



University of
Bedfordshire

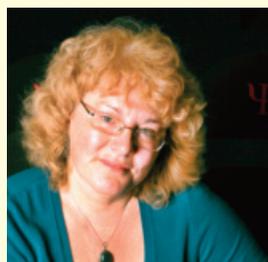
**POA MEMBERS
WORK-RELATED STRESS
AND WELLBEING SURVEY**

**Dr. Gail Kinman,
Dr. Andrew Clements
& Jacqui Hart**

Dr Gail Kinman is Professor of Occupational Health Psychology at the University of Bedfordshire

Dr. Andrew Clements is Lecturer in Occupational Psychology at the University of Bedfordshire

Ms. Jacqui Hart is a PhD candidate and researcher at the University of Bedfordshire



Many thanks to the POA members who took part for their time, patience and understanding.

Foreword

The POA represent 30,000 members across the UK working in prisons, immigration detention centres and secure psychiatric hospitals. The POA has long believed that the stresses and strains put on staff working in these environments has had a detrimental effect on their health and wellbeing.

Recent data shows that the levels of danger and violence are increasing and this, coupled with the cuts that have been imposed as part of the Government's austerity, measures are exacerbating that situation.

In his report on public sector pension provision Lord Hutton said:

"The key design features contained in this report should apply to all public service pension schemes. The exception is in the case of the uniformed services where the Normal Pension Age should be set to reflect the unique characteristics of the work involved. The Government should therefore consider setting a new Normal Pension Age of 60 across the uniformed services, where the Normal Pension Age is currently below this level in these schemes, and keep this under regular review."

Unfortunately, despite Lord Hutton directly identifying the armed forces, police and firefighters, we believe a grave injustice was done to our members by not identifying them as a category of public servant who perform unique work that this needs to be reflected in a Normal Pension Age of 60.

It cannot then be acceptable and safe for staff, prisoners and the public for the pension age for our members to be 68 years of age.

The POA have commissioned this independent survey by the University of Bedfordshire entitled "Work – Related Stress and Wellbeing".

The decision by the Coalition Government to renege on their commitment to provide an independent review of the viability of a pension age of 68 for our members was one of the main motivators for the National Executive Committee supporting the need for this survey. The findings show that members are experiencing a higher level of demand than similar occupations with a detrimental impact on health and wellbeing. Members of all ages believe that the characteristics of the job combined with their current working conditions will make working over 60 unsafe for staff and prisoners.

The POA place on record our appreciation of the contribution and expertise of Professor Kinman and her team. The POA trust that Politicians of all political persuasions will read the report, take note of the recommendations and conclusions and agree that a pension age for prison officers and psychiatric nurses of 68 years of age is unacceptable. Urgent action is also required to enhance the work-related wellbeing of staff.



PJ McParlin
National Chairman



Steve Gillan
General Secretary

Summary

Work-related stress

- The findings of this survey of POA members demonstrate that the employing bodies in England, Wales, Northern Ireland and Scotland and the NHS and Immigration Services are not meeting the minimum standards recommended by the UK Health and Safety Executive (HSE) for the management of employees' work-related wellbeing.
- POA members report lower levels of wellbeing than average for all seven of the HSE's work stressor categories. The biggest 'wellbeing gaps' relate to work demands, job control, support from managers, change management and relationships.
- Levels of wellbeing on all of the HSE work stressor categories (particularly demands and relationships) are considerably lower than those found in other emergency and safety critical services, such as the police and the fire and rescue service.
- In terms of demand, POA members frequently experience problems managing their workload. They are often required to work very intensively and neglect some tasks because they have too much to do.
- In relation to control, respondents seldom feel in control over their pace of work and are rarely able to decide when to take a break.
- POA members can sometimes talk to their line manager about something that has upset or annoyed them. Nonetheless, they rarely get support from managers to help them cope with the emotional demands of the job.
- Respondents feel they are seldom consulted about changes at work and have little opportunity to question managers about new initiatives and how they will work out in practice.
- Less than 7% rate the quality of their on-the-job training as very good or excellent, while more than half (57%) consider it to be poor or very poor. A considerable majority (79%) are extremely dissatisfied with their opportunities for promotion.
- Experiences of bullying and harassment within the employing bodies appear to be more common than in other sectors. Only just under one-third of POA members report that they have never been subject to harassment and only 40% never experience bullying at work.
- POA members are considerably more satisfied with the support they receive from colleagues than managers. Support from colleagues frequently helps them manage the demanding nature of the work.
- Respondents are fairly clear about what is expected of them at work and have the information required to do their job.

Violence and intimidation

- Almost three-quarters of POA members who responded to the survey reported that they experience verbal abuse from prisoners either often or regularly. More than half of the sample receive verbal threats and are subjected to intimidation from prisoners either often or regularly.
- Three respondents out of every ten have been physically assaulted by a prisoner, with most assaults occurring during the last four years. Those who have been subjected to physical assault are more psychologically distressed and

emotionally exhausted. Two-thirds are dissatisfied with the support they received from work to help them recover from the assault.

Health and wellbeing

- POA members report considerably higher levels of psychological distress than other occupational groups including 'emotionally demanding' professions such as the police and social work. Respondents experience particular problems with anxiety, emotional exhaustion and insomnia.
- More than one-third of the POA members who responded to this survey have been diagnosed with a stress-related illness since they started working for the employing bodies.
- The majority of respondents feel unable to discuss any stress they experience with their line manager, but most are able to talk to their colleagues about such issues. Nonetheless, those who are most distressed are least likely to discuss stress with either their managers or their colleagues.
- A considerable majority (84%) feel under pressure to come into work when they are unwell at least sometimes, with more than half "always" experiencing such pressure. The most common reasons for this 'presenteeism' are pressure from managers, fear of dismissal, feelings of guilt and safety concerns due to staff shortages and not wanting to let colleagues down.

Work-life balance

- The majority of POA members who responded to the survey have difficulty 'switching off' from the worries and concerns of work. This has a negative impact on their personal life and their ability to relax and recover from work demands, with clear implications for health as well as their job performance.

Job satisfaction and retention

- Many POA members see their job as a very important part of their life and feel a strong sense of personal accomplishment and pride in their work. The majority believe that they have a positive influence on prisoners' lives.
- The level of job satisfaction found in this survey is considerably lower than that reported by other occupational groups in the UK. Extrinsic aspects of work, such as security, pay and opportunities for promotion, are typically considered the least satisfying, but the way the organisation is managed has the lowest ratings overall.
- Seven out of every ten respondents disclosed that they regret their choice of job, and half are seriously considering leaving the prison sector in the near future.

Working beyond the age of 60

- The majority of respondents expressed concern that working beyond the age of 60 will adversely affect their ability to do their job. Three-quarters of the sample indicated that working after 60 would impair their job performance "very much". Only 4% indicated that it would affect them "a little" or "not at all".

Introduction

Research findings from several countries suggest that working in the prison service can be stressful. A UK survey conducted in 2005 by Johnson and colleagues found that prison officers reported poorer physical and psychological health and lower job satisfaction than the majority of the 26 occupational groups included. Research conducted in prisons in the USA has found rates of depression and post-traumatic stress disorder amongst correctional professionals that far exceed those of the general population (*Denhof & Spinaris, 2013*).

Very few large-scale studies have been conducted in the prison sector in the UK, but there is some evidence that prison officers experience high levels of job-related stress with potentially serious consequences for their wellbeing (*Bevan, Houdmont & Menear, 2010*).

A comparatively high level of sickness absence has also been documented in the sector that has been linked to stress-related illness. For the twelve-month period to March 2014, staff sickness was found to account for more than 40,000 lost working days in prisons in England and Wales. Over a quarter of this absence was due to mental health problems such as job-related stress, anxiety and depression.

Studies of prison staff have highlighted a range of working conditions that are particularly stressful. These have been categorised into six general areas:

- a) aggression, threat and lack of personal safety;
- b) subjective job characteristics, such as role difficulties, time pressure, lack of control, procedural injustice and lack of input into decision making;
- c) lack of social support and poor quality relationships with managers and co-workers;
- d) negative attitudes towards work, such as lack of job involvement and commitment;
- e) personal coping styles and f) objective job characteristics, such as length of service (*Kunst, 2011*).

A more recent review that aimed to identify the working conditions that are most stressful in the prison sector concluded that the organisational structure and climate, rather than factors intrinsic to the job role, posed the greatest risk to wellbeing (*Finney et al. 2013*).

Violence and aggression from prisoners has been highlighted as a particular source of stress for prison officers. Labour statistics from the USA indicates that correctional officers have a considerably greater risk of non-fatal 'on-the-job' injuries than any other occupational group (*Kunst, 2011*).

In England and Wales, more than 3,300 cases of assault and injury at work were reported by prison officers in the year to March 2014 - the highest number since 2007. Statistics released by the Ministry of Justice in 2014 showed that serious attacks by prisoners had increased by 45% from the previous year.

There has also been a dramatic increase in prison suicides. Self-inflicted deaths among inmates rose by 69% in 2013-14, which has been linked with short staffing and other resource cuts in the employing bodies (*Hardwick, 2014*).

Of particular concern is that prison officers believe they lack the training required to cope with the traumatic situations that they encounter and this compounds the stress they experience (*Holmes and MacInnes, 2003*). Nonetheless, this study also found that officers see the support they receive from co-workers as particularly valuable in helping them cope with crises and trauma.

