

Death Anxiety and Post-Traumatic Stress of PNP Operatives: Basis for Comprehensive Stress Management Program

Milly Camil A. Ildefonso ¹

1 – Arellano University

millyildefonso13@gmail.com / 0009-0008-3193-008X

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Abstract

The study primarily aims to explore the relationship between the level of death anxiety and the severity of post-traumatic stress of male police operatives under the Philippine National Police (PNP), specifically the members of the Special Action Force.

A purposive sampling technique was used to select and gather data from 100 PNP operatives assigned to the 83rd Special Action Company. Two standardized tests, namely, the Revised Death Anxiety Scale and the Post-Traumatic Diagnostic Scale for DSM-5, were administered to respondents to assess their level of death anxiety and severity of post-traumatic stress.

An overall death anxiety of PNP operatives is interpreted as moderate, suggesting significant apprehension or fear related to death due to the nature of their profession, exposing them to possible life-threatening situations. Whereas the post-traumatic stress of PNP operatives is categorized as very low, revealing minimal or the absence of post-traumatic stress symptoms to some.

Drawing from the findings, the study concluded a 'weak' positive yet significant relationship between the two variables ($p=0.31$, $p=0.002$), suggesting that post-traumatic stress increases as death anxiety increases. Still, the degree of the relationship is not very strong. This indicates that the increased post-traumatic stress of PNP operatives with high death anxiety levels is on a case-by-case basis, considering their different encounters with stressful or disturbing occurrences during operations, resilience levels, coping mechanisms, and available resources.

Consequently, the results of the study pave the way for developing the proposed Comprehensive Stress Management Program to address the identified mortality concerns and post-traumatic stress symptoms of PNP operatives.

Keywords: *Death Anxiety, Post-Traumatic Stress, Philippine National Police, Operatives, Comprehensive Stress Management Program.*

I. Introduction

Background and Rationale

Work and mental health are believed to be closely connected. Work is seen as a factor that can either enhance or jeopardize one's mental well-being. A safe, healthy, and supportive work environment promotes mental well-being, enabling individuals to work effectively and efficiently. Conversely, unsafe, unhealthy, and uninspiring work conditions can weaken mental health and impede an individual's work functioning when left without support from colleagues and the company.

Mental health disorders are more likely to arise in workplaces that entail significant emotional stress or exhibit potentially traumatic events. Amongst the professions with high psychosocial risks are police officers, particularly those assigned/deployed to life-threatening operations or areas affected by conflict.

Although police officers appear rugged and masculine, they are not exempt from experiencing vulnerability, extreme emotions, and even mental health symptoms. Based on their nature of work, anxiety disorders, depressive disorders, and stress and trauma disorders are common mental health conditions due to the heightened probability of stressors, danger, exhaustion, and burnout.

They have higher rates of psychological problems compared to the civilian population. The stressful nature of law enforcement makes police officers susceptible to mental and physical conditions. They are considered to be a high-risk group for developing mental complications due to numerous emotionally upsetting events they experience during their career (Santre, 2024).

In view of the above statements, the study determined the level of death anxiety and severity of post-traumatic stress of PNP operatives, in particular, male Special Action Force (SAF) operatives deployed to high-risk operations, such as counterterrorism and counterinsurgency.

The results established a strong foundation for developing a Comprehensive Stress Management Program tailored to PNP operatives, focusing on early prevention, detection, and intervention, as well as mental health and wellness approaches.

Review of Related Literature

Death Anxiety

Death is a biological and inevitable phenomenon (Saeidi & Hamidi, 2024); however, over-rationalizing may have an adverse psychological effect on an individual. Some of the psychological consequences it may develop are anxiety and stress, leading to death anxiety.

Death anxiety is defined as a mental condition that is triggered when people feel endangered by death or when confronted with intense stressors or life-threatening situations (Ruini et al., 2023).

Frontline personnel and emergency workers, such as doctors, nurses, paramedics, police officers, and military personnel, are more susceptible to death anxiety due to their nature of work. They are continuously exposed to death and mortality during their everyday work duties (Zaracena & Ciabal, 2022).

