



MISSION CRITICAL

Correctional Employee Health and Wellness

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In recent years there has been a notable increase in research on the ways that correctional occupational stressors can erode the health of correctional employees (Ferdik & Smith, 2017). This increase parallels correctional administrators' and other stakeholders' heightened concerns regarding relationships between occupational stressors and employees' health, performance, and work engagement.

These concerns were articulated in a 2017 resolution of the American Correctional Association called the ACA Resolution Supporting Correctional Employee Wellness 2017-1 (www.aca.org). This resolution states that the adverse impact of the job on correctional employees' wellness is a critical issue that has reached crisis proportions because the occupational risks inherent to the profession increase the health

risks for correctional employees. The resolution also posits that the nature of the correctional environment can be a causative factor in the development of high-risk behaviors, such as alcohol abuse. The resolution further adds that traumatic events in the correctional workplace may result in employees succumbing to health conditions, such as post-traumatic stress disorder (PTSD).



In this article, research evidence is reviewed regarding the consequences of working in the highly stressful conditions of corrections (Lerman, 2017; Spinaris & Brocato, 2019) and the possible solutions for lessening the toxic effects of these stressors.

Occupational Stressors in Corrections

It has been noted that “few other organizations are charged with the central task of supervising and securing an unwilling and potentially violent population” (Armstrong & Griffin, 2004).

Correctional occupational stressors can be conceptualized as falling in three major categories:

- operational stressors,
- organizational stressors, and
- traumatic stressors.

These stressors occur repeatedly, and at times even simultaneously, throughout the career of correctional employees.

Operational Stressors

Operational stressors refer to the technical aspects of correctional operations, including offender overcrowding, understaffing, shift work, mandatory overtime, equipment issues, noise, unclean space, temperature extremes, high workload, low job autonomy, and low job variety.

Clutter or dirty space, overcrowding, and noise in correctional facilities were associated with higher rates of sick-leave use, physical and psychological symptoms, and substance use among correctional officers (COs) and supervisors (Bierie, 2012). Job posts characterized by high demands, low control, and low social support were associated with COs’ increased psychological distress, job dissatisfaction, negative emotions, and a negative outlook (Dollard & Winefield, 1998).

Organizational Stressors

Organizational stressors refer to the psychosocial aspects of correctional work—managing people, be it staff or offenders. Organizational stressors include:

- supervisor/subordinate conflict;
- staff/offender conflict;
- low-quality teamwork;
- harassment or hazing by coworkers;

- perception of insufficient support by supervisors or administrators;
- lack of input into policy making;
- perception of unfair disciplinary, evaluation, investigation, or promotion practices;
- negative public image;
- negative interactions with the judicial system; and
- unclear or changing organizational goals and policies.

Why Correctional Employee Wellness Is Indeed a “Mission Critical” Issue

Maintaining the wellness of correctional employees is a “mission critical” issue for two reasons:

- It is an ethical and moral imperative for employers to protect and promote employees’ wellness in relation to known occupational hazards.
- Employee wellness is essential for the fulfillment of correctional agencies’ dual mission of public safety and rehabilitation.

Correctional employees’ ability to manage offenders and to engage in rehabilitation efforts is undermined if they themselves are not well. Support for this notion comes from studies of non-correctional physicians. These studies found that higher physician burnout was associated with lower-quality healthcare and reduced patient safety (Salyers et al., 2017). Additionally, COs who reported suffering from at least one PTSD symptom were less likely to believe that rehabilitation should be a central goal of incarceration, and more likely to think of incarceration purely in terms of maintaining the public’s safety (Lerman, 2017).

Other stressors found to be associated with CO job stress and burnout include any unclear organizational goals and policies, COs' lack of decision-making ability, COs' perceived lack of support from the organization, and perceived lack of organizational justice (Finney et al., 2017). Strained coworker relationships were also found to be associated with increased CO stress and reduced job satisfaction (Ferdik & Smith, 2017).

Relationships with direct supervisors, coworkers, and offenders were found to strongly influence staff morale and attitudes toward the job; and morale, in turn, impacted staff's mental health, physical health, and family health (Spinaris & Brocato, 2019). And if correctional agencies do not pair the increasing emphasis on offender treatment and rehabilitation with commensurate measures to reassure COs that their safety has priority, the resulting stress widens the rift between frontline staff and administrators (Spinaris & Brocato, 2019).

