of depression were correlated with increased resilience and improved physical health, while higher levels of depression related to better environmental quality and stronger social ties.

In the fifth and final model, the factors of resilience, environmental conditions, physical elements, social connections, and psychological elements all emerged as important predictors of depression. The beta values for resilience, environmental variables, physical components, social interactions, and psychological components were -0.23 ($p = 0.00$, $T = -4.67$), 0.30 ($p = 0.00$, $T = 3.83$), -0.22 ($p = 0.01$, $T = -3.07$), 0.22 ($p = 0.01$, $T = 3.03$), and -0.18 ($p = 0.03$, $T = -2.22$), respectively. The model accounted for 17% of the variation in depression scores, as indicated by an adjusted R^2 of 0.17 and an F-value of 16.12. Lower levels of depression were linked to increased resilience, improved physical health, and enhanced psychological well-being. Conversely, higher levels of depression were related to better environmental quality and stronger social ties.

Table 24

Quality of Life, Resilience, and Behavioral Control

Model	Variable	Stand. Beta	Adjusted r-square	F-value	T-value	p-value	Interpretation
1	Constant				44.54	0.00	Significant
	Resilience	-0.27	0.7	30.1	-5.49	0.00	Significant

Note: quality of life variables was excluded from the model

A stepwise regression analysis investigated the relationship between resilience and behavioral control in police personnel. The model eliminated quality of life components (psychological, social, environmental, and physical) as they did not significantly impact the prediction of behavioral control in this context.

In the initial model, resilience was determined to be a substantial predictor of behavioral control, with a standardized beta value of -0.27 ($p = 0.00$) and a T-value of -5.49. The model accounted for 70% of the variability in behavioral control scores, as evidenced by the adjusted R^2 of 0.70 and an F-value of 30.1. The negative beta value indicated that greater resilience was linked to improved behavioral control.

Table 25

Quality of Life, Resilience, and Positive Affect

Model	Variable	Stand . Beta	Adjusted r-square	F-value	T-value	p-value	Interpretation
1	Constant				23.63	0.01	Significant
	Social relationship	-0.51	0.26	131.53	-11.47	0.01	Significant
2	Constant				22.58	0.01	Significant
	Social relationship	-0.30	0.30	81.62	-4.90	0.01	Significant
	Environmental	-0.30			-4.87	0.01	Significant
3	Constant				16.99	0.01	Significant
	Social relationship	-0.29	0.31	58.01	-4.75	0.01	Significant
	Environmental	-0.29			-4.76	0.01	Significant
	Resilience	0.12			2.79	0.01	Significant

Note: Psychological and physical were excluded from the model

A stepwise regression analysis was performed to examine the relationship among different aspects of quality of life (psychological, social, environmental, and physical) and resilience as predictors of police officers' positive affect. The model removed the psychological and physical aspects of quality of life since they did not substantially impact the prediction of positive affect in this setting.

In the initial model, social relationships had a strong influence on positive emotions, as indicated by a standardized beta value of -0.51 ($p = 0.01$) and a T-value of -11.47. The adjusted R^2 of 0.26 and an F-value of 131.53 show that this model accounted for 26% of the variability in positive affect scores. The negative beta value indicated an inverse association between social interactions and positive affect, meaning that as social relationships improved, positive affect decreased.

In the second model, social interactions and environmental factors emerged as significant predictors. The beta coefficients for social ties and environmental factors were both -0.30, with p-value of 0.01 and T-values of -4.90 and -4.87, respectively. The model accounted for 30% of the variability in positive affect scores, as shown by an adjusted R^2 of 0.30 and an F-value of 81.62. Lower levels of positive affect were found to relate to improved social interactions and enhanced environmental quality.

In the third and final model, the study found that social ties, environmental conditions, and resilience all substantially impacted positive effects. The beta coefficients were -0.29 for social ties ($p = 0.01$, $T = -4.75$), -0.29 for environmental factors ($p = 0.01$, $T = -4.76$), and 0.12 for resilience ($p = 0.01$, $T = 2.79$). The model accounted for 31% of the variability in positive affect scores, as shown by an adjusted R^2 of 0.31 and an F-value of 58.01. Lower levels of good affect were shown to relate to stronger social interactions and greater environmental quality, but higher levels of positive affect were associated with higher resilience.