Post-Traumatic Stress

According to Eikenberry et al. (2023), stress harms both physical and mental health. It was described that the impact of chronic stress and trauma leads to common PTSD symptoms, including re-experiencing (e.g., noise sensitivity, nightmares), arousal (e.g., anger, hypervigilance), and negative cognition and mood alterations (e.g., numbing, paranoia, depression).

A local study entitled “Warrior’s Strain: An Exploration of Work Stress in Military Life through Explanatory Mixed Methods Designs” (2024) revealed causes of work stress. The same study disclosed the everyday stressors of military personnel with potentially dangerous stress, such as fear of death, feelings of anxiety and vulnerability during operations, and thoughts of uncertainty (Batara et al., 2024).

As cited in the study “Law Enforcement and Mental Health: The Limpid Kryptonite – A Clear and Present Danger” (2023), the mental health and well-being of police officers have become a concern due to reported high rates of depression, anxiety, burnout, and suicide. These mental health problems are attributed to constant exposure to adverse social situations, crimes, and violence, which ultimately lead to hostile social looks in life, numerous issues, and compassion fatigue. Accordingly, studies also suggest that officers develop symptoms of acute stress disorder, such as anxiety, intense fear, feelings of helplessness, uncontrollable flashbacks, disturbing nightmares, depression, intense negative thoughts, derealization, depersonalization, conflict avoidance, numb emotions, irritability, self-guilt, and inability to cope (Singletary, 2023).

Statement of the Problem

The research investigated the death anxiety and post-traumatic stress of PNP operatives. The researcher tried to answer the following questions:

1. What is the socio-demographic profile of PNP operatives in terms of:
 - 1.1. Age;
 - 1.2. Civil Status;
 - 1.3. Rank;
 - 1.4. Number of deployments on counterterrorism and counterinsurgency operations;
 - 1.5. Number of encounters during counterterrorism and counterinsurgency operations?
2. What is the death anxiety and post-traumatic stress of PNP operatives in terms of:
 - 2.1. Factor structures;
 - 2.2. Symptom categories?
3. What are the associations between the following:

- 3.1. Death anxiety and the socio-demographic profile of PNP operatives;
- 3.2. Post-traumatic stress and the socio-demographic profile of PNP operatives?
4. What is the overall level of death anxiety and severity of post-traumatic stress among PNP operatives?
5. Is there a significant relationship between the level of death anxiety and the severity of post-traumatic stress of PNP operatives?
6. What program can be recommended to address the results of the study?

Hypotheses

H_a : There is a relationship between the level of death anxiety and the severity of post-traumatic stress of PNP operatives.

H_o : There is no relationship between the level of death anxiety and the severity of post-traumatic stress of PNP operatives.

II. Materials and Methods

Research Design

In this quantitative research, the researcher employed a descriptive correlational design to identify the relationship between two variables and how one variable affects changes in the other. A descriptive correlational design was also used to measure the correlational relationship between the level of death anxiety and the post-traumatic stress of PNP operatives, as well as the associations of death anxiety and post-traumatic stress with the socio-demographic profile, and factor and symptom domains.

Participants

A purposive sampling technique was used to determine suitable participants for the study using the following criteria:

