J Behav Health 2013; 2(2): 140-150 *ISSN: 2146-8346*

GESDAV

Journal of Behavioral Health

available at www.scopemed.org

Original Research

Factors that influence Quality of Life of Police Officers: Using Maslow 5-Need Construct

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Received: October 02, 2012

Accepted: January 03, 2013

Published Online: January 24, 2013

DOI: 10.5455/jbh.20130103103013

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Key words: Quality of Life, QoL, Maslow's Needs Hierarchy; Subjective Wellbeing; Police Officers

Abstract

Objective: The purpose of the current study is to examine the quality of life of members of the Jamaica Constabulary Force, and to establish a model can be used to evaluate wellbeing of this group of people.
Method: Between April to May 2008 a descriptive cross-sectional survey was conducted on some 400 police officer across the 19-division in Jamaica. It is a stratified random sample, with an instrument of –questions. Data were collected and stored using the Statistical Packages for the Social Sciences (SPSS 20.0). Logistic regression technique was used to model the factors that may determine the dependent variable.
Findings: There were 400 respondents (with a sex of 159 males for every 100 females). The mean age of the sampled respondents was 35 years ± 10 years. The Model (Model (1.2) explains 18% of the variability in quality of life of Jamaican Police officers. Quality of life of sampled officers was moderately high (34.2±7.9; maximum = 50). Of the 12 variables tested in Model (1.1), 6 of them explain the 18%. These factors are length of service; morale; satisfaction with current salary; trusting members of police force; interpersonal trust, and subjective social class.
Conclusion: The findings suggest that social class (i.e. middle class with referent to lower class) and morale are more important predictors of quality of life while interpersonal trust is the only negative predictor of quality of life compared to other factors. These findings offer an insight in the QoL of police officers and provide a background for policy makers planning for this cohort of people.

INTRODUCTION

The use of subjective wellbeing is widely used in research to proxy quality of life (QoL) as against the tradition objective approach of using Gross Domestic Product per capita. Researchers argue that happiness or life satisfaction captures more of wellbeing than a single economic conceptualization (i.e. GDP growth or GDP per capita growth) [1-6]. Satisfaction with life and psychological characteristic (for example, happiness) in observational studies as well as clinical research is preferred to other assessment of wellbeing and quality of life as researchers believe that people's evaluation of what affects them is better than an external agent seeking to encapsulate a measure to do so [1, 2, 7-9]. Since wellbeing is an integral part of life's experiences, the degree of life satisfaction must be taken into consideration. It is this reality that emphasizes the importance of achievement, self-esteem, sense of emotional wellbeing and so any construct of quality of life must be able to assess these psychological wellbeing, social wellbeing; economic wellbeing and self-reported health status. A group of scholars have helped us to contextual the need for a multidimensional construct, and that people appear to know what that these issues should be. According to Murphy & Murphy [6]:

The quality of life (QoL) concept is reflective of modern health care systems and signifies a move away from traditional symptom focused approaches. Orley et al. [10] add that QoL has come to embody the justified

concern for patients as people. Within psychiatric practice, QoL goes beyond merely addressing length (or quantity) of life as it assesses the impact an illness and its treatment has on the patient's psychological, social, occupational and physical wellbeing (Seed & Lloyd [11])

It is awareness of measure that must incorporate more than must economic wellbeing (or income) that the Maslow Needs hierarchy is recommend by some scholars as an effect measure for quality of life as was noted by Murphy & Murphy and explain why Powell, Bourne, & Waller [12] use in a cross-sectional study to assess the health status of Jamaica as well as rationale other scholars argue for a subjective approach [13]. Abraham Maslow's 5-Need hierarchy [include basic needs, safety needs, social needs, self-esteem and self-actualization as these provide a deeper understanding of wide range of events that affect people's existence [14, 15]. This assessment of quality of life includes the psychological conditions such as self-esteem and self-actualization, and psychological wellbeing some scholars contend is a 'good' understanding of group behaviour [9, 16, 17]. A review of the literature reveals no study that has assessed QoL and factors that influence QoL of Jamaican Police Officer. Hence, the purpose of the current study is to examine the quality of life of members of the Jamaica Constabulary Force (i.e. JCF); and to establish a model can be used to evaluate their wellbeing. The rationale behind this research emerged owing to the gap in the literature on this phenomenon.