Table 26

Quality of Life, Resilience, and Emotional Ties

Model	Variable	Standard Beta	Adjusted R-square	F-value	T-value	p-value	Interpretation
1	Constant				17.30	0.01	Significant
	Social relationship	-0.43	0.18	85.16	-9.23	0.01	Significant
2	Constant				11.89	0.01	Significant
	Social relationship	-0.41	0.19	45.71	-8.86	0.01	Significant
	Resilience	0.11			2.32	0.01	Significant

Note: Psychological, physical, and environmental were excluded from the model

A stepwise regression analysis examined the relationship between several facets of quality of life, including psychological, social, environmental, and physical factors, and resilience as predictors of emotional attachment among police officers. The model dismissed the psychological, physical, and environmental components of quality of life as they did not substantially impact predicting emotional bonds in this context.

In the initial model, social contacts were found to be a strong indicator of emotional connections, with a standardized beta coefficient of -0.43 ($p = 0.01$) and a T-value of -9.23. The adjusted R^2 of 0.18 and an F-value of 85.16 show that this model accounted for 18% of the variability in emotional ties scores. The negative beta value indicates that there is a correlation between greater emotional attachments and better social interactions.

In the second model, both social ties and resilience emerged as significant determinants. The beta coefficients for social ties and resilience were -0.41 ($p = 0.01$, $T = -8.86$) and 0.11 ($p = 0.01$, $T = 2.32$), respectively. The model accounted for 19% of the variability in emotional connections scores, as indicated by an adjusted R^2 of 0.19 and an F-value of 45.71. Enhanced social relationships exhibited a positive correlation with more robust emotional bonds, and more resilience also displayed a positive correlation with stronger emotional attachments.

Overall, the aspects of quality of life and resilience have an effect on the police officer’s mental well-being—this was supported in some studies that indicate resilience and social support as a huge factor in affecting one’s mental well-being, higher resilience is most likely to have lower levels of psychological distress and improvement in their emotional stability (Carleton et al., 2019; Meulen et al., 2019; Regehr et al., 2019; Teaff, 2019). Furthermore, It was also stated in the study of Papazoglou et al. (2019) that police personnel who happen to have higher resilience are more likely to engage in active and healthy coping strategies, seek more social support, and maintain a purpose and healthy life within their work— indicating that higher resilience helps in better quality of life and reduces negative risks in mental health.

CONCLUSIONS

Based on the findings above, the following conclusions were drawn:

1. Level of Quality of Life

Upon analyzing the results of the study, it was concluded that police officers experience a moderate to high mean level of quality of life. Further investigation revealed that the respondents rated the physical quality of life as moderate, which implies that there is still room for improvement in terms of physical well-being. This could be attributed to the nature of their work, which requires them to remain vigilant, often leading to long working hours and inadequate rest.

On the other hand, the psychological quality of life was rated high, indicating that police officers possess strong mental resilience and are capable of coping with the stress and pressure that comes with their job. The social relationships quality of life was also rated high, which indicates that police officers have a supportive and positive work environment. The environment's quality of life was also rated high, indicating that the work environment is conducive to their well-being.

2. Level of Resilience

According to the study's findings, it can be deduced that police officers exhibit an average level of resilience. This indicates that these individuals possess the ability to handle the stress and pressures that are inherent to their profession to a certain degree. They are capable of adapting to difficult and demanding situations while maintaining their composure and functionality.

In conclusion, resilience is a crucial quality for police officers to possess, which enables them to perform their duties effectively and maintain their mental and emotional stability in the face of adversity.

3. Level of Mental Health

The study's results revealed that police officers tend to exhibit a high level of mental health, with the majority of the participants perceiving the level of anxiety, depression, and psychological stress to be significantly high. In conclusion, factors contributing to the high level of mental health among police officers may include the nature of their work, exposure to traumatic events, and the pressure to maintain a professional demeanor in challenging situations.

4. Relationship between Quality of Life and Mental Health

After conducting a thorough analysis, the study has identified a significant and meaningful relationship between the quality of life and mental health. The data have shown that individuals who reported a higher quality of life generally have better mental health outcomes. Although the correlation between the two variables was weakly positive, the statistical analysis confirmed that the relationship was not due to chance. These results conclude that enhancing the quality of life may have a positive impact on mental health outcomes, highlighting the importance of prioritizing interventions that improve quality of life.

5. Relationship between Resilience and Mental Health

The results of the study revealed that there is a significant and positive relationship between an individual's resilience and mental health. The study found that those who exhibited higher levels of resilience reported better mental health outcomes. The correlation between these two variables was found to be weak but statistically significant, which suggests that even small improvements in resilience can have a positive impact on mental health.

The results of the study have important implications for mental health interventions. Specifically, the study highlights the need to focus on building resilience as a means of improving mental health outcomes.