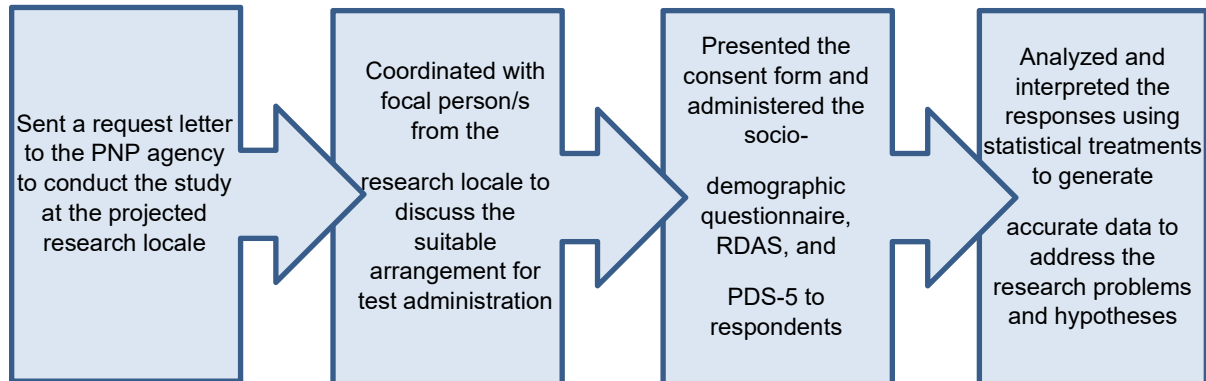
1. Male PNP operatives presently assigned to the 83 Special Action Company, Rapid Deployment Battalion-SAF,
2. With the ranks of Patrolman to Police Captain,
3. With deployments on counterterrorism and counterinsurgency operations, and
4. With encounters during counterterrorism and counterinsurgency operations.

Instruments

The researcher used a self-made questionnaire to collect the socio-demographic profile of the respondents, inquiring about age, civil status, rank, number of deployments on counterterrorism and counterinsurgency operations, and encounters during operations.

Two standardized research instruments were also administered, namely: 1) the Revised Death Anxiety Scale (RDAS), developed by James A. Thorson, and 2) the Post-Traumatic Diagnostic Scale for the DSM-5 (PDS-5), developed and validated by Dr. Edna B. Foa.

Procedure



Data Analysis

The researcher used the following statistical treatments for data analysis:

1. **Frequency and Percentage**

The frequency and percentage were used to determine the socio-demographic profile of the respondents. Using frequency and percentage enabled the researcher to compare the data and draw conclusions to answer the research question about the profile of PNP operatives.

2. **Mean**

This measure of central tendency was used to obtain a single value that represents the distribution, providing the average value of the data based on the respondents' socio-demographic profiles.

3. **Standard Deviation**

The standard deviation (SD) was used to determine the variability of data points, indicating how tightly clustered or dispersed they are around the mean. It revealed how many numbers from the sample of PNP operatives were spread out from specific average scores.

4. **Spearman's Correlation Coefficient**

Based on the histograms of the variables, using Spearman's Correlation Coefficient was appropriate to determine the relationship between the level of death anxiety and the severity of post-traumatic stress of PNP operatives.

5. **Chi-Square Independence Test**

The Chi-Square statistic was used to assess the association between the following: 1) Death anxiety and the socio-demographic profile; and 2) Post-traumatic stress and the socio-demographic profile.

6. **Test of Statistical Significance (p-value)**

The study tested the probability value or p-value between the level of death anxiety and the severity of post-traumatic stress of PNP operatives to determine its statistical significance (McLeod, 2025).

III. Results

1. What is the socio-demographic profile of PNP operatives in terms of:
 - 1.1. Age;
 - 1.2. Civil Status;
 - 1.3. Rank;
 - 1.4. Number of deployments on counterterrorism and counterinsurgency operations;
 - 1.5. Number of encounters during counterterrorism and counterinsurgency operations?

Table 1
Frequency and Percentage Distribution of the PNP Operatives
Based on the Socio-Demographic Profile

	Profile	Frequency	Percentage
Age	Below 25 years old	1	1.0%
	25 - 30 years old	48	48.0%
	31 - 35 years old	31	31.0%
	36 years old & above	20	20.0%
Civil Status	Married	51	51.0%
	Single	49	49.0%
Rank	Pat	34	34.0%
	PCpl	44	44.0%
	PMSg	6	6.0%
	PSMS	6	6.0%
	PCMS	2	2.0%
	PEMS	3	3.0%
	PLt	1	1.0%
	PCpt	4	4.0%
No. of Deployments	Less than 10	38	38.0%
	10-20	34	34.0%
	21-30	14	14.0%
	31-40	9	9.0%
	41-50	2	2.0%
	More than 50	3	3.0%
No. of Encounters	Less than 5	75	75.0%
	5-10	20	20.0%
	11-15	2	2.0%
	16-20	1	1.0%
	More than 20	2	2.0%

