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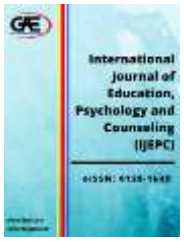

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PREVALENCE OF OCCUPATIONAL STRESS AMONG POLICE OFFICERS IN LANG'ATA CONSTITUENCY, NAIROBI, KENYA

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Abstract:

Occupational stress is a psychological and physiological condition that manifests when an individual's coping resources are inadequate to meet the demands and pressures of their work. This study sought to examine the prevalence of occupational stress among police officers in Lang'ata Constituency, Nairobi County, Kenya. A structured questionnaire was used to gather data from a sample size of 126 police officers drawn from a cluster sampling technique. Data was analysed in SPSS using both descriptive statistics and inferential techniques. The findings revealed that occupational stress was widespread among police officers. Analysis of socio-demographic characteristics in relation to indicators of occupational stress – namely general health and self-perception – showed notable variations across groups. Married and single officers reported poorer self-evaluation compared to those who were separated, divorced, or widowed, while female officers and younger officers exhibited poorer general health outcomes associated with occupational stress when compared to their male and older counterparts. These results indicate that married and single officers, female officers, and younger officers are particularly vulnerable to occupational stress. The study therefore recommends the establishment of structured stress management programs within the police service, with targeted interventions focusing initially on the most vulnerable socio-demographic groups, particularly young and female police officers.

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General Health, Feeling Good about Self, Occupational Stress, Police Officers

Introduction

Policing is an essential service worldwide for maintaining peace, ensuring safety, and enforcing laws (Raju et al., 2020; Vivec et al., 2019). However, it also remains one of the most psychologically demanding professions globally, consistently ranked among the top five most stressful occupations due to exposure to trauma, organisational strain, and public scrutiny (Violanti et al., 2021; Maglione et al., 2021). Police officers often have to make life-or-death decisions in a variety of conflict situations, which makes policing a difficult profession (Momanyi, 2018). After the military, firefighting, and aviation, policing ranked fourth on a list of the ten most stressful occupations in America in a recent poll (Min, 2022).

In Western countries such as the United States, the police profession has been listed as one of the top five most stressful occupations in a comprehensive study of occupational stress among the National Defence Forces (Maglione et al., 2021). Similarly, extreme occupational stress has been linked to physical and mental health problems in police officers in the Philippines (Falloran et al., 2022). In low- and middle-income countries like most of Africa, occupational stress among police officers is amplified by resource constraints, high population-to-officer ratios, and limited mental health infrastructure. In South Africa, for instance, resource shortages and community violence drive chronic stress (Paulsen & Mashele, 2022). In Botswana, 83% of officers cite inadequate equipment as a primary stressor (Agolla, 2023).

Stress is a psychological and physical state of mind that results from an individual's incapacity to manage the demands and strains of the circumstance (Rajeswari & Chalam, 2018). Police personnel are particularly prone to weariness because their employment is stressful on a global scale (Raju et al, 2020). Police employment is one of the most stressful occupations due to the long hours, ongoing risk exposure, organisational pressures, and personal stressors (Jonyo, 2015). Police officers are vulnerable to medical issues like cardiovascular diseases in addition to psychological issues (Adegoke 2014). Hence, it can be deduced that amongst police officers, there is an inadequate capacity to handle the demands and stresses of their employment, which results in psychological and physical ailments in the individual.

Police stress is a complex phenomenon with many different contributing variables (Rajeswari & Chalam, 2018). These include workload increases, pay inadequacy, insufficient management, unachievable targets, shift work, inadequacy of supervisory support, lonely work environments, violence, boring work, job dissatisfaction, and an unfavourable work environment such as subpar facilities, overcrowding and the presence of hazards (UNISON

2017). Its signs include increased absenteeism, altered performance, altered attitude, aggressive actions, disputes with others, deteriorating workplace relationships, exhaustion, loss of energy, indifference, inability to concentrate when making important decisions, a messy or untidy appearance, self-isolation, and displaying of unrealistic expectations are all signs of occupational stress at work (Falloran *et. al*, 2022; Raju *et al*., 2020). These effects render the police officers incapable of effective execution in their duties. Momanyi (2018) posits that the majority of studies show that African police officers urgently need reform.