Traumatic Stressors

Traumatic stressors refer to incidents of physical or sexual violence, injury, death, or threats of such. Traumatic exposure is either direct or indirect:

- Direct traumatic exposure includes experiencing such events oneself (such as being assaulted or threatened) or witnessing—in real time—incidents of violence, injury, or death.
- Indirect traumatic exposure involves learning about such events at a later time—such as by reading about them, viewing them electronically, or being told about them.

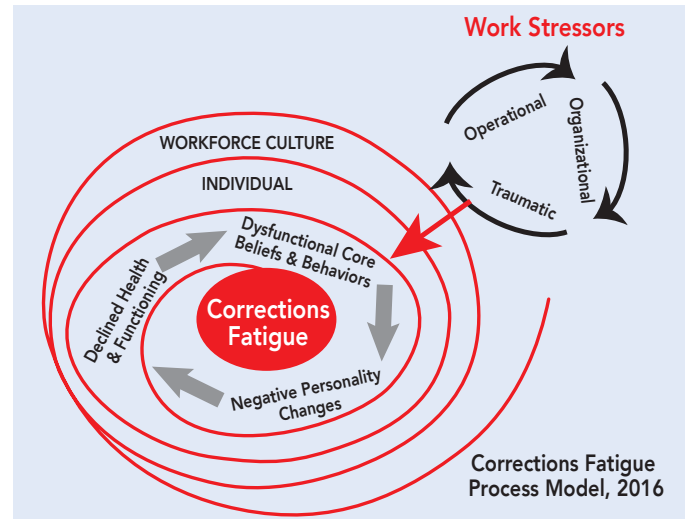
Both direct and indirect traumatic exposure are endemic in correctional work. It is important to note that the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (American Psychiatric Association, 2013) recognizes that indirect traumatic exposure which is work-related—including electronically or through photographs—can result in the development of PTSD.

The Bureau of Labor Statistics reported that, relative to all professions studied, COs had the highest rate of non-fatal occupational injuries that included days away from work due to intentional injury by another person (Bureau of Labor Statistics, 2016). According to another study, correctional staff reported being exposed to an average of 28 incidents of violence, injury, and death, and averaging 5 different types of such incidents during the course of their careers (Spinaris, Denhof, & Kellaway, 2012).

Combined Stressors

These three types of stressors—operational, organizational and traumatic—can interact, thus worsening each other's effects. For example, understaffing may contribute to a staff assault (traumatic stressor), resulting in increased tensions between staff and offenders, investigations, conflict among staff, and perhaps staff

Figure 1. Corrections Fatigue Process Model



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discipline (organizational stressors). This may lead to more understaffing and more mandatory overtime (operational stressors) due to staff taking “mental health days” or drawing from worker’s compensation because of injuries sustained in the assault, thus further increasing the risk of another violent incident occurring (traumatic stressor).

Studies have been conducted on the impact of job characteristics on the job burnout of COs, measuring emotional exhaustion, depersonalization (cynical attitudes), and perceived ineffectiveness (Ferdik & Smith, 2017). However, the construct of burnout does not fully do justice to the work experiences of correctional employees, because burnout addresses only the effects of operational and organizational stressors, not traumatic stressors.

Corrections Fatigue

As it is difficult to separate outcomes of these three types of stressors and in order to describe their combined effects, I coined the term “Corrections Fatigue” in the year 2000. This is an all-encompassing term that describes the cumulative and commingled effects of operational, organizational, and traumatic stressors on individual staff’s personality, health, and functioning, as well as core beliefs and behaviors—and also collectively on the correctional workforce culture. Corrections Fatigue is not a clinical term, although at the more severe end of the spectrum, it involves physical and psychological health conditions.

Corrections Fatigue is expected to occur when the coping strategies of individual employees or correctional organizations are unhealthy or insufficient, and when available resources are also insufficient, unhealthy, or underutilized. Figure 1 describes the components and process of Corrections Fatigue.