2. What is the death anxiety and post-traumatic stress of PNP operatives in terms of:

2.1. Factor structures

Table 2
Death Anxiety of PNP Operatives in Terms of Factor Structures

Factor Structures	Mean	SD
Concerns over Leaving Instructions on How Things Should be Done after Death	2.82	1.18
Fear of the Pain Associated with Death	2.46	0.56
Fear of Uncertainty and Missing Out on Things	2.43	1.03
Afterlife Concerns	2.27	0.68
Fear of Helplessness and Loss of Control	2.27	0.59
Concern over Disposition of One's Body	1.89	0.87
Fear of Decomposition	1.20	0.63

2.2. Symptom categories

Table 3
Post-Traumatic Stress of PNP Operatives in Terms of Symptom Categories

Symptom Categories	Mean	SD
Increased Arousal and Reactivity	0.70	0.71
Avoidance	0.50	0.64
Re-Experiencing	0.45	0.55
Changes in Cognition and Mood	0.40	0.52

3. What are the associations between the following:

3.1. Death anxiety and the socio-demographic profile of PNP operatives

Table 4
Mean, Standard Deviation, and Association between Death Anxiety and the Socio-Demographic Profile of PNP Operatives

Profile	Mean	SD	X ²	p
Age				
Below 25 years old	68.00	NaN	7.75 ^{ns}	0.559
25 - 30 years old	55.85	10.93		
31 - 35 years old	54.48	12.41		
36 years old & above	57.80	6.65		
Civil Status				
Married	56.84	10.29	1.62 ^{ns}	0.655
Single	55.00	11.16		
Rank				
Pat	56.32	8.76	63.92**	<0.001

PCpl	57.20	11.67		
PMSg	58.17	9.15		
PSMS	51.67	6.12		
PCMS	61.00	N/A		
PEMS	59.00	8.19		
PLt	23.00	NaN		
PCpt	45.25	11.50		
No. of Deployments				
Less than 10	57.84	8.74	38.97**	<0.001
10-20	55.18	9.45		
21-30	55.50	14.89		
31-40	55.44	12.12		
41-50	34.50	16.26		
More than 50	58.33	9.07		
No. of Encounters				
Less than 5	56.85	10.44	11.44 ^{ns}	0.492
5-10	51.85	11.38		
11-15	64.50	3.54		
16-20	68.00	NaN		
More than 20	48.00	2.83		

Note: ^{ns} = not significant, * = significant at 0.05 level, ** = significant at 0.01 level

3.2 Post-traumatic stress and the socio-demographic profile of PNP operatives

Table 5
Mean, Standard Deviation, and Association between Post-Traumatic Stress and the Socio-Demographic Profile of PNP Operatives

Profile	Mean	SD	X ²	p
Age				
Below 25 years old	68.00	NaN	55.29**	<0.001
25 - 30 years old	55.85	10.93		
31 - 35 years old	54.48	12.41		
36 years old & above	57.80	6.65		
Civil Status				
Married	56.84	10.29	3.21 ^{ns}	0.524
Single	55.00	11.16		
Rank				
Pat	56.32	8.76	14.68 ^{ns}	0.982
PCpl	57.20	11.67		
PMSg	58.17	9.15		
PSMS	51.67	6.12		
PCMS	61.00	N/A		
PEMS	59.00	8.19		

PLt	23.00	NaN		
PCpt	45.25	11.50		
No. of Deployments				
Less than 10	57.84	8.74	10.07 ^{ns}	0.967
10-20	55.18	9.45		
21-30	55.50	14.89		
31-40	55.44	12.12		
41-50	34.50	16.26		
More than 50	58.33	9.07		
No. of Encounters				
Less than 5	56.85	10.44	4.24 ^{ns}	0.998
5-10	51.85	11.38		
11-15	64.50	3.54		
16-20	68.00	NaN		
More than 20	48.00	2.83		

Note: ^{ns} = not significant, * = significant at 0.05 level, ** = significant at 0.01 level

4. What is the overall level of death anxiety and severity of post-traumatic stress among PNP operatives?

Table 6
Overall Level of Death Anxiety and
Severity of Post-Traumatic Stress Among PNP Operatives

	Mean	SD	Interpretation
Death Anxiety Level	55.94	10.71	Moderate
Post-Traumatic Stress Severity	10.21	10.48	Very Low

5. Is there a significant relationship between the level of death anxiety and the severity of post-traumatic stress of PNP operatives?