Theoretical Framework

In 1948, the WHO's conceptual definition of Health used a positive view (or a maximization perspective) that was broader than any definition before its time [18]. The WHO's perspective widened the then negative cosmology of health (i.e. absence of dysfunctions or illnesses), and some scholars content that this was elusive and could not be operationalized in its current form [19]. Then in the 1960s, a psychiatrist (Dr. George Engel) proposed a biopsychosocial model. He contends that humans are body, mind and a social milieu, and so any definition of health must be in keeping with this reality as it guides patient care. The biopsychosocial model developed by Engel [20-24] was a conceptual one, and it was not until the 1970s that an economist Michael Grossman [25], and Smith & Kington [26] used econometric analysis an embodied what WHO and George Engel was arguing for years.

Grossman's model that health as a function of particular factors, such as medical care:

$$H_t = f\ (H_{t-1}, G_o, B_t, MC_t, ED) \quad \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ (1)$$

In which the H_t – current health in time period t, stock of health (H_{t-1}) in previous period, B_t – smoking and excessive drinking, and good personal health behaviours (including exercise – G_o), MC_t,- use of medical care, education of each family member (ED), and all sources of household income (including current income). Grossman's model was expanded on by Smith and Kington [26] to include socioeconomic variables (see Equation 2).

$$H_t = H^* (H_{t-1}, P_{mc}, P_o, ED, E_t, R_t, A_t, G_o) \quad \ldots\ldots\ldots\ldots\ (2)$$

Eq. (2) expresses current health status H_t as a function of stock of health (H_{t-1}), price of medical care P_{mc}, the price of other inputs P_o, education of each family member (ED), all sources of household income (E_t), family background or genetic endowments (G_o), retirement related income (R_t), asset income (A_t,). Despite the contribution of Grossman, and Smith and Kington to the discourse of health, their operational definition of health was a negative one as they used functional limitation (or dysfunctions).

In 2005, a group of scholars conducted a study for PAHO in Barbados, using the sample functional limitation; find that health is a function of dysfunctions, and socio-demographic and economics characteristics [27]. They were able to detail the contribution of each set of variables. The study reveals that there is a statistical causal relationship between socioeconomic conditions and the health status of Barbadians. The findings reveal that 5.2% of the variation in reported health status was explained by the traditional determinants of health. Furthermore, when this is controlled for current experiences, this percent fell to 3.2% (falling by 2%). When the current set of socioeconomic conditions are used they account for some 4.1% of the variation in health status, while 7.1% are due to lifestyle practices compared to 33.5% that is as a result of current diseases [27]. It holds that importance place by medical practitioners on the current illnesses – as an indicator of health status – is not unfounded as people place more value on biomedical conditions as responsible for their current health status. Despite this fact, it is obvious from the data – using 33.5% - that there are other indicators that explain some 67.5% of the reason why health status is as it is. Furthermore, with an odds ratio of 0.55 for number of illness, there is clearly suggesting that the more people reported illness, the lower will be their health status and this was equally so for more disease symptoms – odds ratio was 0.71) [27].

Then in 2007, Bourne's model expanded on the operational definition of wellbeing by coalescing a construct that includes dysfunctions and material resources [28]. He furthers the factors as follows:

$$W = f\ (P_{mc}, E_D, A_i, E_n, G, M, A_R, P, N, O, H_t, T, V, S,$$

H_S) + ei ……..……..…[3]

Wellbeing of Jamaican W, is the result of the cost of medical care (P_{mc}), the educational level of the individual, E_D, age of the respondents, the environment (E_n), gender of the respondents (G), marital status (M), area of residents (A_R), positive affective conditions (P), negative affective conditions (N), average number of occupancy per room (O), home tenure, (H_t), land ownership(proxy paying property taxes), T, crime and victimization, V, social support, S, seeking health services, H_S.