A recent study of several London prisons conducted by Bevan and colleagues (2010) found perceptions of working conditions to be generally poor. Satisfaction with levels of control, manager support and role clarity (the extent to which job roles are clear and whether employees believe that their work fits into the overall aims of the organisation) was low compared to other occupational groups in the UK.

Concerns were also raised at the extent of bullying behaviour experienced by prison staff. Employees who considered their working environment to be poor were three times more likely to report poor psychological wellbeing than those who were more positive about their working conditions.

Aims of this Survey

There is evidence that the work-related wellbeing of prison service employees in the UK may be poor. Since most of the studies reviewed above were conducted, extensive changes to the structure and governance of the prison service have been made. The prison service is now in crisis. Prisons in the UK are increasingly overcrowded and understaffed; the Howard League for Penal Reform has recently estimated that the number of prison officers has been cut by 41% since 2010, while the prison population has grown considerably. Our prisons now have historically high prisoner to officer ratios. Such conditions are likely to have compounded the job-related stress experienced by staff. Little is known at a national level, however, about prison employees' perceptions of their current working conditions and the implications for their wellbeing and the likely functioning of the employing bodies.

The POA has commissioned this survey to examine these issues. More specifically, it aims to:

- Use the framework recommended by the Health and Safety Executive (HSE) to assess the extent to which the employing bodies within the UK is meeting national standards for the management of work-related wellbeing;
- consider members' attitudes about the fairness of the tasks that are performed in their job;
- investigate members' personal experiences of violence and intimidation from prisoners, the support provided and the implications for wellbeing;
- identify overall levels of psychological distress, burnout and job satisfaction in the sector and compare them with other occupational groups;
- examine issues related to physical health and key health behaviours;
- consider the extent of sickness absence and "presenteeism" reported by members, with particular focus placed on attitudes towards disclosure of work-related stress and stress-related absence by staff and managers;
- identify the ways in which members' work impacts on their personal life and the implications for wellbeing;
- identify the availability of support services in the prison service;
- explore the attitudes of younger and older members towards continuing to work after 60 years of age.

Method

A link to an online survey was sent to members of the POA.

A series of validated questionnaires was utilised, including the HSE Management Standards Indicator Tool, to assess members' perceptions of their job, as well as measures designed to examine the fairness of work tasks and experiences of violence and intimidation.

Measures of psychological distress, burnout, work-life conflict and job satisfaction were also used that enabled comparisons to be made with other occupational groups. Additional questions were asked about working hours, sickness absence and annual leave, as well as attitudes towards the issue of work-related stress within the employing body.

Two open-ended questions asked respondents to provide more details about how their work impacts on their wellbeing and their personal life (if at all). Follow-up interviews were conducted with a cross section of respondents to provide more in-depth information on POA members' perceptions of their working conditions.

This report includes some extracts from the open-ended questions and interviews.

Results

The respondents

Demographic profile

There were 1,682 respondents to this survey (85% male). Ages ranged from 20 to 67 years with a mean of 47 (SD = 8.25). This is comparable with the age profile of POA members in general, where the majority falls between 45 – 54 years. Respondents identified as predominantly white British (97%) and heterosexual (93%). In terms of relationship status, 84% are currently married or cohabiting, 8% single and 8% divorced/separated.

Forty-seven percent of respondents had dependent children; the number of children ranged from one to seven. Nine percent of the sample identified as disabled, and a further 4% were unsure.

Working background

Respondents had worked for the prison service for an average of 18 years (SD = 7.9), but length of employment ranged from one to 41 years. Most reported that they worked in prisons (97%), but 2% were employed in immigration detention centres with a small proportion (0.2%) being employed in hospitals.

The majority of the sample reported that they work within the public sector (97%) with 1% (n = 18) being employed in the private sector and 0.3% (n = 5) within the National Health Service. A considerable majority (90%) of respondents work in England, 7% in Scotland, 2% in Northern Ireland and 1% in Wales. Most (94%) worked on a full-time basis and all but five were employed on a permanent contract. Twenty-one percent of the sample indicated that they had line management responsibility.

Of the 1,454 respondents who worked in the public sector in England and Wales, the majority (72%) identified themselves as Prison Officers, with 17% being Senior Officers, 5% Principal Officers and 6% Operational Support Grades. A small proportion of respondents (n = 12) identified themselves as Governors, Nurses, Storemen or Night Patrol Officers.

Three hundred and fifty seven respondents worked in the public sector in Northern Ireland. As with England and Wales, the highest proportion (79%) was from the Prison Officer Grades, 13% were Senior Officers and 4% Principal Officers. The remaining respondents (n = 12) identified as Night Patrol Officers, General Civil Servants or Auxiliary Officers.

Comments

"I work a normal shift pattern and, although I am able to fit in activities with family and friends, this is usually because I get help from colleagues with shifts swaps rather than the prison accommodating my needs."

Of the 327 respondents who indicated that they worked in the public sector in Scotland, 89% were employed as Prison Officers and the remainder as Supervisors.

Twenty-two respondents reported that they worked in the Public Sector within Healthcare Services. Of these, 64% were Security staff, 18% Nurses (from Clinical Grades A to I), 14% Clerical and Administration Grade staff and 4% Senior Nurse Managers or Rehabilitation Therapy Service staff.

Twenty-three respondents indicated that they worked in the Private Sector as Prison Custody or Detention Custody Officers.

Working hours and annual leave

The majority of the sample (83%) is contracted to work for at least 40 hours per week. Those who worked overtime on a regular basis (62%) did an average of 8.72 hours per week (SD = 13.4) over and above their contracted hours, but 13% worked at least 10 additional hours. Most (95%) did not have secondary employment, but those who did so worked for an average of 6.84 hours (SD = 8.6) on their second job in a typical week. Eight percent of participants, mostly women, indicated that they were currently working family-friendly hours.

Just over half (52%) reported that they could "always" (5%) or "frequently" (47%) take their annual leave at a time of their choosing. A similar proportion (48%), however, indicated that they could "rarely" (44%) or "never" (4%) do so.

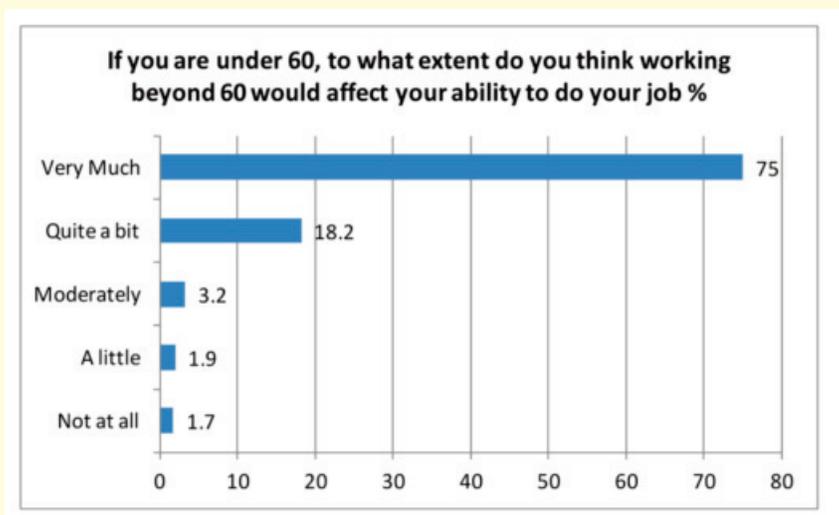
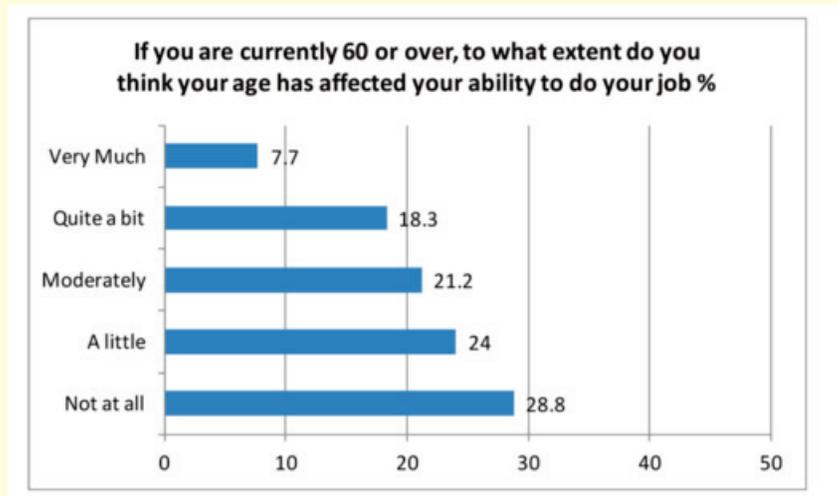
Working age

Respondents were asked the following questions: a) if you are currently over 60, to what extent do you think your age affects your ability to do your job and b) If you are under 60, to what extent do you think working beyond 60 would affect your ability to do your job. A total of 104 respondents who were 60 or older at the time the survey was conducted responded to question a). As can be seen right, 29% of respondents who were 60 or over reported that their age did not impair their ability to do the job. Nonetheless, just under half (47%) reported that their age affected their job performance at least “moderately” with 8% responding “very much”.

These findings should be interpreted with caution, however, as they are likely to reflect the ‘healthy worker effect’ whereby people who find their working conditions to be intolerable, and who are dissatisfied and burned out, will have left the profession.

Of the respondents who were under 60 at the time the survey was conducted, three-quarters expressed the belief that working beyond 60 would affect their ability to do their job “very much”.