Despite global recognition of occupational stress as a critical public safety issue, there remains a significant gap in contemporary, ethically rigorous, and demographically nuanced research on police stress in East Africa, particularly in urban centres like Nairobi, where crime rates and operational demands are highest. Recent global evidence shows that female and younger officers face disproportionate stress due to role conflict, discrimination, and underdeveloped coping mechanisms (Raju et al., 2024). Yet, no study in Kenya has systematically assessed these disparities using validated instruments and modern ethical standards. This study addressed this gap by examining the prevalence of occupational stress among police officers in Lang'ata Constituency, a high-density, high-crime area of Nairobi, and identifying socio-demographic subgroups at greatest risk. By integrating global best practices with local context, this research provides actionable evidence for the National Police Service (NPS) to develop targeted, equitable stress management programs.

Literature Review

Occupational stress is defined by the World Health Organisation (WHO, 2022) as "a response to adverse or harmful aspects of work content, organisation, or environment." It arises when job demands exceed an individual's resources, leading to psychological distress and physical illness (Gan et al., 2023). The degree to which a person feels overburdened or unable to handle circumstances that are beyond their control is the definition of stress (Mental Health Foundation, 2018). The general gist of all definitions is the presence of an internal or external problem to a person on one hand and the reaction of the person, whether positively (eustress) or negatively (distress), to the problem on the other hand. WHO (2020) has classified occupational stress as a mental condition, and as such, it can be identified as a health risk at work. It is a result of a number of causes, including insufficient work design (such as a lack of control over work processes), inappropriate management, unfavourable working environment, and a lack of support from co-workers and supervisors (Min, 2022). Thus, poor organisation could also portray signs and symptoms of occupational stress. When work demands and pressures are appropriate for a worker's skills and knowledge, when they can exercise control over their work and how they complete it, when they have the support of their managers and co-workers, and when they are allowed to participate in choices that affect their jobs, stress is less likely to affect workers (WHO, 2020). Therefore, in identifying and assessing work stress, integrating factors such as income, extra input in work by employees, and how they are compensated would help develop another clarified outlook on the matter (Piao & Managi, 2022).

Globally, police officers exhibit elevated rates of burnout, PTSD, and cardiovascular disease. In the U.S., 84% of officers report significant stress, with female officers experiencing higher emotional exhaustion due to gender-based harassment and dual-role strain (Garbarino et al., 2023). In Portugal, 85% of officers show high operational stress, with 55% at risk for psychiatric disorders (Queirós et al., 2023). Similarly, in India, 90% of female officers report

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IJEPC
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Volume 11 Issue 62 (March 2026) PP. 723-735

severe stress linked to workplace discrimination and societal expectations (Vivek et al., 2023). Maglione et al. (2021) also ranked the police profession in the top five most stressful occupations in the U.S.A. In the United Kingdom, a survey found that up to 77% respondents in the year before the research, reported high levels of stress.

According to Queiros et al. (2020), a comparable study of 2057 police officers in Portugal revealed that 85% of the sampled officers had high operational stress levels, 11% of them had critical burnout values, 28% had high distress levels, and 55% were at risk for psychiatric disorders. This is confirmed by another study on occupational stress on Police in the Philippines which indicated that police officers who experience extreme occupational stress have physical and mental health issues (Falloran et al., 2022). These findings are consistent with a study by Lipp *et al*. (2017) on occupational stress among Brazilian police officers, which discovered that 52% of their sample reported feeling stressed.

In order to examine differences in stress causes and perceptions in the context of law enforcement, the contribution of gender to Workplace stress has been identified as a very important factor (Vivek et al., 2019). They further note that women are not as strong mentally as men, thus explaining their high risk of succumbing to occupational stress. They explain that the reason for higher levels in policewomen is due to the numerous duties society places on female officers as individuals.