Continuing, Bourne's model explains 39.3% (i.e. adjusted r^2) of the variance in wellbeing. One may argue that the unexplained variation is significantly more than the explained variation and so the model is useless. However, Bourne's model is in keeping with Hambleton's et al.'s research that finds that 38.2% of the variance in predisposed variables can explain the variance in wellbeing of elderly Barbadians. There is a disparity between elderly and the population of a country which may account for some of the differences between Bourne's model [28] and that of Hambleton et al.'s work [27]. However, using a study of elderly Jamaicans Bourne [29] find an explanatory model of 45.9%, which is also greater than the explained variance in Hambleton et al.'s study [27]. Among the disparities between the two aforementioned works is operational definition of health, as Hambleton and colleagues use self-reported health conditions and Bourne [29] employs material resources and health conditions. In this study we will model quality of life of police officers (in Jamaica), using a combination of the Bourne's work [29] and that of Grossman's, Smith and Kington's and Hambleton et al.'s conceptualizations. Quality of life in this study, however, will use Maslow Need's Hierarchy as some scholars argue that a subjective perspective of wellbeing is more in keeping with multidimensional space of quality of life than any other measure [1, 2, 4].

Diener [2] in an article entitled 'Subjective Wellbeing: The Science of Happiness and a Proposal for a National Index' theorizes that the objectification of wellbeing is embodied within satisfaction of life. His points to a construct of wellbeing called happiness.

He cites that:

People's moods and emotions reflect on-line reactions to events happening to them. Each individual also makes broader judgments about his or her life as a whole, as well as about domains such as marriage and work. Thus, there are a number of separable components of SWB [subjective wellbeing]: life satisfaction (global judgments of one's life), satisfaction with important domains (e.g., work satisfaction), positive affect (experiencing many pleasant emotions and moods), and low levels of negative affect (experiencing few unpleasant emotions and moods). In the early research on SWB, researchers studying the facets of happiness usually relied on only a single self-report item to measure each construct [2].

Hence, the rationale for the use of Maslow's 5-Need to proxy quality of life is embodied in the finding that it covers a wider range of life satisfaction than material resources and functional limitation. This provides a better construct of wellbeing [30]. Therefore, we will examine quality of life (using Maslow's 5-Need) and build a model of its explanatory variables for police officers in Jamaica (see model 5 below):

$\mathbf{QoL_{ij}} = f(\mathbf{QoL_{i(j-1)}}\ \boldsymbol{Ai, Ei\ Xi}\ ,\ \mathbf{SS}i,\ \boldsymbol{TIi, TSi, TPi, Ni, Mi, Li, SAi, WCi})$ ……....[1]

Where $\mathbf{QoL_{ij}}$ is quality of life for person i at current period j is a function of:

$\mathbf{QoL_{i(j-1)}}$ is stock of quality of life of person i at the beginning of period j.

$\boldsymbol{A_i}$ is age in years of individual ***i***,

Ei educational level of individual i.

$\boldsymbol{X_i}$ gender of respondent ***i*** , 1 is female and 0 if male.

$\mathbf{SS}_i$ indicates self-reported social class of person i.

$\boldsymbol{TI_i}$ is interpersonal trust of individual ***i***,

$\boldsymbol{TS_i}$ is self-trust of individual ***i***,

$\boldsymbol{TP_i}$ is trust in the police of individual ***i***,

$\boldsymbol{N_i}$ is negative psychological conditions of individual ***i***,

$\boldsymbol{M_i}$ is moral of individual ***i***,

$\boldsymbol{L_i}$ is length of service in the JCF of individual ***i***,

$\boldsymbol{SA_i}$ is satisfaction with current salary of individual ***i***,

$\boldsymbol{WC_i}$ is willingness to change job of individual ***i***,

DATA AND METHOD

Between April to May 2008 a descriptive cross-sectional survey was conducted on some 400 police officer (i.e. 5.7% of the 7,000 officers) across the 19 divisions in Jamaica; and respondents were informed of their rights to stop the process as well as they volunteered in the process. It was a stratified random sample, each division was equally weighted, and participants were of the ranks corporal to superintendents. A 46-item instrument was used to collect the data. The instrument (i.e. questionnaire) is sub-divided into demographic, sociopolitical conditions, morale, Abraham Maslow's 5-Need Likert