Only 4% indicated that it would affect them “a little” or “not at all”. The percentages are shown in the chart (right).



“I feel totally let down. I signed up with the prison service at 21 to work until I was 60. I am now 48, and my health and stamina are starting to weaken. I do not feel strong enough to cope with the young prisoners who are more violent than ever before and have more freedom to attack staff and get away with it. Being told I have to work till 68 is the last straw - I will be burned out or dead before I get to retire”

“No matter how fit you are, at 68 you are not going to be able to fight or roll round the floor doing C & R with a 20-25 year old who goes to the gym every day and pumps iron.”

“When involved in restraining prisoners I find I pick up little niggling injuries a lot more than I did 10 years ago. I know I will not physically be able to deal with this part of the job when I am over 60.”

“I am a healthy 40 year old man and fairly active in and out of work. How on earth are staff in their sixties expected to maintain order, and control young, fit and violent offenders without putting ourselves in an early grave???”

“My 60th birthday will be a very sad day for me when I have still got eight years to go”.

Health and Safety Executive Management Standards: aspects of work-related wellbeing

The Health and Safety Executive (HSE: the UK body responsible for policy and operational matters related to occupational health and safety) has developed a process to help employers monitor the work-related wellbeing of their staff. A risk-assessment approach is advocated where work stress is considered a serious health and safety issue, and stressors are measured and managed like any other workplace hazard. The HSE framework is based on a set of standards of good management practice (or benchmarks) for measuring employers' performance in preventing work-related stress from occurring at source.¹

Following extensive consultation, the HSE selected seven elements of work activity (known as psychosocial hazards) that are considered relevant to the majority of employees in the UK and have a strong evidence base as the most critical predictors of employee wellbeing and organisational performance.

The hazard categories are set out below:

- **Demands** includes workload, pace of work and working hours;
- **Control** measures levels of autonomy over working methods, pacing and timing;
- **Managerial support** reflects supportive behaviours from line managers and the organisation more generally, such as the availability of feedback and encouragement;
- **Peer support** encompasses the degree of help and respect received from colleagues;
- **Relationships** assesses the extent of interpersonal conflict within the workplace, including bullying and harassment;
- **Role** examines the extent to which job roles are clear and whether employees believe that their work fits into the organisation's overall aims;
- **Change** reflects how well organisational changes are communicated and managed.

The HSE has developed a self-report questionnaire to help employers measure the levels of each of the hazards within their organisations. Each category includes several questions that are assessed in terms of the frequency that respondents feel a particular way. For example, a question from the Control category is "I have a say in my own work speed", with five possible responses: "Never", "Seldom", "Sometimes", "Often" and "Always".

The HSE approach has been widely used by organisations, occupational groups and sectors to diagnose the most stressful aspects of work. It allows organisations or sectors to compare their scores for each of the hazards against national benchmarks based on surveys conducted within 136 organisations in the UK. Where the overall score for any hazard is compared unfavourably, the HSE also provides targets to help employers improve their performance.

The process not only allows organisations to assess how well they are managing each of the specified hazards within their workforce, but also helps them develop precisely-targeted interventions to improve the wellbeing of their staff.

This survey examined the extent to which the sample of POA members met the standards recommended by the HSE for the management of work-related wellbeing. The mean scores for each of the psychosocial hazards are shown in the table below. Please note that higher scores represent higher levels of wellbeing for each of the hazards. The findings of the current survey (labelled POA 2014) are also compared with the HSE average, with the shortfall (referred to later as the 'wellbeing gap') provided in brackets. An interim target for each of the hazards is also provided. The table also enables comparisons to be made between scores obtained from the current survey and those of a previous study of several London prisons conducted by Bevan and colleagues (2010) that was discussed earlier in this report².

As can be seen, POA members had considerably lower scores for all seven hazard categories than the HSE average (indicating poorer wellbeing). A particularly large wellbeing gap was found for job demands, control, manager support, relationships and change (see column 2). Perceptions of support from peers and levels of role clarity were generally more favourable, but nonetheless still lower than the HSE average. Comparing the findings with the 2010 survey of employees of London prisons, it can be seen that the level of wellbeing relating to peer support was similar, but scores for manager support, control, role and relationships were considerably poorer in the present survey. It should also be noted that levels of satisfaction with the management of change were low in both the 2010 and 2014 surveys, but the current sample of POA members rated this aspect of their work considerably more poorly than respondents in the earlier survey

1. See <http://www.hse.gov.uk/stress/> for information on the HSE approach to managing work-related stress and a copy of the questionnaires

2. It should be noted that some respondents to the 2010 survey were non-operational staff, meaning that firm comparisons cannot be made with the findings of the current survey of POA members.

Table 1: Mean scores for each of the HSE psychosocial hazard categories

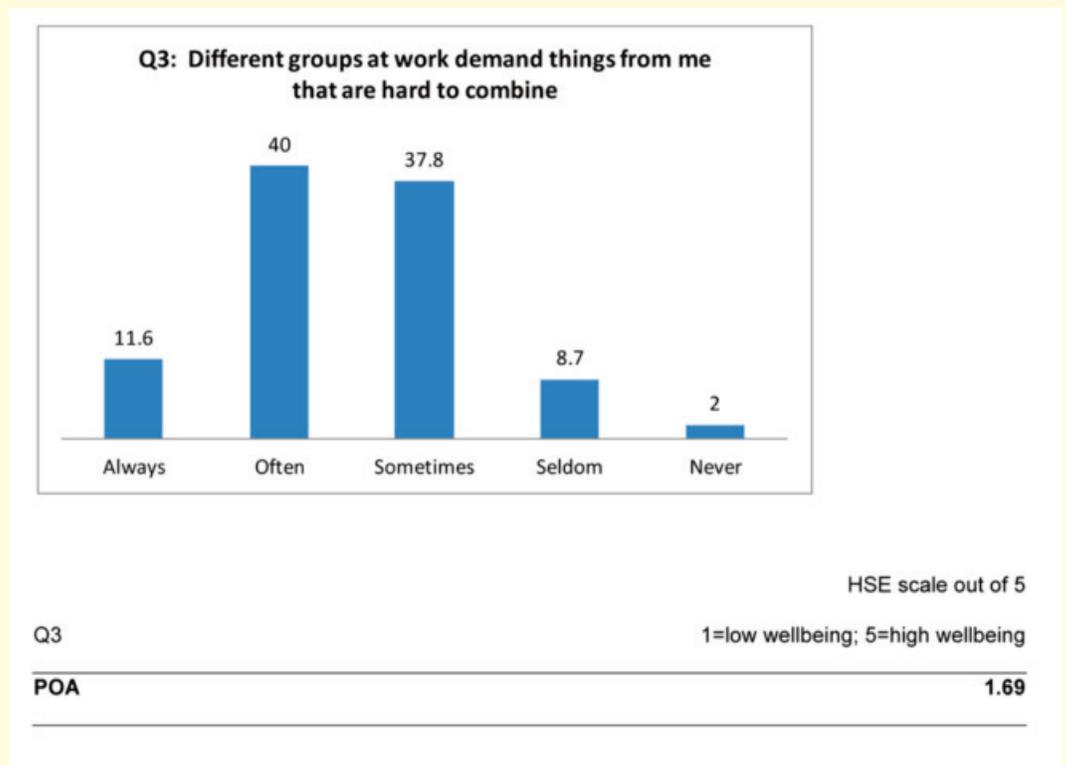
	<i>POA 2014</i>	<i>HSE Average (with shortfall)</i>	<i>Prison survey 2010</i>	<i>HSE Target</i>
Demands	1.88	3.44 (-1.56)	3.18	3.50
Control	2.39	3.32 (-0.93)	3.27	3.50
Manager support	2.57	3.77 (-1.20)	3.45	3.80
Peer support	3.46	4.03 (-0.57)	3.65	4.00
Relationships	2.75	4.13 (-1.38)	3.70	4.25
Role	3.58	4.61 (-1.03)	4.15	5.00
Change	2.21	3.54 (-1.33)	2.99	3.67

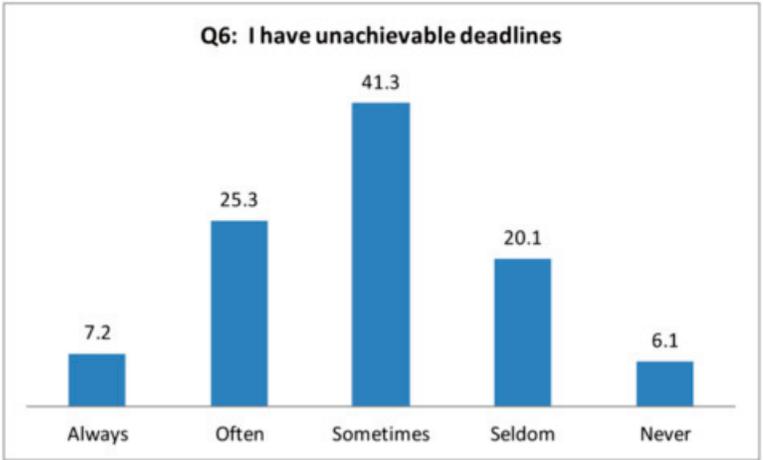
The findings in relation to each of the seven hazards are discussed in greater detail below, with the responses to each of the questions within each category shown individually. The percentage of respondents who endorsed each of the response categories (i.e. always, often, sometimes, seldom, never) is also shown. Some responses from the open-ended questions and interviews are provided to illustrate participants’ views on each of the hazards.