Theoretical frameworks like the Job Demands-Resources (JD-R) model (Bakker & de Vries, 2021) explain how high demands (e.g., shift work, danger) combined with low resources (e.g., supervision, support) predict burnout. This model is highly applicable to Kenyan policing, where demands are extreme and resources are scarce. Thus, this study fills a critical void by applying contemporary theory, global measurement standards, and ethical protocols to assess occupational stress in a high-risk Kenyan population.

Methodology

Cross-sectional study design was used. The target population comprised 185 police officers across five stations in Lang'ata Constituency. The sampling frame was obtained from National Police Service headquarters for Lang'ata Constituency. The constituency is the most populous in Nairobi County with a population of 355,188 and a population density of 1,591people per km^2 (Mzalendo, 2022). It is ranked number eleven (11) nationally in terms of population size. Lang'ata Constituency has five (5) police stations with a total number of 185 police officers (Momanyi, 2018; Mzalendo, 2022). The police to population ratio is therefore 1,941 per police officer which is lower than the national average of 1,150 civilians per police officer and 4.3 times less than the recommended international standards of 450 per police officer. The sample size was be obtained by applying Kothari's (2021) formula thus:

$$n = \frac{N}{1 + N(\ e^2\ )}$$

Where: -
n = sample size
N = Population size
E = Acceptable error/Precision level (0.05)

$$n = \frac{183}{1 + 183(\ 0.05^2\ )}$$

International Journal of Education, Psychology and Counseling
IJEPC
EISSN : 0128-164X
Volume 11 Issue 62 (March 2026) PP. 723-735

$$n = 126$$

To ensure that each respondent has an equal chance of being picked and to prevent bias, cluster sampling was utilized in this study with each of the police stations being a cluster. Simple random sampling was thereafter used to identify the respondents in each police station. The duty roster from the police station provided the list from which the sample was extracted through simple random sampling (Mugenda & Mugenda, 2019).

Questionnaire was used to collect data. A structured questionnaire was administered between January and March 2023. It included: Socio-demographics (age, gender, marital status, rank, experience). The Occupational Stress Indicator (OSI), adapted from McCreary & Thompson (2022), was used to measure "General Health" and "Feeling Good About Self" on a 0–4 Likert scale while a 7-point stress severity scale was used to assess occupational stress. Following collection, the data was reviewed for accuracy, completeness, response errors, omissions, and other discrepancies before being coded and entered into the analysis systems. The Statistical Package for Social Sciences (SPSS for Windows, Version 28) was utilised to analyse the quantitative data. The computer programs were used to produce descriptive statistics for the variables, such as frequencies, percentages, and means. Independent t-tests and ANOVA ($\alpha = 0.05$) tested differences across socio-demographic groups.

This study was approved by the Institutional Research Ethics Committee of International Leadership University. Written informed consent was obtained from all participants before data collection. Participation was voluntary, and respondents could withdraw at any time without consequence. Data were anonymised and stored securely in compliance with the Declaration of Helsinki. Data were anonymised (coded) and stored on password-protected devices.

Results

A total of 84 police officers participated in the study, translating to 67% response rate, which was considered adequate for analysis. The majority of respondents were male (70%), indicating male dominance in the police service. Most officers were in their productive middle-age bracket, with the largest proportion aged 31–40 years (38%), closely followed by those aged 20–30 years (37%). In terms of education, the majority had attained secondary school education, ordinary diplomas, or bachelor's degrees (88.1%), showing a generally moderate level of academic attainment. Most respondents were married (67.9%), with married and single officers together constituting over 90% of the sample. Regarding rank, the majority were police constables and corporals (78.6%), reflecting lower to middle-level positions within the service. Finally, most officers had considerable work experience, with three-quarters (75%) having served between 6 and 25 years, indicating a relatively experienced workforce.
Occupational stress among the respondents was assessed through the measurement of two factors: General health and Feelings about self (self-esteem and mental health). The respondents were required to indicate based on a Likert scale of 0 – 4 ('Never; to 'Very often') the extent to which certain stress-related general health indicators are manifested in their lives. The results are presented in Table 1.