Table 7
Relationship between the Level of Death Anxiety and
the Severity of Post-Traumatic Stress of PNP Operatives

rho	Interpretation	p	Remarks
0.31	Weak Positive	0.002	Significant

6. What program can be recommended to address the results of the study?

To address the findings, it is imperative to develop a holistic treatment process for full mental health assessments and evaluations for all PNP operatives. In this regard, the study proposes the “Comprehensive Stress Management Program,” which aims to support and complement the present psychological programs of the PNP, specifically

catering to operatives by focusing on ensuring their overall well-being during pre-deployment and post-operation. It employs key strategies for preventive, intervention, and monitoring and evaluation approaches, conceptualizing a continuum of mental health care framework for the target population.

IV. Discussion

The findings on death anxiety of PNP operatives indicated that they have prominent concerns over leaving instructions on how things should be done after death, indicating hesitation to discuss end-of-life affairs due to factors such as psychological (e.g., denial and avoidance), social (e.g., stigma, cultural and religious beliefs, and personal (e.g., legacy, acceptance, and meaning of life and death). Other factors contributing to the death anxiety of PNP operatives include fear of pain associated with death and fear of uncertainty and missing out on things.

Although variations occurred, younger operatives were more likely to report higher anxiety compared to older operatives. Married operatives were slightly more anxious than singles, likely due to their responsibilities, obligations, and strong family ties. Non-commissioned operatives were reportedly more anxious than those holding commissioned ranks. PNP operatives with limited deployments and encounters were at risk of developing death anxiety, like those with frequent deployments and encounters, when their limit is exceeded.

Further, death anxiety has significant associations with the rank and number of deployments, hence suggesting that death anxiety is associated with being an operative. This exposes them to the risk of death and mortality during their so-called routine duties, which can be both physically and psychologically threatening.

On the other hand, the findings on post-traumatic stress among PNP operatives revealed that most experience increased arousal and reactivity symptoms, such as irritability, aggressiveness, recklessness, heightened vigilance, troubled concentration, alcohol abuse and dependence, and sleeping difficulties. Aside from increased arousal and reactivity symptoms, avoidance and re-experiencing symptoms are also contributing factors to the post-traumatic stress of PNP operatives.

Operatives below 25 have the highest post-traumatic stress, while older operatives tend to have very low post-traumatic stress. Civil status does not generally influence the post-traumatic stress of PNP operatives, whereas PEMS, PMSg, and PCpl operatives reported higher post-traumatic stress compared to other ranks. Consequently, PNP operatives with either few or several deployments and limited encounters were likely to have higher stress levels.

Findings further disclosed a significant association between post-traumatic stress and the age of PNP operatives. This suggests that age is an associated factor in the levels of post-traumatic stress, in which exposure to prior trauma, severity and type of traumatic event experienced, lack of psychosocial support, and maladaptive coping contribute to the likelihood of developing post-traumatic stress symptoms in PNP operatives.

The overall death anxiety of PNP operatives is interpreted as moderate, suggesting that operatives experience a significant apprehension or fear related to death due to the nature of their profession, which exposes them to possible life-threatening situations. At the same time, the very low post-traumatic stress severity of PNP operatives suggests the minimal or absence of post-traumatic stress symptoms.

Whereas the correlation between death anxiety and post-traumatic stress revealed a 'weak' positive yet significant relationship. Although this indicates that post-traumatic stress increases as death anxiety rises, the degree of the relationship is not very strong. As such, death anxiety is not a decisive factor that may directly affect or exacerbate post-traumatic stress, since operatives have different encounters with stressful or disturbing situations during operations, various levels of resilience, and coping mechanisms and resources.