1. Demands

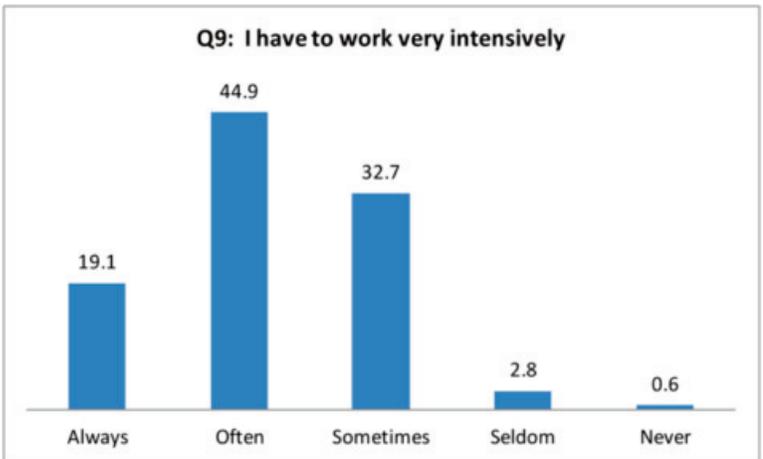
A typical snapshot

Respondents said they “often” or “sometimes” had demands from different groups at work that were difficult to combine. They “sometimes” had to work very quickly and “often” very intensively, “sometimes” under unrealistic time pressures. Respondents “sometimes” or “often” were forced to neglect some tasks because they had too much to do and “sometimes” felt their deadlines to be unachievable. They “sometimes” felt pressurised to work long hours and were “sometimes” unable to take sufficient breaks.

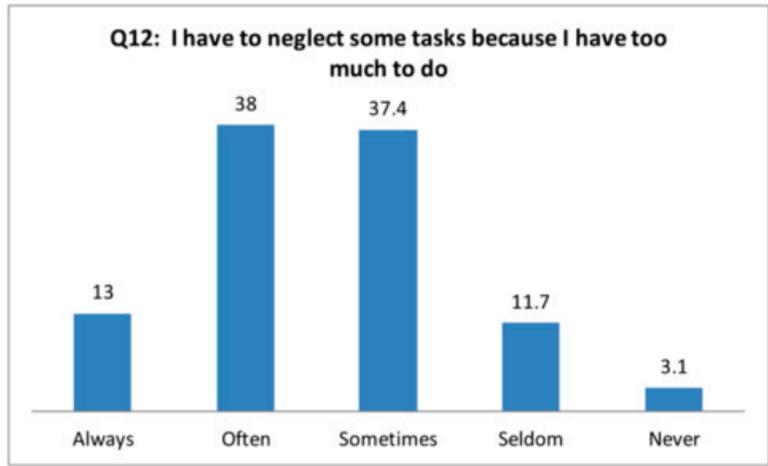




q6 HSE scale out of 5
 1=low wellbeing; 5=high wellbeing
POA 2.07



q9 HSE scale out of 5
 1=low wellbeing; 5=high wellbeing
POA 1.49



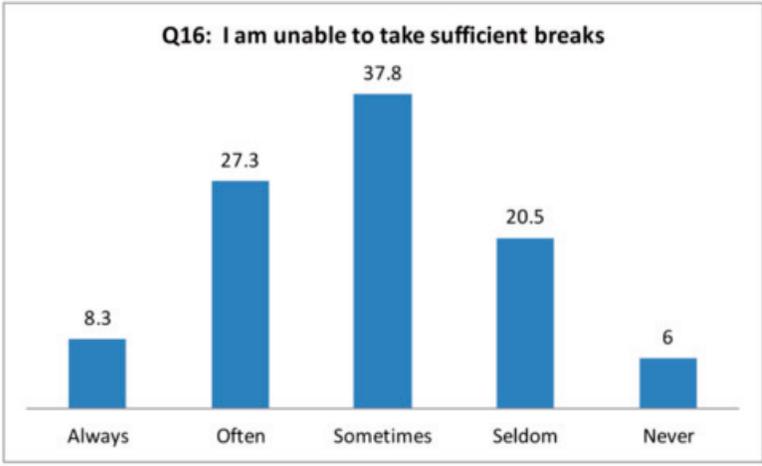
HSE scale out of 5

q12

1=low wellbeing; 5=high wellbeing

POA

1.81



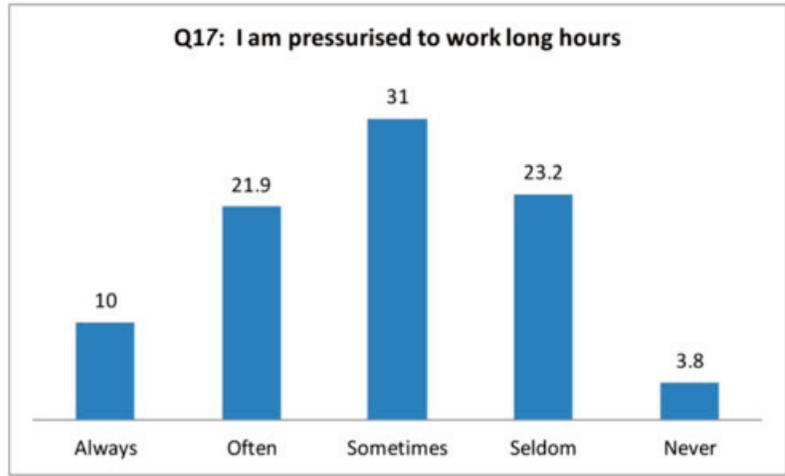
HSE scale out of 5

q16

1=low wellbeing; 5=high wellbeing

POA

2.06



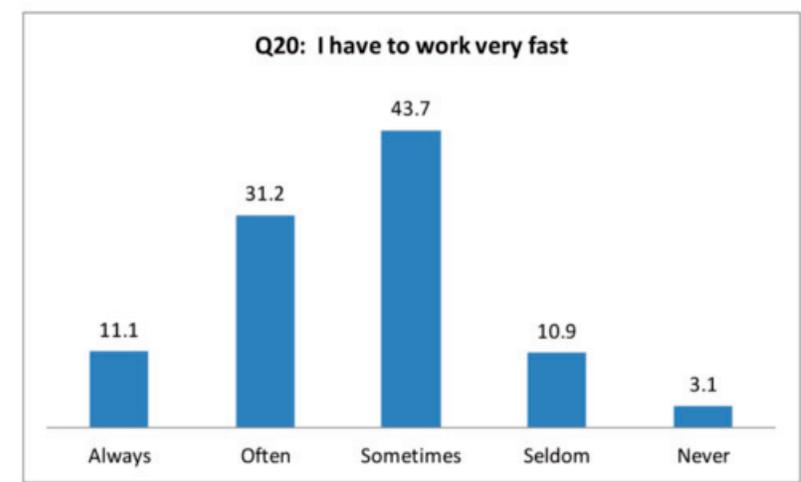
HSE scale out of 5

q17

1=low wellbeing; 5=high wellbeing

POA

2.32



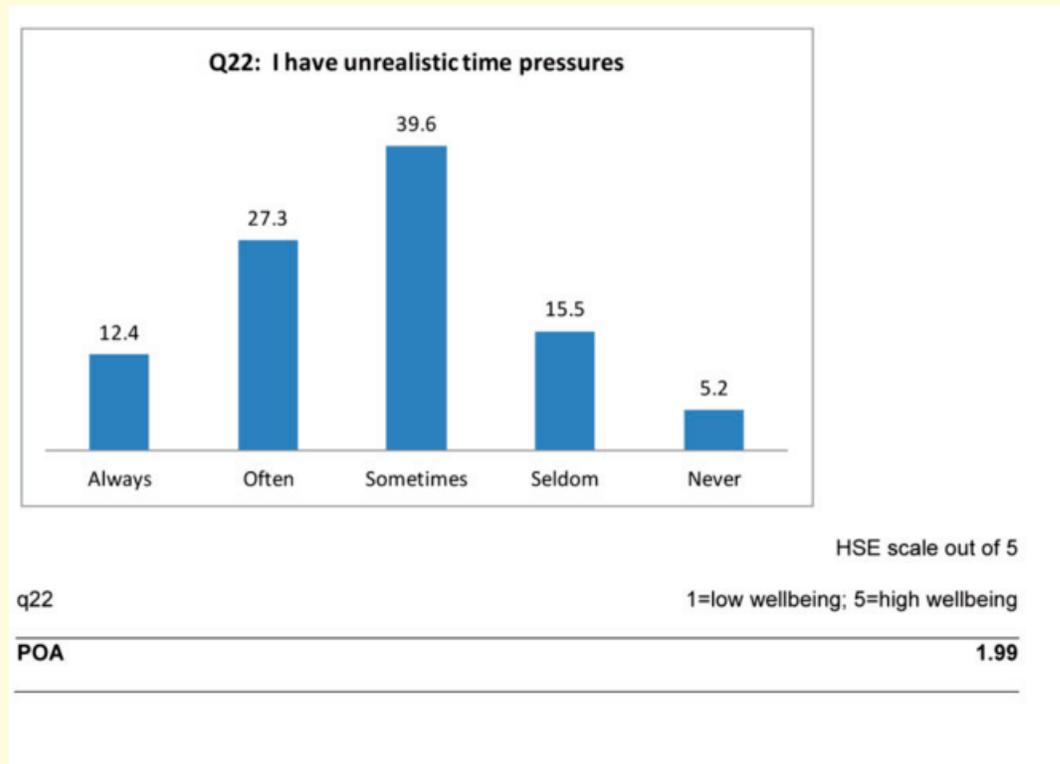
HSE scale out of 5

q20

1=low wellbeing; 5=high wellbeing

POA

2.11



Demands: summary

Compared to the HSE’s average from other sectors and organisations, POA members reported a considerably poorer level of wellbeing in relation to the demands made upon them.