International Journal of Education, Psychology and Counseling
IJEPC
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Volume 11 Issue 62 (March 2026) PP. 723-735

Table 1 Occupational Stress Measurement

	N	Mean	Std. Dev.
General Health	84	1.34	0.70
Feelings about self	84	1.34	0.95

Table 1 shows that General Health had a mean of 1.34 and a standard deviation of 0.70. The average score means that the interviewed police officers responded that occasionally or sometimes they exhibited the general health indicators associated with occupational stress. This score was considered moderate based on the scale adopted to measure the underlying occupational stress indicators. Thus, the police officers interviewed in the sample displayed minor general health effects related to occupational stress.

On "Feeling Good about Self", the respondents were required to indicate based on a Likert scale of 0 – 4 ('strongly disagree' to 'strongly agree') the extent to which certain stress-related feelings are felt in their lives. 'Feeling Good about Self" had a mean of 1.34 and a standard deviation of 0.95. From the Likert scale adopted, this meant that on average the interviewed police officers fell between "moderately agreed" or "neither agreed nor disagreed" concerning the presence of feelings associated with occupational stress. This score was considered moderate based on the scale adopted to measure the underlying indicators of occupational stress. This implies that self-esteem issues related to occupational stress are present but mild.

A 7-point Stress Scale was adopted from studies by McCreary & Thompson (2006) and is displayed on Table 4.9 to provide a measure for the level of stress. Based on the scale, any score below 1.0 indicates that the person has zero or negligible occupational stress. On the other hand, any score above 1.0 indicates the person is undergoing occupational stress with the levels varying from minimal, moderate and chronic stress depending on the score. The distribution of stress levels among the respondents is displayed in Table 2.

Table 2 Distribution of Occupational Stress Levels

Scale of stress	Frequency	Percent
Zero Occupational Stress (0.0 – 1.0)	12	14.3%
Minimal Occupational Stress (1.1 – 3.9)	61	72.6%
Moderate/Average Occupational Stress (4.0-4.9)	9	10.7%
Above average Occupational Stress (5.0 – 6.9)	2	2.4%
Chronic Occupational Stress (7.0)	0	0%

Table 2 indicates that 12 police officers (14.3%) had zero or negligible occupational stress levels. A total of 61 (72%) police officers from the sample had minimal occupational stress levels, 9 (10.7%) had average occupational stress levels while only 2 (2.4%) police officers had above average occupational stress levels. The prevalence of occupational stress from the sampled population was found to be 85.7% (n=72). This prevalence is considered high.

International Journal of Education, Psychology and Counseling
IJEPC
EISSN : 0128-164X
Volume 11 Issue 62 (March 2026) PP. 723-735

Occupational stress was further assessed on two scales which were general health and feeling good about self. The means of each of these scales were compared against each of the socio demographic factors to determine the socio demographic factors that influenced occupational stress. Analysis of variance (ANOVA) p-value was used to interpret whether the means were statistically different where p≤.05 shows that means are statistically different and p>.05 shows the means are statistically similar. Table 3 and 4 present the output.

Table 3 Socio-demographics/Work related Factors and General Health

Socio demographic variables		Mean	N	Std. Deviation	ANOVA (p)
Gender	Male	9.5690	58	5.40991	.005
	Female	13.2308	26	5.45753	
	Total	10.7024	84	5.65425	
Age in years	20-30years	12.0667	30	6.61208	.040
	31-40years	11.1818	33	5.10793	
	41-50years	7.1875	16	3.98696	
	51-60years	10.6000	5	3.57771	
	Total	10.7024	84	5.65425	
Education level	Masters	10.7500	4	4.71699	.659
	Bachelors	10.9474	19	5.03845	
	Higher diploma	14.6000	5	6.42651	
	Diploma	10.9500	20	6.49271	
	Secondary	9.8286	35	5.57561	
	Other	12.0000	1	5.97764	
	Total	10.7024	84	5.65425	
Marriage duration	Married	10.5185	54	5.54481	.931
	Single	11.3182	22	6.54935	
	Separated	11.5000	4	5.32291	
	Divorced	8.0000	2	1.41421	
	Widowed	10.0000	2	2.82843	
	Total	10.7024	84	5.65425	
Designation	Chief Inspector	8.0000	1	4.57865	.544
	Inspector	10.6364	11	3.50065	
	Senior Sergeant	12.0000	1	5.98876	
	Sergeant	7.2000	5	5.89067	
	Corporal	9.1538	13	5.99786	
	Police Constable	11.4528	53	5.93090	
	Total	10.7024	84	5.65425	
Experience	< 5 years	10.6923	13	7.55408	.144
	6-15 years	11.8478	46	5.57362	
	16-25years	8.8000	15	4.12657	
	> 26 years	8.3000	10	4.21769	
	Total	10.7024	84	5.65425	