Other factors, such as organizational stressors, could play more critical roles in shaping post-traumatic stress severity. The absence of a strong correlation between death anxiety and post-traumatic stress underscores the need for comprehensive mental health assessments that consider multiple stressors and psychological outcomes.

V. Conclusion

Based on the findings, the following conclusions are drawn:

1. PNP operatives are predominantly young, with nearly half being married or single, and they hold junior ranks within the organization. Most have average deployment experience and limited encounters in counterterrorism and counterinsurgency operations, indicating active engagement but still building a foundation in the field.
2. PNP operatives demonstrate primary concerns over leaving instructions on how things should be done after death, and exhibit increased arousal and reactivity symptoms.
3. There are significant associations between death anxiety, rank, and number of deployments, as well as between post-traumatic stress and age of PNP operatives, with younger operatives having higher levels of post-traumatic stress.
4. PNP operatives exhibit a 'moderate' level of death anxiety, indicating pervasive fear and concern over mortality tied to their high-risk duties or operations. On the other hand, 'very low' post-traumatic stress severity is displayed by PNP operatives.
5. There is a 'weak' positive yet significant relationship between the level of death anxiety and the severity of post-traumatic stress of PNP operatives, indicating that the degree of the relationship is not very strong. Hence, the study accepts the null hypothesis, indicating that there is no significant relationship between the two variables.
6. The results of the study pave the way for developing the Comprehensive Stress Management Program to address the identified mortality concerns and post-traumatic stress symptoms of PNP operatives, as well as ensure proper administration of a complete mental health assessment to investigate multiple stressors and other potential

and underlying causes that contribute to the mental welfare of PNP operatives. This is envisioned to complement the existing mental health programs of the PNP, with a greater emphasis on ensuring the overall well-being of PNP operatives during pre-deployment and post-operation.

Recommendations

Based on the findings and conclusions drawn from this research, the following recommendations are offered:

1. There is a need to consider other demographic factors, such as the length of service, recency of deployment, frequency of high-intensity engagement, or exposure to a broader range of operational assignments and deployments of PNP operatives, in future research to supplement the findings of this study.
2. There is a need for the PNP agency to prioritize the accessibility of mental health resources, particularly in administering psychological interventions (e.g., Rational-Emotive Behavior Therapy, Existential and Meaning-Focused Therapy, and Acceptance and Commitment Therapy) to alleviate concerns over leaving instructions on how things should be done after death. Trauma-informed interventions (e.g., Eye Movement Desensitization and Reprocessing, Stress Inoculation Training, and other de-escalation training) are used to simulate high-stress scenarios and inculcate self-regulation, thereby mitigating symptoms of increased arousal and reactivity.
3. There is a need to incorporate holistic psychological interventions in police practices to minimize stress, anxiety, and trauma within the ranks. Mentorship programs are encouraged, pairing junior and younger operatives with seasoned officers to improve decision-making under pressure and accelerate competency development. Furthermore, policies that support work-life balance can help mitigate the risk of burnout and enhance the operational effectiveness of PNP operatives.
4. There is a need to include psychotherapy interventions in the proposed program that aim to lessen or diminish irrational fears, negative thought patterns, existential issues, and maladaptive behaviors, addressing the 'moderate' death anxiety level. Although the level of post-traumatic stress of PNP operatives is categorized as 'very low', routine trauma screenings should be administered to PNP operatives to assess possible onset, acute, and delayed or unresolved trauma responses, underscoring the importance of regular monitoring and support.
5. There is a need for more academic investigations using various methodologies, such as longitudinal studies and experimental research, to explore other variables that may be correlated with post-traumatic stress, and to increase the sample size based on the total population of PNP operatives.
6. There is a need to adopt the Comprehensive Stress Management Program for PNP operatives to provide a holistic assessment of their psychological well-being. The said



program will focus on early prevention, detection, and intervention measures, as well as mental health wellness approaches.

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