HSE scale out of 5

POA mean

HSE 2008 survey target group mean

1=low wellbeing; 5=high wellbeing

1.88

3.44

“The pressure is on from the time you walk in to the time you walk out. It is full on all of the time. You try to get a moment to yourself but something always crops up and you are off again”.

“Currently with the staffing shortfalls and the new regime they’ve got in place, it is constant crisis-management every day of the week. There is no let up.”

“More often than not we have to work through our lunch, as prisoners are unlocked and we don’t have the staff to cover. We have to eat on the go.”

“Shifts are too long with inadequate breaks away from prisoners. I feel physically and mentally drained after each shift.”

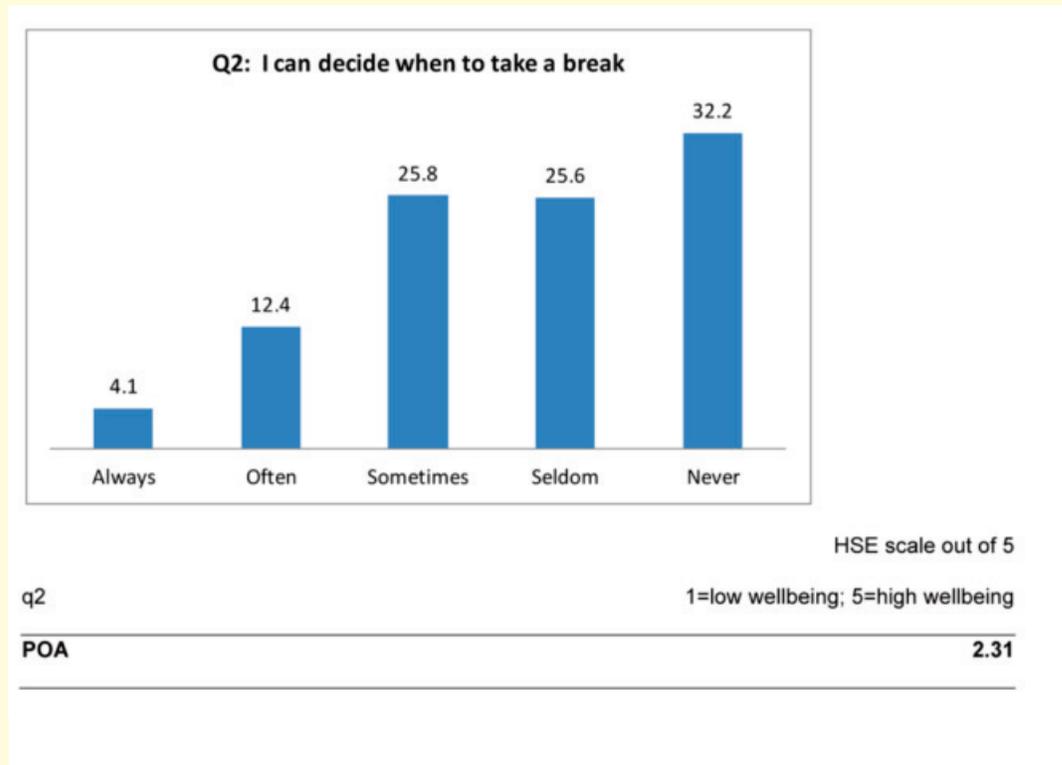
“Extra demands due to insufficient staffing are causing me to be fatigued mentally and physically.”

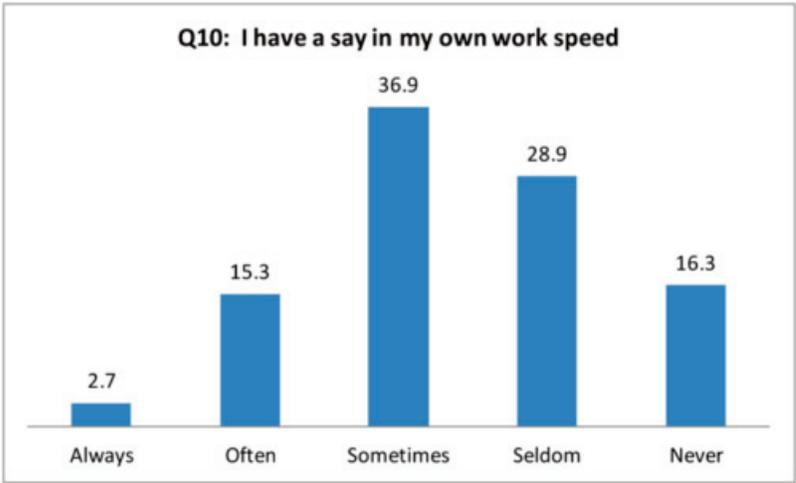
“I am constantly under pressure and subject to unrealistic deadlines. I feel like I have to do everyone else’s thinking for them and find this mentally draining.”

2. Control

A typical snapshot

Respondents said they “sometimes” or “seldom” felt in control over their pace of work and could “never” decide when to take a break. They “seldom” or “never” had a choice in deciding what to do at work, but “sometimes” had a say in the way they work. Respondents typically reported that their working time was “never” flexible.