Table 3 shows that males and females had statistically different means of general health (p=.005). Lowest general health was for the females (M=13.23). Thus, the occupational stress as measured through General Health was higher among female police officers. The

International Journal of Education, Psychology and Counseling
IJEPC
EISSN : 0128-164X
Volume 11 Issue 62 (March 2026) PP. 723-735

comparisons of means of general health based on the officers' age indicated that it was statistically different based on age (p=.040). Lowest general health was for the young officers 20-30 years (M=12.07) and the 31-40-year-old (M=11.18). Thus, occupational stress as evaluated through the General Health indicator was found to be higher among the younger police officers. The comparisons of means of general health based on the officers' education level indicated that it was not statistically different based on education level (p=.659). There was no difference on occupational stress between the various education levels. The comparisons of means of general health based on the officers' marital status indicated that it was not statistically different based on marital status (p=.144). The comparisons of means of general health based on the officers' designation. The findings of the ANOVA (p) indicated that it was not statistically different based on designation (p=.544). The comparisons of means of general health based on the officers' years of experience indicated that it was not statistically different based on the years of experience (p=.144). Hence, the socio demographic factors that showed statistically different means in general health were gender and age where females and officers below 40 ears experienced more symptoms of general ill health.

Table 4 Socio-Demographics/Work Related Factors and Feeling Good About Self

Socio demographic/work related factors		Mean	N	Std. Deviation	ANOVA(p)
Gender	Male	8.1552	58	5.74548	.777
	Female	7.7692	26	5.74322	
	Total	8.0357	84	5.71290	
Age	20-30years	7.7667	30	5.40551	.984
	31-40years	8.3333	33	5.86657	
	41-50years	8.0000	16	6.48074	
	51-60years	7.8000	5	5.58570	
	Total	8.0357	84	5.71290	
Education level	Masters	8.7500	4	4.99166	.303
	Bachelors	8.4737	19	6.06784	
	Higher diploma	11.4000	5	4.39318	
	Diploma	9.2500	20	5.18982	
	Secondary	6.4286	35	5.90257	
	Other	12.0000	1	.	
	Total	8.0357	84	5.71290	
Marital status	Married	6.8704	54	5.35194	.020
	Single	8.7727	22	5.45922	
	Separated	14.5000	4	8.02081	
	Divorced	14.5000	2	2.12132	
	Widowed	12.0000	2	.00000	
	Total	8.0357	84	5.71290	
Designation	Chief Inspector	12.0000	1	.	.690
	Inspector	6.7273	11	4.62798	
	Senior Sergeant	12.0000	1	.	
	Sergeant	6.8000	5	5.54076	
	Corporal	6.6154	13	6.70247	
	Police Constable	8.6226	53	5.76870	
	Total	8.0357	84	5.71290	

International Journal of Education, Psychology and Counseling
IJEPC
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Volume 11 Issue 62 (March 2026) PP. 723-735

Experience	< 5 years	9.4615	13	5.47137	.082
	6-15 years	7.0652	46	5.48291	
	16-25years	10.8667	15	5.97455	
	> 26 years	6.4000	10	5.58172	
	Total	8.0357	84	5.71290	

Source: (Author, 2023)

Table 4 shows the comparisons of means of 'Feeling good about self' based on the officers' socio demographic and work-related factors. The findings of the ANOVA (p) indicate that means were not statistically different based on gender (p=.777), on age (p=.984) and education level (p=.303). Based on the officers' marital status, the findings of the ANOVA (p) indicated that means were statistically different (p=.020). Those with the highest means of feeling good about themselves were the separated (M=14.50) and the divorced (M=14.50) then widowed (M=12.00). Those with the lowest were the married officers (Mean=6.87) and single officers (M=8.77). This could point to some underlying marital issues among those who were married and also for single officers thus requiring specific interventions. The findings of the ANOVA (p) indicated that means were not statistically different based on designation (p=.690) and years of experience (p=.082). Therefore, the socio demographic factors that showed statistically significant differences in the means of 'feeling good about self' were marital status where the officers who were married and those who were single had low levels of feeling good about self and thus specific interventions for them are needed.