6. Quality of Life and Resilience Predict Mental Health

With the first model which is the investigation of the relationship between quality of life and resilience as indicators of mental health—the results emphasize the complex and diverse aspects of mental health in police officers, emphasizing the important contributions of psychological distress, resilience, and social ties. The continuous and enduring importance of the psychological element in all models indicates that focusing on psychological well-being is essential for enhancing mental health outcomes in this population. Incorporating resilience in the second and third models emphasizes its defensive function. Interventions focused on strengthening resilience can mitigate the negative impacts of psychological distress, leading to an improvement in mental health. Incorporating social interactions into the final model underscores the significance of social support networks. Enhancing social relationships and support networks is another crucial approach to boosting mental health among police officers. Surprisingly, the final model did not include the environmental and physical components of quality of life, indicating that they do not directly impact the prediction of mental health outcomes in this study. There are several explanations for this, such as the likelihood that these characteristics are less relevant in the context of police work or that their impacts are influenced by psychological and social processes.

Moreover, in the second model which is the relationship— this study's findings emphasize the intricate correlation between several aspects of quality of life, resilience, and anxiety in police officers. Resilience consistently appeared as a major predictor in all models, indicating that interventions focused on improving resilience could effectively decrease anxiety levels in this population. The impact of social ties was more intricate, as improved social relationships were linked to elevated anxiety, suggesting that social interactions within the realm of police work could potentially contribute to stress. Additionally, there was a notable correlation between improved physical well-being and reduced levels of worry. Incorporating environmental factors into the ultimate model emphasizes the significance of the work environment in exerting influence on anxiety. There was a positive correlation between improved environmental quality and increased anxiety levels, which might be attributed to several factors, such as the presence of stress-inducing elements in specific work settings.

For the third model which is the relationship between quality of life, resilience, and depression, its findings emphasize the intricate correlation between several aspects of quality of life, resilience, and depression in police personnel. Resilience consistently appeared as a noteworthy predictor in all models, indicating that interventions focused on improving resilience could effectively decrease depression levels in this population. The impact of social interactions and environmental factors on depression was more complex, as stronger social relationships and higher environmental quality were linked to increased levels of depression. This suggests that the presence of social and environmental stressors within the realm of police work may potentially lead to a higher likelihood of experiencing depression. Physical well-being was found to have a strong correlation with reduced levels of depression, indicating that good physical health is an important element in reducing depression.

Furthermore, the fourth model's findings emphasize the crucial significance of resilience in forecasting behavioral control among police personnel. The model's high explanatory power, with resilience explaining 70% of the variance, highlights the significance of resilience in this setting. This implies that therapies focused on strengthening resilience could effectively promote behavioral control in this specific group.

As for the fifth investigation of the relationship between quality of life, resilience, and positive affect, the findings indicate the intricate connection between several aspects of quality of life, resilience, and good emotions among police personnel. Social ties consistently appeared as a major predictor in all models, indicating that interventions targeting the improvement of social interactions could help increase positive affect in this population. The influence of environmental characteristics was particularly noteworthy, suggesting that improved environmental quality was linked to reduced positive affect, potentially reflecting the presence of stressors in the work environment. Enhancing resilience among police officers could potentially boost their positive effect, as resilience was found to have a positive association with a good effect.

Lastly, for the relationship between quality of life, resilience, and emotional ties— it was found that the crucial impact of social connections and resilience in forecasting emotional bonds among law enforcement agents. Social interactions consistently appeared as a major predictor in both models, indicating that interventions targeting the improvement of social relationships could be beneficial in enhancing emotional connections in this population. The role of resilience was also substantial, suggesting that improving resilience could further bolster emotional connections among police personnel.

In conclusion, the study underscores the importance of addressing the multiple factors that impact the quality of life of police officers in predicting their mental health outcomes.

RECOMMENDATIONS

Based on the conclusions above, the following recommendations were drawn:

1. Level of Quality of Life

The police officers generally have a satisfactory quality of life; however, there is room for improvement in terms of physical well-being. Therefore, it is recommended that the Philippine National Police (PNP) craft policies to be implemented to enhance the physical well-being of police officers. This includes measures to improve the quality of sleep, nutrition, and exercise. The implementation of wellness programs addressing physical health concerns, such as regular health check-ups, promotion of a healthy lifestyle, and flexible work schedules to ensure adequate rest, should be integral components of these programs. Additionally, giving importance to psychological support for police officers is crucial. This entails introducing mental health awareness programs, stress management training, and accessible counseling services. It is imperative to foster a culture that destigmatizes seeking psychological assistance, encouraging officers to prioritize their mental well-being. This approach could help enhance the overall quality of life of police officers and improve their job satisfaction.