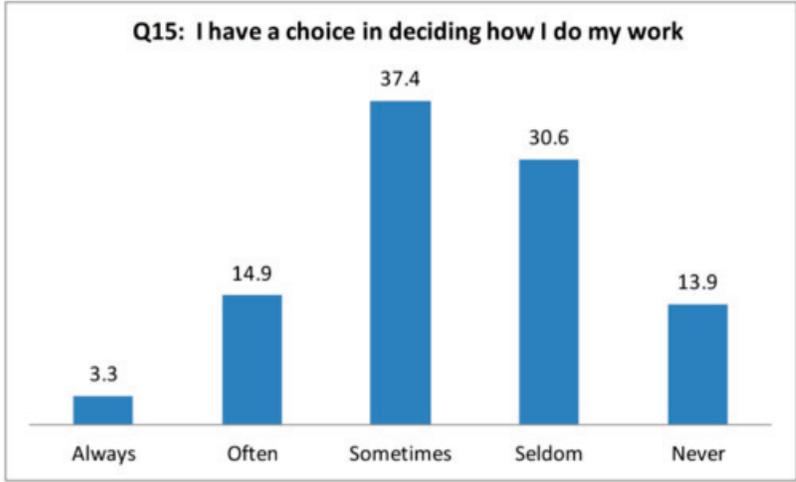
HSE scale out of 5

q10

1=low wellbeing; 5=high wellbeing

POA

2.59



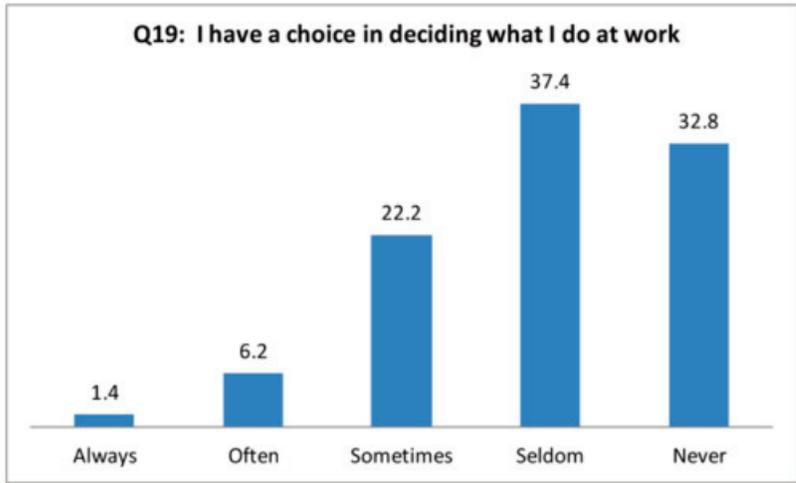
HSE scale out of 5

q15

1=low wellbeing; 5=high wellbeing

POA

2.63



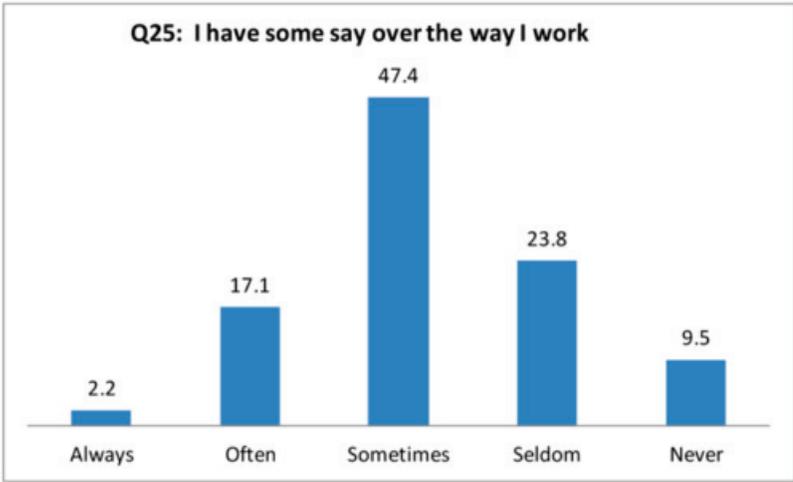
HSE scale out of 5

q19

1=low wellbeing; 5=high wellbeing

POA

2.06



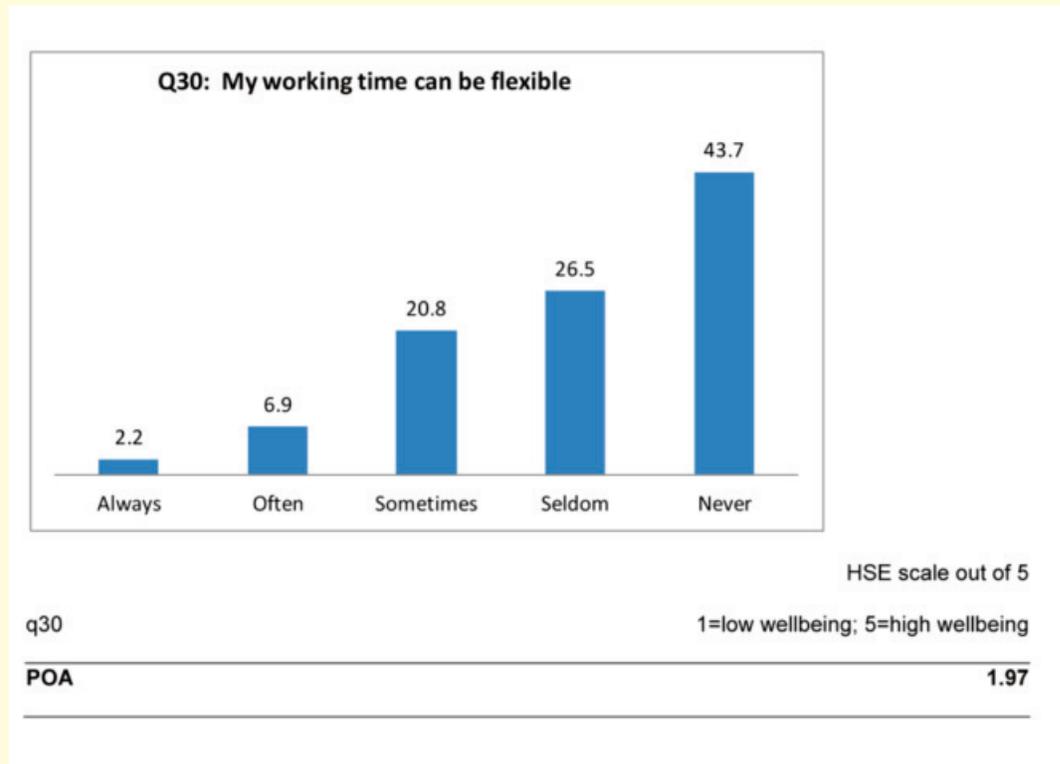
HSE scale out of 5

q25

1=low wellbeing; 5=high wellbeing

POA

2.79



Control: summary

Compared to the HSE’s average from other sectors and organisations, POA members reported a lower level of wellbeing in relation to their control over their work.

HSE scale out of 5

POA mean

HSE 2008 survey target group mean

1=low wellbeing; 5=high wellbeing

2.39

3.32

“I am always afraid of doing something wrong that I have no control over but held accountable for – this is mentally and physically debilitating.”

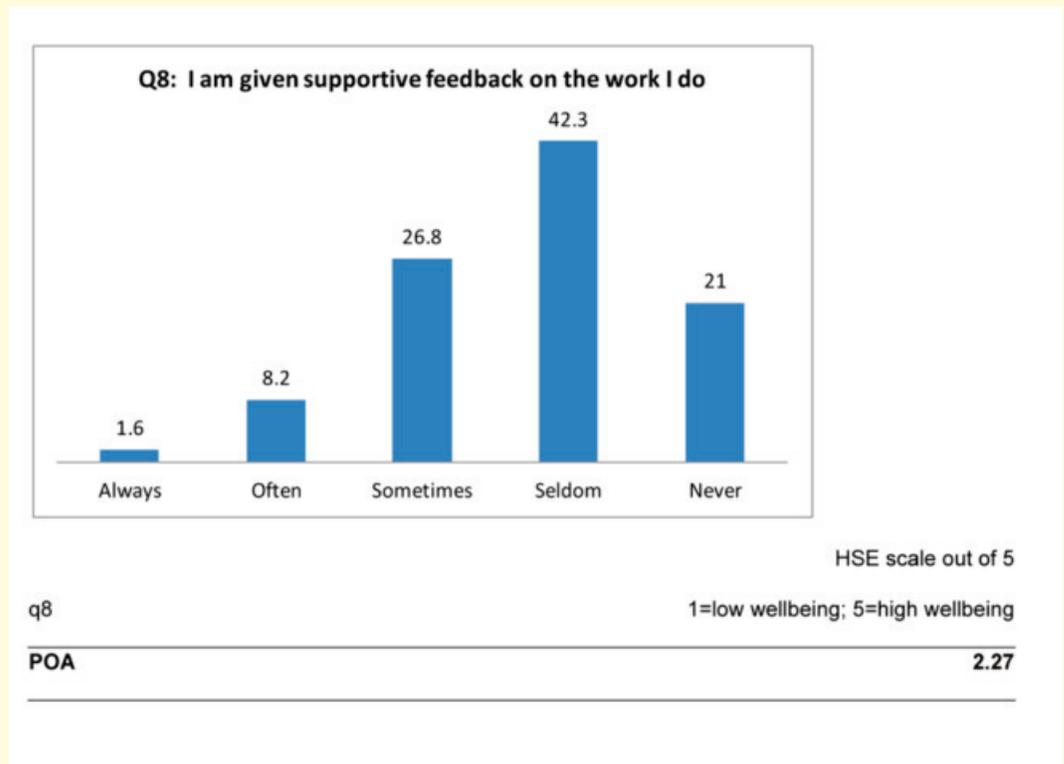
“I feel totally powerless to make any changes.”

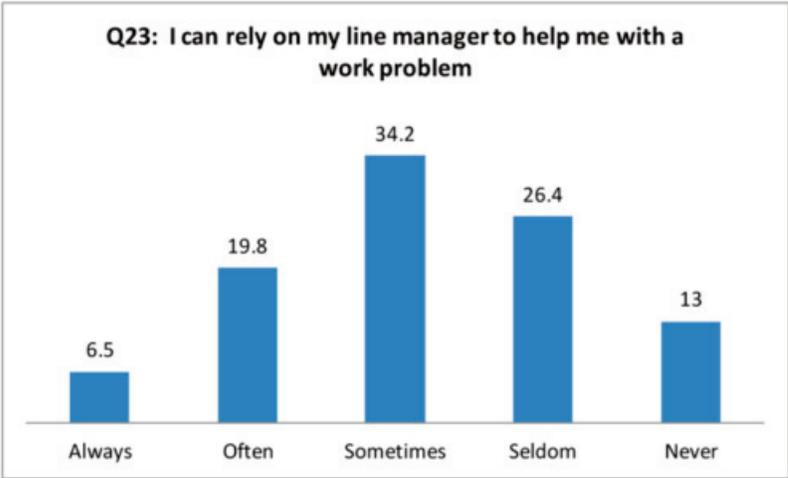
“Longer shifts, less breaks, higher targets to hit, being shut down constantly stresses me as I am only able to do half my job effectively. I can’t work like that. I like to complete a job to the best of my ability, but now I have no control over this due to reduced staffing and taking away activities that helped staff bonding in the past.”

3. Managers' support

A typical snapshot

Respondents said they were “seldom” given supportive feedback on the work they did and could “seldom” or “sometimes” rely on their line manager to help out with a work problem. They indicated that they could “sometimes” talk to their line manager about something that had upset or annoyed them about work. Respondents typically reported that their line manager encouraged them at work “seldom” or “sometimes” and they “seldom” felt supported with the emotional demands of the job.