Scale. The questionnaires were collected by a group of police officers who were trained in social research methodology for a period of four-month before the actual beginning of the observational data collection exercise. There was several pilot testing of the instrument, modifications were made in keeping with the comments of the participants and those of experts in the field.

Data were collected and stored using the Statistical Packages for the Social Sciences (SPSS, Version 20.0 for Windows). All the variables that were predisposed for this study were conceptualized followed by performing descriptive statistics, which were used to examine the background information on the key variables; then, logistic regression technique was used to model the factors that may determine the dependent variable. Cronbach alpha was used to ascertain the reliability of a final construct, which constitutes a number of questions. The model was tested for its usefulness and its strength of predictability. The sample error for this study is ± 5%, at a 95% Confidence Level.

Operational definitions

Interpersonal trust. This variable is defined as an interaction between or among people in which they accept vulnerability based on positive expectation of others, and the willingness to reciprocate this expectation based on their knowledge of others, degree of shared values, and identity. Hence, interpersonal trust is measured based on an individual's response to "Normally do you trust people", with 4 options (1) always, (2) sometimes, (3) neutral and (4) never.

Interpersonal distrust. This is a nominal variable which means the low confidence in another person, because the other is likely to harm you and that people by nature are not concerned about your welfare and that they intend to harm you.

Self trust. Self trust is a Likert Scale question, which was asked – "Do you trust yourself". The option were always, sometimes, neutral or never.

Trust in the Police. This Likert Scale question pry into generalized trust in police officers – the question was "Generally speaking do you trust other police officers'?

Institutional Trust. This is the summation of 8 Likert Scale questions, with each question ranging from 1 to 10, where 1 indicates the lowest and 10 the highest trust. All the institutions that were used for these questions are internal entities within the Jamaica Constabulary Force. The question read "What is the extent of your trust in the following institutions – NIB Kingfish; BSI; PSB; CIB; Regular; Current hierarchy; Police Federation; Police Officers Association.

Quality of Life (QoL) Index. This is a subjective measure of living standard and the general state of life. Hence, using Powell, Bourne, & Waller's work that embodied Maslow's Needs hierarchy, we computed a 'quality of life index' based on the summation of 5-item question. Each question that was asked ranged from a low of 1 to a high of 10. The QoL Index ranges from 1 to a maximum of 50 – where from 1 to 20 indicates low; moderate is 21 to 35 , and high means 36 to 50; with a Cronbach alpha of 0.697 (≈0.7). The questions were – "Do you feel completely secure about the state of your health"; "Do you feel completely secure about being able to afford basic necessities?"; "Do you have a life full of love, warm, friendship and good family relations?"; "Do you get complete recognition and respect from others?", and "Are you satisfied that you are realizing the fullest potential of life?"

Negative affective psychological condition. This variable is measured based on "Do you ever give up hope or feel that you would ever do anything worthwhile in life?" This was Likert Scale question that ranges from 1 to 10. It is the summation of 5 Likert Scale questions, with the maximum being 46 and the minimum is 2. Low ranges from 0 to 17, moderate are 18 through 31 and high being 32 to 46.

Morale. It is defined as the general tone of a collective group of people regarding personalities which include respect to cheerfulness or confidence. This variable was measured using a single question that reads – "How would you describe the present state of morale within the JCF?'. It is a Likert Scale question that ranges from very high, high, average, and low to very low.