2. Level of Resilience

The study emphasizes the importance of fostering resilience among police officers, given the demanding nature of their profession. The suggested measures include building and nurturing strong social networks, implementing mentorship programs for new recruits, organizing team-building activities, and initiating programs that promote a sense of community within the PNP organization. Developing effective coping skills to handle stress and challenges, as well as investing in both physical and mental health, are also recommended strategies. These approaches aim to assist police officers in adapting to difficult situations and overcoming adversities effectively. Additionally, creating emergency plans, fostering a sense of purpose, and encouraging self-reflection and personal growth are further recommended practices to enhance resiliency. Implementing these measures can better equip police officers to face unexpected situations and recover more quickly from setbacks.

3. Level of Mental Health

The nature of police work often involves high levels of stress and danger, which can exacerbate the negative consequences on police officers' mental health. To address this issue, the study recommends that high-ranking police officials implement measures to mitigate these negative effects and enhance the well-being of police officers. These measures may include providing support services, such as promoting healthy lifestyle habits, offering stress debriefing, and providing psychoeducation on mental health wellness. Implementing flexible scheduling policies and ensuring access to necessary resources and facilities, along with policies that support work-life balance, can significantly contribute to the overall well-being of police officers. Advocacy for policies supporting mental health in law enforcement is crucial, involving collaboration with policymakers to address systemic issues affecting officers and working towards reducing the stigma associated with mental health seeking. Additionally, leadership training is recommended to equip supervisors with the necessary skills to support their teams effectively. Leadership styles that prioritize employee well-being contribute to a

healthier work environment. By taking proactive steps, it can be ensured that police officers can continue to serve their communities while maintaining good health and well-being.

4. **Relationship Between Quality of Life and Mental Health**

The study recommends mental health practitioners and psychologists develop interventions or programs specifically tailored to improve the quality of life of police officers, with a focus on their mental health. These interventions should include physical activity programs promoting mindfulness, encouraging positive interactions, and nurturing officers' well-being both within and outside their workplace. Furthermore, customized mental health interventions should be designed to address specific challenges faced by police officers. For managing anxiety, the study suggests a focus on strengthening social relationships, while resilience-building programs are deemed crucial for preventing depression. Strategies for stress management should be implemented to enhance behavioral control among officers. Collaborating with mental health professionals is essential, involving the establishment of partnerships for ongoing support, ensuring easy access to counseling services, and providing resources for mental health education. These collaborative efforts can significantly contribute to the overall well-being of police officers.

5. **Relationship Between Resilience and Mental Health**

The study recommends providing police officers with opportunities to participate in webinars, seminars, counseling, and training programs specifically designed to enhance their resilience, with the assistance of mental health practitioners and psychologists. These programs aim to equip officers with the necessary skills and knowledge to better cope with the challenges and stressors inherent in their profession. Continuous monitoring and evaluation are deemed paramount for the success of these initiatives. Regular assessments of program effectiveness, collecting feedback from officers, and adjusting based on emerging needs will ensure ongoing improvement.

6. **Quality of Life and Resilience Predict Mental Health**

Several recommendations can be proposed to enhance the mental health and overall well-being of police officers. Firstly, there is a need for targeted anxiety reduction programs that focus on strengthening social relationships within police departments, fostering positive interactions among officers, and creating a supportive work environment. Additionally, initiatives to improve the physical and environmental aspects of officers' lives could contribute to mitigating anxiety levels. It is crucial to prioritize resilience-building programs, providing training that equips officers with coping mechanisms to effectively navigate the stressors of their profession and enhance their adaptability.

Furthermore, interventions linking quality of life, particularly in physical aspects, to behavioral control should be continued. Tailored programs addressing stress reduction and overall well-being could significantly impact behavioral control among police officers. To enhance positive affect, strategies should concentrate on fostering positive social relationships, promoting a positive work environment, and emphasizing resilience. Addressing physical and psychological factors indirectly influencing positive affect is essential.

Regarding emotional ties, it is recommended to acknowledge the importance of physical, social, and environmental factors in predicting emotional well-being among police officers. Interventions should be designed to specifically target these aspects, aiming to strengthen emotional connections and support networks within the police community.

It is important to recognize the limited predictive power of psychological quality of life in certain mental health outcomes. Therefore, tailored psychological support should be considered for individuals demonstrating vulnerability to anxiety or depression, emphasizing the unique psychological needs of each officer.

Lastly, a continuous monitoring and evaluation process should be established to regularly assess the effectiveness of implemented programs. Feedback collection from officers will help identify emerging needs and allow for necessary adjustments, ensuring that interventions remain relevant and impactful over time. By

implementing these recommendations, police departments can adopt a comprehensive and tailored approach to address the mental health challenges faced by their officers.

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