Corrections Fatigue can result in at least three major areas of negative changes:

1. **Personality changes.** These include becoming highly irritable, impatient, prone to unprovoked anger outbursts, aggressive, emotionally numb, or exhibiting negative moods. (Spinaris et al, 2012; Spinaris & Brocato, 2019).
2. **Decline in health and functioning.** This can be exemplified by overweight or obesity and high blood pressure (Morse, Dussetschleger, Warren, & Cherniack, 2011); sleep disturbances and other physical health conditions (Lerman, 2017; Spinaris et al., 2012); and high rates of generalized anxiety, depression, PTSD, alcohol misuse, and suicidal thoughts (Spinaris & Brocato, 2019). The rate and risk of completed CO suicides (New Jersey Task Force, 2009; Stack & Tsoudis, 1997) were found to exceed that of other professions and of the general public. Overall, the high rates of mental health conditions exhibited by COs exceeded those of first responders, the military, and national data (general public) by multiple times, indicating that the corrections workforce is in the throes of a mental health crisis (Spinaris & Brocato, 2019).
3. **Development of dysfunctional core beliefs and behaviors.** This includes harboring negative views about the world, others, or oneself; inappropriately blaming others or oneself for event outcomes; dehumanizing those different from oneself or from a group with which a person closely identifies; denying the effects of traumatic exposure; glamorizing attitudes of machismo and “toughness;” believing that seeking help is a sign of weakness; and engaging in high-risk behaviors (Spinaris & Brocato, 2019).

Not surprisingly, these changes are likely to negatively impact both staff’s professional conduct and their personal lives.

When a sufficiently large number of employees at a correctional workplace is experiencing these negative changes, the health of the organizational culture begins to suffer. When staff who exhibit the signs of Corrections Fatigue interact with others in the workplace, they “infect” one another. Like a contagious virus, negative behaviors spread among employees, possibly “contaminating” the entire workforce culture over time.

One group of correctional employees who may need to be highlighted here is mid-level supervisors. Coming up through the ranks, these employees most likely have accumulated their own Corrections Fatigue, and often without receiving much help for it. As supervisors, they now encounter the fatigue of their subordinates, and also that of their own supervisors, in addition to their own—which might be an inordinately stressful ongoing work experience.

At work, Corrections Fatigue changes may be viewed as a work ethic problem (“unengaged or unmotivated staff”) or as a “poor job fit” problem (employees who are unsuited for correctional work).

At home, the family of the CO has no way to explain these changes in their loved one, because they have no understanding of the adverse impact of correctional work experiences. This can put a significant strain on marriages and other personal relationships.

Even the staff themselves may not realize why they are gradually becoming a person whom even they do not like. Moreover, they often believe that they are the only ones who are struggling, and consider this as evidence that they are “weak.” Ashamed, they may try to hide behind an “I’m good!” mask, pretending they are doing well instead of seeking help for themselves.

Research-Based Solutions

Given these findings, what can correctional administrators and individual correctional employees do about this “mission critical” problem? How can they help the correctional workforce regain and maintain its health?

Here are some suggestions:

1. The mindset of administrators should be to accept staff wellness as a long-term goal and investment, just like any other rehabilitation effort. Progress can only be attained through ongoing wellness interventions and continued advancements based on evaluating outcomes of these interventions.
2. Initiatives must be bi-directional. Programs must be both top-down (organizational) efforts *and* bottom-up (individual) involvement. In top-down efforts, organizations must institute:
 - research-based policies, programs, and practices regarding staff wellness, including the use of mandatory overtime and staff safety;
 - wellness-related education, resources, and other system-wide interventions; and
 - rigorous evaluation of the effectiveness of interventions, followed by changes based on evaluation outcomes.

For bottom-up, employees must take responsibility for their own well-being, implementing self-care and coping strategies taught, as well as using provided resources. Studies of non-correctional physicians indicate that both organizational and individual approaches are effective in reducing physicians’ burnout, with organizational efforts being more effective than strategies targeting individuals (Panagioti et al. 2016; West et al., 2016).

3. Wellness initiatives must be holistic, addressing the various dimensions of wellness and related issues pertinent to the whole person, and for both custody and non-custody employees.
4. Agencies should “keep their finger on the pulse” of staff wellness needs through the use of anonymous surveys, focus groups, and wellness committees, thus ensuring that their efforts address identified and relevant staff needs. Agencies can also seek funding to further study ways to meet identified needs.

Policies

Wellness-related policies should be based on the latest scientific information and address conditions that are known to affect staff health, including the cost and scope of medical benefits, frequency of mandatory overtime use, the availability of healthy meals and a staff workout room, and the provision of gym memberships in the community.

It may also be wise for correctional agencies to revisit changes in their policies regarding offender management to ensure that staff view these policies as supportive of their safety and of their authority to carry out their duties. By reducing their stress in regards to their safety, staff morale and staff relationship with management can also improve.

Education and Other Programs

Efforts to boost staff wellness include system-wide educational programming, corrections-sensitive Employee Assistance Program services, peer-support teams, and supervisor leadership and supportiveness training.