RESULTS

Demographic Characteristics of the Sample

Of the sampled population (N=400), 61.4% were males compared to 38.6% females. The majority of the sample was in the age cohort of 26 to 35 years (40.6%), with 26.4% in the age group 36 to 45years, 16.8% were within the age group of 18 to 25 years compared to 13.5% within the age 46 to 55 years and 2.8% reported being 56 years and over or the mean age of the sampled respondents was 35 years ± 10 years. The mean year of service was 11.5±9.2 yrs. In addition to what has been said, average quality of life in the JCF is high (Table 1). Despite the high quality of life of members, the sampled population reported a moderate degree of negative psychological condition (mean = 22.5 out of 46 ±9.3) (Table 1). Further analysis of the negative psychological condition of respondents revealed at 3 out every 10 police office reported a low negative psychological condition with 5 out of every 10 indicated moderate compared to 2 out of every 10

stated high negative psychological condition. Embedded in this finding is the fact that 7 out of every 10 officer is moderate and higher negative psychological conditions – that is, majority of officers are suffering from negative psychological conditions. And the finding records that only 3 out of every 10 police officers are mildly suffering from negative psychological conditions (i.e. 35%).

Approximately 67.8% of the respondents indicated that they trust other police officers, sometimes, compared to 20.1% who reported that they were 'neutral', with 10% indicating 'never' and 2% mentioned that they 'always' trust other officers. Similar responses were observed for interpersonal trust as 70.2% revealed that they sometimes trust other people, with 16.3% indicated that they were neutral, 9.0% mentioned 'never' and 4.5% reported that they always trust other people. On the other hand, 76.4% of the sampled population revealed that they always trust themselves, with 18.8% indicating that they sometimes trust themselves, 3.8% revealed that they are 'neutral' compared to 1% reported that they never trust themselves (Table 1). In relation to morale in the Force (JCF), approximately 93% of the total population (i.e. 9 out of every 10 people) reported very low to moderate morale. Of the 93%, 53% (i.e. 5 out of every 10 persons) cited a very low to low morale compared to 41% who indicated moderate morale (i.e. 4 out of every 10 individuals). Comparatively, 1% of the total respondents reported that they had a very high morale compared to 19% who indicated a very low morale (Table 1). Furthermore, 6% cited that they had a high morale in reference to 33% who indicated a low morale. It follows that very low to low morale is 8 times more than high to very high morale – this means that for every 1 police officer who indicated a high to very high morale, there are 8 police officers who have recorded very low to low morale. Hence, the police force is hemorrhaging from a morale dilemma. When we compare moderate to low morale, low morale outstrip the former by 1.3 times.

This then brings us to the question of trust. Can morale be low and trust is high? The simple answer is yes. All the different typologies of trust indicated some degree of trust. However, 9 out of every 100 police officer indicated that they never trusted other people (i.e. distrust) compared to 1 out of every 100 who do not trust themselves, with 10% who reported that they do not trust other police officers. (Table 1). QoL of sampled police officers was moderately high (mean QoL = 34.2±7.9, out of a maximum of 50).

Multivariate Analysis of Quality of Life

From the survey research, using econometric analyses (i.e. Logistic Regression) and the principle of parsimony. The Model explains 18% (Nagelkerke R-squared = 0.179) of the variability in quality of life of Jamaican Police officers. Of the 12 variables tested in Model (1.1), 6 of them explain the 18%. These factors are length of service; morale; satisfaction with current salary; trusting members of police force; interpersonal trust, and subjective social class. Further analyses of the variables reveal that a police officer who indicated a moderate-to-high morale is 2 times (i.e. Odds Ratio (OR); CI: 1.505 to 2.953) more likely have a greater quality of life with referent to a person with a lower morale. With respect to length of service, a respondent who serves longer in the Force has a quality of life that is 1 time (i.e. Odds Ratio (OR); CI: 1.012 to 1.062) more a colleague who is serving a shorter time period. We find that a respondent who is satisfied with his/her salary with referent to someone who is not quality of life is 3 times (i.e. Odds Ratio (OR); CI: 1.26 to 5.29). In addition, an individual who indicated that he/she is of the middle class has a quality of life that is 3 times (i.e. Odds Ratio (OR); CI:1.78 to 3.54) more than a individual who indicated being in the lower class, with figures being seen for upper class (Table 2). We also find that a respondent who reported that he/she trust other police officer has a quality of life that is 3 time more (i.e. Odds Ratio (OR); CI:1.59 to 2.37) that for someone who indicated that he/she does not trust other officers. However, a person who indicated that he/she trust other people has a quality of life that is one-half (i.e. Odds Ratio (OR); CI:0.349 to 0.812) of the quality of life of respondent who indicated the he/she does not trust other people. Embedded in this finding is the vulnerability of interpersonal trust, but not the trusting of colleagues.