Discussion

The study has revealed that that occupational stress is highly prevalent among police officers in Lang'ata Constituency, with most respondents experiencing at least some level of work-related stress. Specifically, the study established that occupational stress was "highly prevalent (85.7%)" among Lang'ata police officers, consistent with global trends (Queirós et al., 2023). However, it uniquely identifies "three vulnerable subgroups": Female officers, facing gendered stressors like discrimination and role overload, consistent with the observations by Vivek et al. (2023). Further, occupational stress was higher among younger officers (<40), potentially due to lack of coping experience (Raju et al., 2024). These results are consistent with prior studies that have reported similarly high prevalence of occupational stress among police officers in different contexts (Vivek et al., 2019; Queiros et al., 2020; Maglione et al., 2021), reinforcing the view that policing is a particularly high-stress profession. However, the findings contrast with evidence from Brazil, where a comparatively lower prevalence of occupational stress has been reported (Lipp et al., 2017), suggesting that substantially reduced stress levels are achievable. This comparison implies that while high occupational stress among Kenyan police officers' mirrors global trends, meaningful reduction would require deliberate, proactive, and evidence-based interventions.

The study established a significant association between occupational stress and key socio-demographic factors, particularly marital status, age, and gender. Married and single officers were likely burdened by family responsibilities or social isolation. Married police officers were found to be more vulnerable in terms of self-perception and emotional wellbeing, suggesting a higher susceptibility to depressive tendencies compared to their unmarried counterparts. Additionally, female police officers and younger officers were more adversely affected in relation to general health, indicating greater exposure and vulnerability to occupational stress. The findings are consistent with previous studies which report that female police officers are

more susceptible to occupational stress than male officers (Vivek et al., 2019), largely due to a combination of occupational demands, societal expectations, workplace prejudice, and gender-specific challenges within policing environments. These findings align with the JD-R model: high demands (urban policing) + low resources (support, training) = burnout. The contrast with Brazil's lower stress rates (Lipp et al., 2017) suggests that "targeted interventions can reduce risk".

Conclusion

The high prevalence of occupational stress highlights the urgency for deliberate intervention, while the identification of key factors associated with stress levels offers a clear entry point for targeted action. Recognizing that certain socio-demographic groups are more vulnerable enables the development of focused and responsive stress management programs tailored to these at-risk categories. The evidence that stress coping mechanisms significantly influence the health and self-esteem of police officers further emphasizes the importance of proactively designing and implementing effective coping strategies. The empirical insights provide a practical foundation for establishing structured occupational stress management initiatives within the National Police Service.

As a recommendation, occupational stress should be systematically monitored and integrated into the police service charter. Comprehensive and effective interventions to address police occupational stress should be implemented through policy reforms, including the incorporation of occupational stress training into police training curricula, the introduction of regular workplace-based stress management programs, and the institutionalization of occupational stress management within the NPS through the establishment of a dedicated department and designated officers at the police station level. Further recommendations include mandatory stress screening during annual medical exams, gender-sensitive support programs for female and young officers, integration of stress management into NPS training curricula, and establishment of peer support units at every station. Future research should explore longitudinal impacts and intervention efficacy.

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Author Contribution Statement: All authors contributed significantly to the development of this manuscript. I was responsible for the conceptualization, literature review, methodology, data collection, analysis, and interpretation of results. Dr. Josephine Muchiri and Dr. Njoki Waruinge contributed to overall supervision of the study and the critical revision of the manuscript. All authors read and approved the final version of the manuscript prior to submission.

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