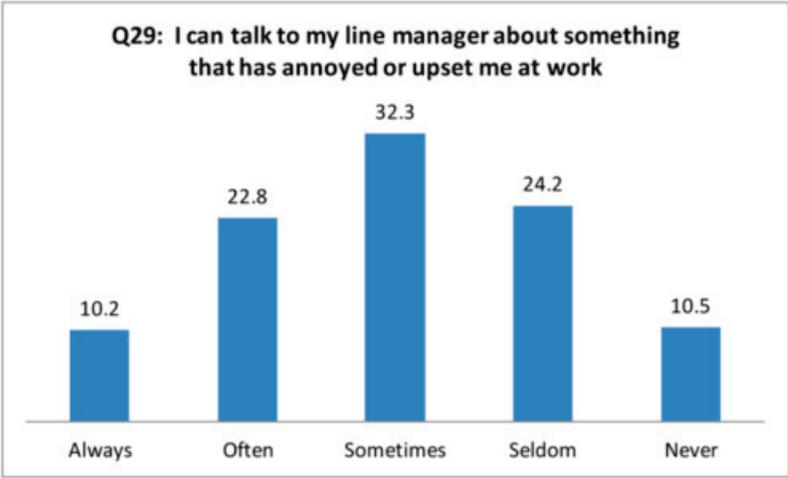
HSE scale out of 5

q23

1=low wellbeing; 5=high wellbeing

POA

2.80



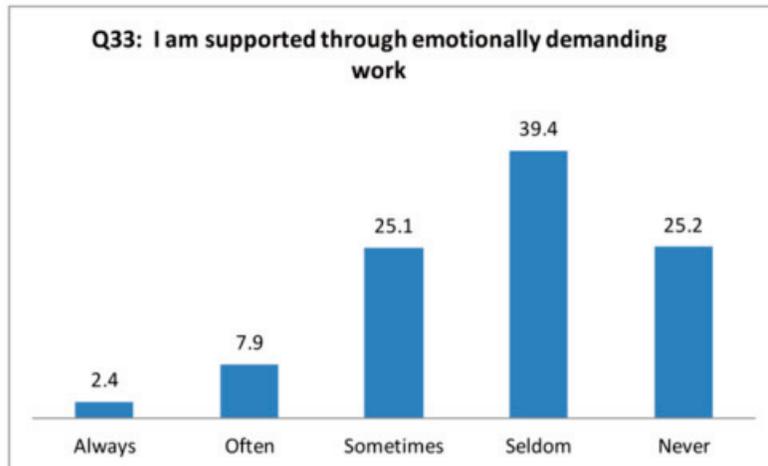
HSE scale out of 5

q29

1=low wellbeing; 5=high wellbeing

POA

2.98



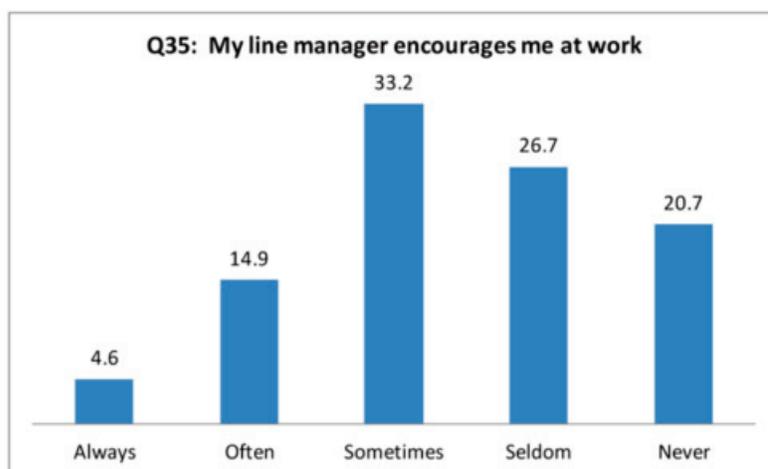
HSE scale out of 5

q33

1=low wellbeing; 5=high wellbeing

POA

2.23



HSE scale out of 5

q35

1=low wellbeing; 5=high wellbeing

POA

2.56

Managers' support: summary

Compared to the HSE's average from other sectors and organisations, POA members reported a considerably poorer level of wellbeing in relation to the level of support received from line managers.

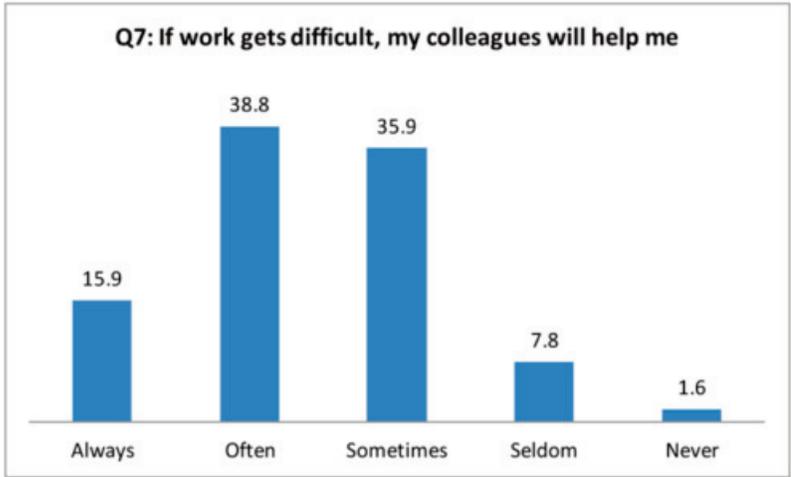
HSE scale out of 5	1=low wellbeing; 5=high wellbeing
POA mean	2.57
HSE 2008 survey target mean	3.77

"I had to take six weeks off work following Coroner's Court attendance (I found a prisoner hanging) due to stress and grief. No support was offered initially, but I did receive two home visits from my immediate line manager when I was off sick. I was also given 12 weeks intensive counselling, so I felt very well supported through this in the end."

"No support or care. No compassion. More time spent defending ourselves against management than against inmates."

"As a custodial manager, you do not have time to support staff because of the workload, so I always leave work feeling low."

"Previously, every person I had to line manage I knew as an individual. I knew their strengths and their weaknesses. Now I'm lucky if I see the staff I report on once every couple of months."



HSE scale out of 5

q7

1=low wellbeing; 5=high wellbeing

POA

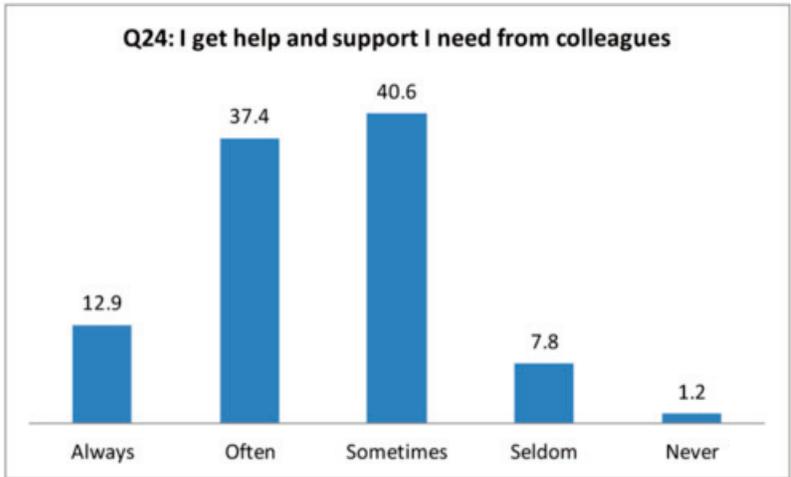
3.60

4. Peer support

A typical snapshot

Respondents said their colleagues would “often” or “sometimes” help them if work became difficult. They indicated that they “sometimes” or “often” received the support they needed, and the respect they believed they deserved, from colleagues.

Respondents reported that their colleagues were “sometimes” willing to listen to their work-related problems.



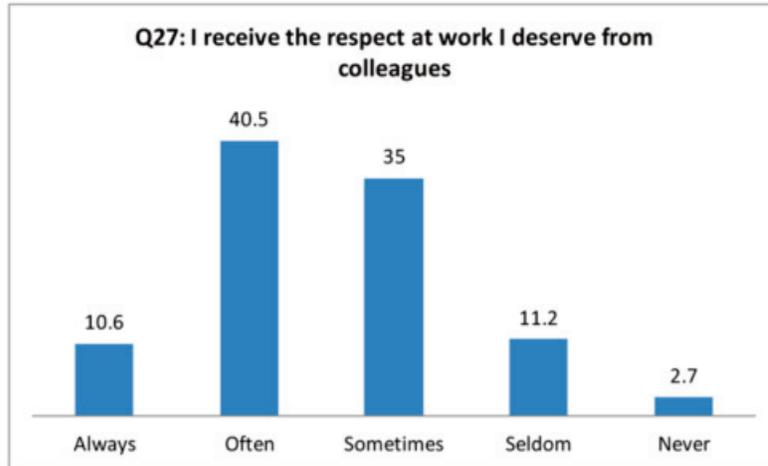
HSE scale out of 5

q24

1=low wellbeing; 5=high wellbeing

POA

3.53



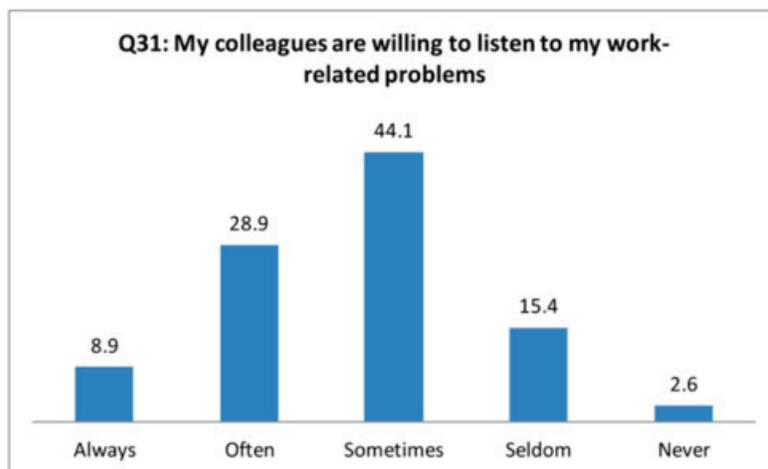
HSE scale out of 5

q27

1=low wellbeing; 5=high wellbeing

POA

3.45



HSE scale out of 5

q31

1=low wellbeing; 5=high wellbeing

POA

3.26

Peer support: summary

Compared to the HSE's average from other sectors and organisations, POA members reported a slightly poorer level of wellbeing in relation to the level of support received from colleagues.