In the analyses of the current study, we find that subjective social class (i.e. middle class with referent to lower class) is the most influential factor (Wald statistic = 27.57; P= 0.001) followed by morale (Wald statistic = 18.83; P= 0.001); length of service in the force (Wald statistic = 8.413; P= 0.004); interpersonal trust (Wald statistic = 8.557; P= 0.001); satisfaction with current salary (Wald statistic = 6.712; P= 0.001); trust in other members of the Force (Wald statistic = 5.168; P= 0.023) and lastly by subjective social class (i.e. upper class respondents with referent to lower class) (Wald statistic = 4.58; P= 0.032) (Table 2).

Based on the Classification Table (Table 3), one-hundred and thirty-eight respondents were incorrectly classified: 71 of those who had a moderate-high quality of life (i.e. QoL) and 67 who had a low QoL. Overall, 65.5% of the 400 respondents were classified correctly: 65.5% of those who have a moderate-high QoL and 65.5% of those who had a low QoL.

Table 1. Demographic characteristic of sample respondents

Quality of life	34.2±7.9, Range = 44: 50 - 6
Length of year of service	11.5±9.2 yrs.; Range = 42: 44- 1.
Institutional Trust	44.2±13.3; Range = 77: SO - 3
Individual's educational attainment	
Primary	2.8%
Secondary'	46%
Post-secondary	17.9%
College and University	33%
Subjective social class:	
Lower class	42%
Middle class	54.6%
Upper class	3.4%
Sex:	
Male	61.4%
Female	38.6%
Interpersonal Trust:	
Always	4.5%
Sometimes	70.2%
Neutral	16.3%
Never	9.0%
Self Trust:	
Always	76.4%
Sometimes	18.8%
Neutral	3.8%
Never	1.0%
Trust in police:	
Always	2.0%
Sometimes	67.8%
Neutral	20.1%
Never	10.1%
Morale:	
Very high	1.0%
High	5.8%
Moderate	40.7%
Low	33.4%
Very low	10.1%
Negative Affective psychologic conditions	22.5±9.3; Range = 44: 4 6 - 2

Table 2. Logistic regression model of Quality of Life by Some Explanatory Variables

	B	S.E.	Wald	Sig.	Odds Ratio (OR)	95.0% C.I. for ODDS RATIO (OR)	
						Lower	Upper
Morale[1]	0.746	0.172	18.830	0.000	2.108	1.505	2.953
Length of service	0.036	0.012	8.413	0.004	1.037	1.012	1.062
Psychological Negative	-0.004	0.009	0.183	0.669	.996	0.978	1.014
Sex[2]	0.006	0.181	0.001	0.974	1.006	0.705	1.435
Education[3]	-0.340	0.182	3.498	0.061	.712	0.499	1.016
Satisfaction_salary[4]	0.948	0.366	6.712	0.010	2.580	1.260	5.286
Inter_trust[5]	-0.630	0.215	8.557	0.003	0.533	0.349	0.812
MiddleClass	0.920	0.175	27.574	0.000	2.508	1.780	3.535
UpperClass	1.016	0.475	4.582	0.032	2.762	1.089	7.000
SelfTrust[6]	0.746	0.455	2.690	0.101	2.109	0.865	5.145
PoliceTrust[7]	0.462	0.203	5.168	0.023	1.588	1.066	2.365
JobChange[8]	0.175	0.187	0.872	0.350	1.191	0.825	1.719
Age	0.120	0.222	0.294	0.588	1.128	0.730	1.744
Constant	-1.790	0.614	8.516	0.004	0.167		