- The focus of educational programming should be on the effects of exposure to traumatic and other high-stress events in the corrections workplace, coupled with research-based strategies for improved self-care and increased

Implemented interventions should be assessed for their effectiveness using sound research methods, enabling administrators’ future decisions about staff wellness efforts to be data-driven.

resilience. This needs to be part of staff’s annual mandatory training, starting at the training academy. Such training provides staff with facts and counters misconceptions about cumulative effects of multiple exposure to traumatic stressors and other high-stress events. It also helps to counter the workforce culture’s systemic denial and tendency to minimize the magnitude of impact of such cumulative exposure. Programming can be supplemented by the provision of related literature, such as books or videos that staff can review and also share with family and friends. This help can educate those close to them on the demands of corrections work and possible solutions.

- Employee Assistance Program (EAP) services must offer an adequate number of sessions per year per issue for which treatment is sought. Clinicians providing these services need to be versed in the challenges of corrections work.
- Peer-support teams must involve both initial and ongoing training of carefully selected peer supporters, accompanied by licensed clinician oversight, supervision, and debriefing. In order to be successful, peer-support programs must be based on clear policies regarding confidentiality of peer/coworker communications; the unambiguous determination of how, where, when, and for what issues a staff member can access the support of a peer-support coworker; and how follow-up is carried out if deemed necessary.

- Interpersonal skills training of employees can foster constructive interactions with other staff, thus alleviating at least some of the work-related stress that staff report due to strained relationships with coworkers (Ferdik & Smith, 2017). And skillful professional staff communication can reduce staff/offender conflict by de-escalating tensions and gaining offender compliance constructively.
- Similarly, given the degree of mental health issues suffered by the corrections workforce, supervisors must be provided with training that emphasizes caring and supportive behaviors toward subordinates. Improving the quality of relationships with direct supervisors directly affects morale of the corrections staff and attitudes about the job, work engagement, and work-related sickness absence (Milligan-Saville et al., 2017), which impact staff’s mental health, physical health, and family health (Spinaris & Brocato, 2019).

The success of these approaches depends on:

- **Champions.** These are key administrators, supervisors, and line staff who advocate for addressing ways to counter occupational stressors, and who may choose to disclose details of their own personal journeys toward increased wellness.
- **Quality of Trainings.** Trainings must be engaging, research-based, relevant to the correctional workplace, and compiled by subject-matter experts.

- **Quality of Resources.** As stated above, EAP service providers need to be versed in the corrections workforce culture. The same should also apply to community-based behavioral health providers. Similarly, other suitable employee resources are law enforcement chaplains and community-based support groups (e.g., Alcoholics Anonymous groups exclusively for law enforcement personnel or divorce recovery groups). Additional resources that are specific to corrections or first responders/law enforcement include websites, hotlines, videos, and books.

Implementation

The biggest challenge to programs introduced to correctional organizations is that of sustainability. Wellness initiatives must not be introduced as another “flavor of the month.” Education and other systemic interventions should be funded and resourced as a priority, so they can continue to be provided and improved upon. And wellness training must be repeatedly presented and role-modeled, so that it becomes embedded in the workplace culture—so it becomes “the way we do things here.”

Return on Investment

These activities require a considerable investment of time, energy, and money. What is the return on investment (ROI) for such efforts?

Aiming to increase staff wellness is greatly appreciated by correctional employees and their families. Therefore, at the very least, wellness efforts help to improve employee morale. This has significant effects on staff mental health, physical health, and family health (Spinaris & Brocato, 2019).

Additional ROI can include increased use of EAP, peer support, and chaplain services; decreased sick-leave use; and decreased errors, incidents of policy violations and misconduct on and off the job, and

turnover. Increased staff wellness can also be expected to lead to decreased inmate rule/code violations due to more positive interactions with healthier staff.

Some ROI will be more intangible. Administrators may never know how many employees chose not to call in sick on certain days; how many chose not to leave the agency; how many were helped by seeking professional help outside of EAP; how many family conflict incidents


were averted; how many DUIs did not happen; or how many suicide attempts or completed suicides were prevented.

Correctional employees may be exceptionally resilient and resourceful. Nevertheless, given the relentless stressors of correctional work, they and their agencies must confront the realities of these stressors proactively and consistently. The future of the profession depends on the well-being of correctional staff. ■

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“Until we
commit to
taking care of
our own, we
will not be able
to move towards
increased
professionalism
in corrections.”

—Susan Jones, PhD, Warden (Retired),
Colorado Department of Corrections

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