N=339 (i.e. 84.8% of the sampled population)

X^2 (13) =97.61, *P*= 0.001

Nagelkerke R-squared = 0.179

-2Log likelihood = 841.584

Table 3. Classification Table for Quality of Life of Jamaican Police Officers

Observed		Predicted		
		Dummy QoL (1=High)		Percentage Correct
		.00	1.00	
Dummy QoL (1=High)	.00	127	67	65.5
	1.00	71	135	65.5
Overall Percentage				65.5

[1] Morale is a dummy variable, where 1=Moderate to High Morale, 0=Low Morale

[2] Sex is a dummy variable, where 1=male, 0=Otherwise

[3] Education is a dummy variable, where 1=tertiary, 0=otherwise

[4] Satisfaction of salary, where 1=satisfaction, 0=otherwise

[5] Interpersonal trust, where 1=yes, 0=otherwise

[6] Self Trust is a dummy variable, where 1=yes, 0=otherwise

[7] Police Trust is a dummy variable, where 1=yes, 0=otherwise

[8] Job change is a dummy variable, where 1=willingness to change job, 0=otherwise

Discussion and Concluding Remarks

It is well established in research literature that self-esteem, happiness, life satisfaction, self-achievement (or actualization), basic needs, social conditions, self-reported health status and safety as well as the environment are significantly related to quality of life (or overall wellbeing) [1-6, 30-35]. This conclusion has provided us with in-depth understanding of quality of life in comparison to economic wellbeing (i.e. Gross Domestic Product per capita growth). The WHO uses a number of the aforementioned characteristics in seeking to evaluate quality of life of people [18, 36]; and this is supported by economist like Amartya Sen [37, 38]and UNDP that contend that any assessment of wellbeing (or quality of life) must capture entitlement which are created endowment and exchange [39].

According to Summers and Heston [40], "The index most commonly used until now to compare countries' material wellbeing is their GDP $_{POP}$." The United Nations Development Programme has expanded on the material wellbeing definition forwarded primarily by economists, and has included life expectancy and educational attainment [39] and other psychosocial indicators [1, 40-42]. This operational definition of wellbeing has become increasingly popular in the last twenty-five years, but given the expanded definition of health as cited by the WHO, wellbeing must be measured in a more comprehensive manner than using material wellbeing as seen by economists.

Powell [13] in a paper titled *'Measures of quality of life and subjective wellbeing'* argued that psychological wellbeing is a component of quality of life. He believed that in this measurement in particular for the older, must include Life Satisfaction Index, as this approach constitutes a number of items based on "cognitively based attitudes toward life in general and more emotion-based judgment" [13, 1,2, 7, 8]. Powell believes that there are two dimensions [13]. Where those means are relatively constant over time while in seeking to unearth changes in the short-run, 'for example an intervention', procedures that mirror changed states may be preferable. This can be assessed by way of a twenty-item Positive and Negative Affect Schedule or from a ten-item Philadelphia Geriatric Centre Positive Affect and Negative Affect Scale [13].

According to Langlois and Anderson [35], approximately 30 years ago, a seminal studies conducted by Smith [42] "proposed that wellbeing be used to refer to conditions that apply to a population generally, while quality of life should be limited to individuals' subjective assessments of their lives …" They argue that a distinction between the two variables have been lost with time [43, 44]. From Langlois and Anderson's monograph, during the 1960s and 1970s, wellbeing was approached from a quantitative assessment by the use of GDP or GNP [35, 45], and unemployment rates; this they refer to as a "rigid approach to the [enquiry of the subject matter] subject". Thus, the use of Abraham Maslow's 5-Need Hierarchy to assessment quality of life of this research is in keeping with literatures that exist in the wider cosmology of quality of life research and practice that have used any combination of self-esteem, sense of purpose, social interest, happiness, affordability of basic needs, physical wellbeing, and achievement are place on subjective wellbeing (quality of life) questionnaire [6, 41, 46].

In Arthaud-day et al work [30], applying structural modeling, subjective wellbeing constitutes "(1) cognitive evaluations of one's life (i.e., life satisfaction or happiness); (2) positive affect; and (3) negative affect." Subjective wellbeing, therefore, is the individual's own viewpoint. If an individual feels his/her life is going well, then we need to accept this as the person's reality. One of drawbacks to this measurement is, it is not summative, and it lacks generalizability. Nevertheless, Quality of Life Index is well used in psychiatric research as scholars agree that people-assessment of their health and wellbeing fosters clinicians with people's importance of particular issues [47]. It is well established that quality of life (or wellbeing) assessment can use Maslow's 5 Needs, and the next question is what are the factors that influence this quality of life construct?

In Hambleton et al's work, Grossman or Smith and Kington, they did not deconstruct the explanatory power of the model and single out the effect of each personal characteristics (or sociodemographic variables). However, in Bourne's study, he decomposed the explanatory variables' contribution to the model. All the different scholars agree that education was a factor in determining wellbeing (or quality of life) but this was not the case in the JCF. What could explain this circumstance? This study reveals that low morale was reported by police officers with the high level of education (i.e. tertiary level); and that the morale of the individual who indicated a low morale would have a lower quality of life and so it should come as no surprise that education is not a predictor of quality of life.

In the literature social class directly relates to wellbeing and this was also the case in the current research. It is established that income can buy some degree of wellbeing as it afford one the opportunity to be able to purchase particular product without which these would be improbable to buy in the event the individual is poor as income can buy some degree of happiness [8]. He begins with a statement that "the relationship between happiness and income is puzzling" [8], and finds

people with higher incomes were happier than those with lower incomes – he referred to as a correlation between subjective wellbeing and income. He did not cease at this juncture, but sought to justify this realty, when he said that "those with higher income will be better able to fulfill their aspiration and, and other things being equal, on an average, feel better off" [8].

On the issue of length of service, the findings reveal it is a positive predictor of quality of life. Although there was nothing to evaluate this against within the literature, this study can provide readers with more understanding of this factor. Further examination of length of service revealed that morale was low for a person with low service compared to those who indicated more length of service to the JCF (i.e. the Force). Based on the fact that there is a direct association between morale and quality of life, with less service in the Force the individual would be experience not only low morale but lower quality of life compared to those who have longer years of service.

The positive relation between trusting other police officers and quality of life has been examined and found in literature to be the case. Francis Fukuyama [48] contends that high trust societies see a greater productivity, development (i.e. national wellbeing) and civic engagement compared to low trust societies. Catterberg, & Moreno [49] find a positive association between political trust, well-being, social capital, democratic attitudes, political interest, and external efficacy. Among the definitions of trust is vulnerability, and explains why those who indicated trusting others had a lower quality of life.

The present findings extend beyond Jamaica as the country is typical to many developing nations, particularly those in the English-Speaking Caribbean. Jamaica having similar socio-demographic characteristics as many Third world states, which the same for its police force is equally, means that the findings offer insight in a phenomenon that has wider implication than Jamaica. The results provide a platform for understanding law officers, and issues that affect their QoL.

In summing, the current study has shown that quality of life is influenced by length of service, subjective social class, morale, interpersonal trust, trust in other police officers, and satisfaction with current salary. Our findings suggest that social class (i.e. middle class with referent to lower class) and morale are more important predictors of quality of life while interpersonal trust is the only negative predictor of quality of life compared to other factors. Finally, a major important thing of this current theoretical model is that it can be eminently falsifiable as this is based on some explicit set of assumptions and an obvious prediction can be made there from. And furthermore, in an event that this model is found wanting, it can be revised and/or discarded.

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