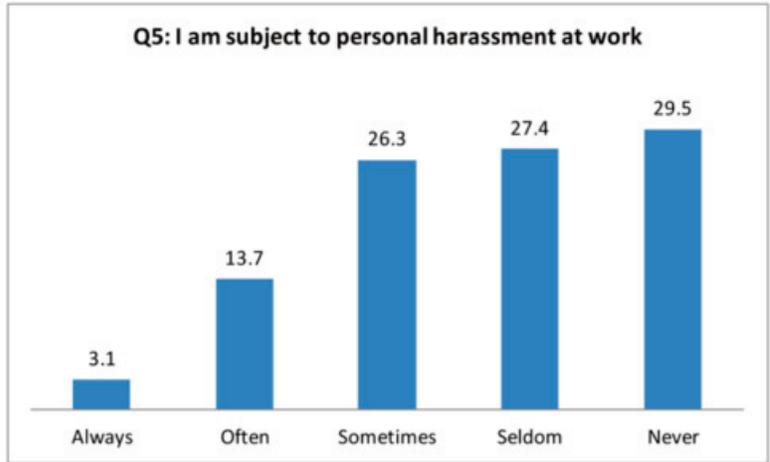
<i>HSE scale out of 5</i>	<i>1=low wellbeing; 5=high wellbeing</i>
<i>POA mean</i>	3.46
<i>HSE 2008 survey target group mean</i>	4.03

"The best part of the job is working with your colleagues – the banter and the rapport we have. You can laugh and joke which helps make a difficult job that much easier".

"There sometimes appears to be a stronger bond with colleagues than with family, as it is difficult for partners to understand what happens at work and the stresses we experience."

"The relationships between work colleagues are at an all time low due to the pressures that we are under. We are all tired from the work and have no real incentive to continue."

"I can see the difference in the staff on a daily basis. There is not that banter between colleagues that there used to be. Although the work would be done efficiently and effectively, you could have a laugh and a joke. There is none of that now. Every time you walk on any area, all they want to do is moan and sound off."



HSE scale out of 5

q5

1=low wellbeing; 5=high wellbeing

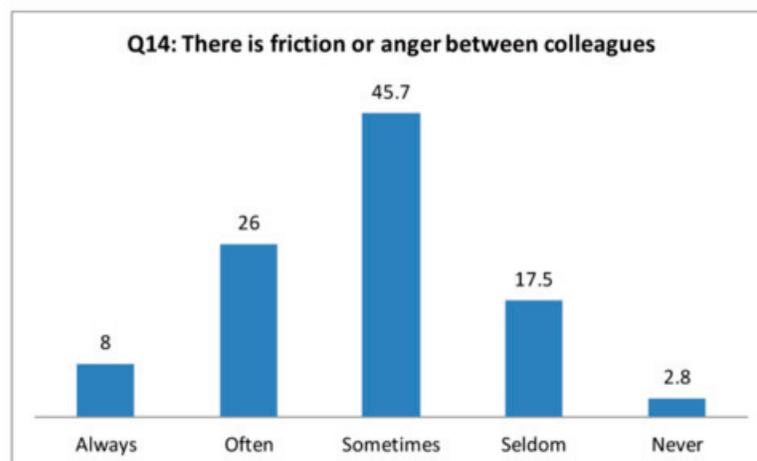
POA

2.34

5. Relationships

A typical snapshot

Only just under one-third of respondents indicated that they were “never” subject to personal harassment at work, and just under four in every ten reported that they “never” experienced bullying. Respondents typically stated that relationships at work were “sometimes” strained, with friction or anger experienced between colleagues.



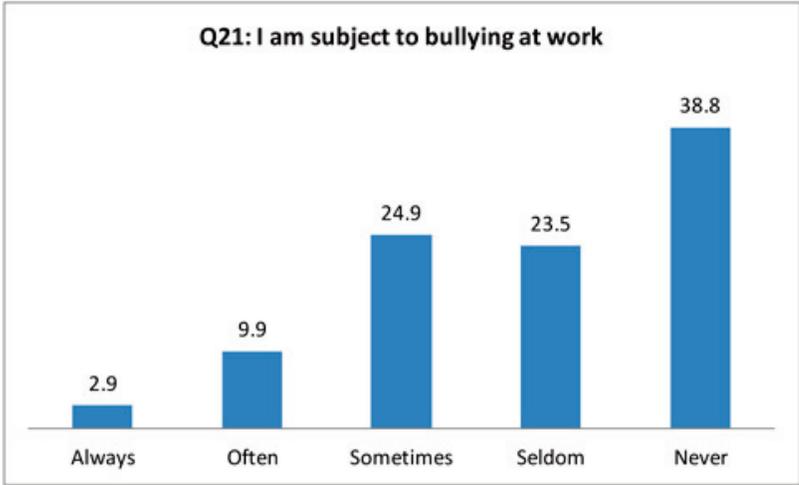
HSE scale out of 5

q14

1=low wellbeing; 5=high wellbeing

POA

3.19



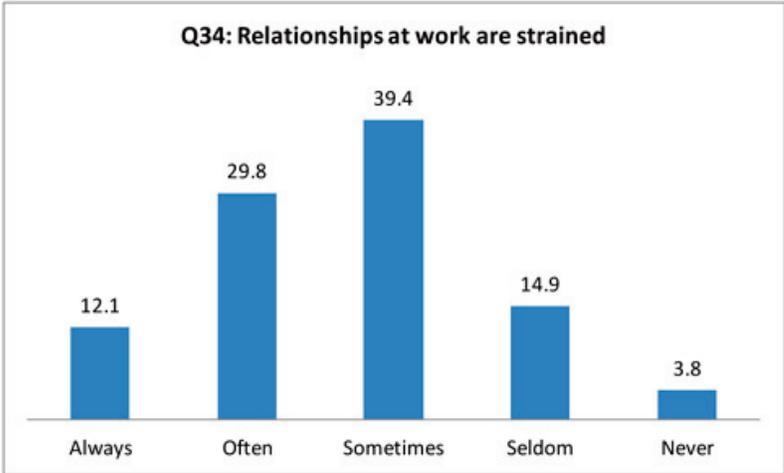
HSE scale out of 5

q21

1=low wellbeing; 5=high wellbeing

POA

2.15



HSE scale out of 5

q34

1=low wellbeing; 5=high wellbeing

POA

3.31

Relationships: summary

Compared to the HSE's average from other sectors and organisations, POA members reported a poorer level of wellbeing in relation to the level of satisfaction with relationships.

HSE scale out of 5

POA

HSE 2008 survey target group mean average

1=low wellbeing; 5=high wellbeing

2.75

4.13

"The work environment is poor due to bullying managers who offer no support. Nothing ever gets done about it"

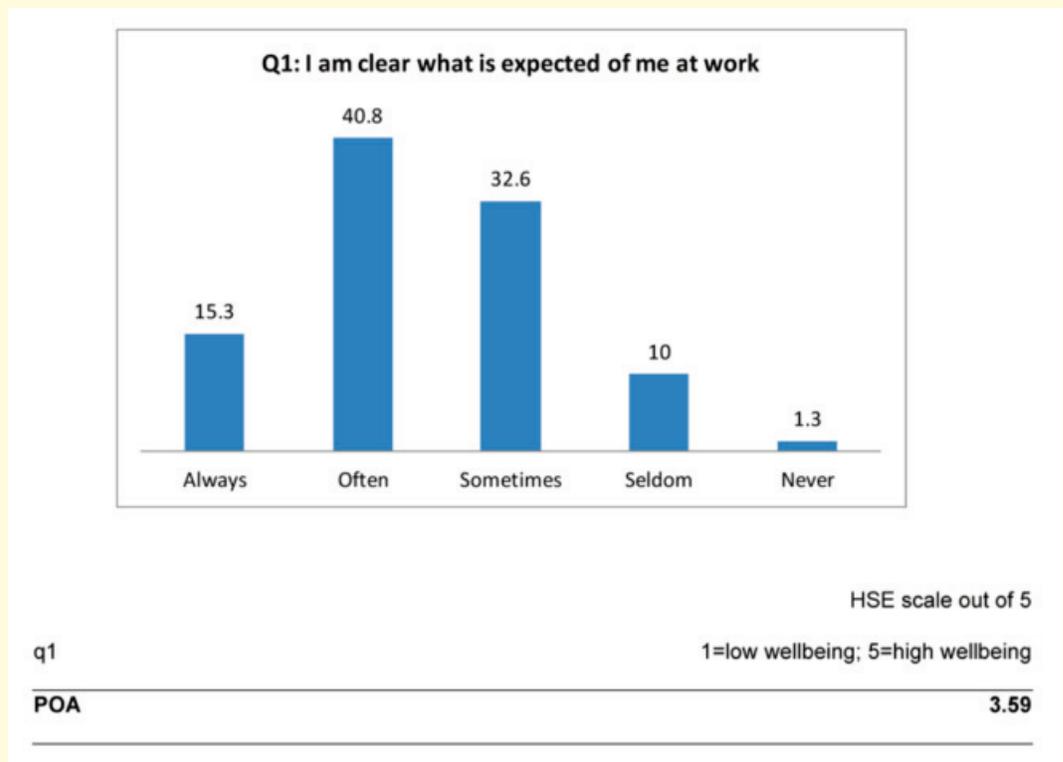
"Some prisons have a very toxic work culture. There is a lot of bullying between staff. If you are not part of the 'wing crowd' or if you want to do things 'by the book' you are likely to be excluded or bullied and that can get quite nasty."

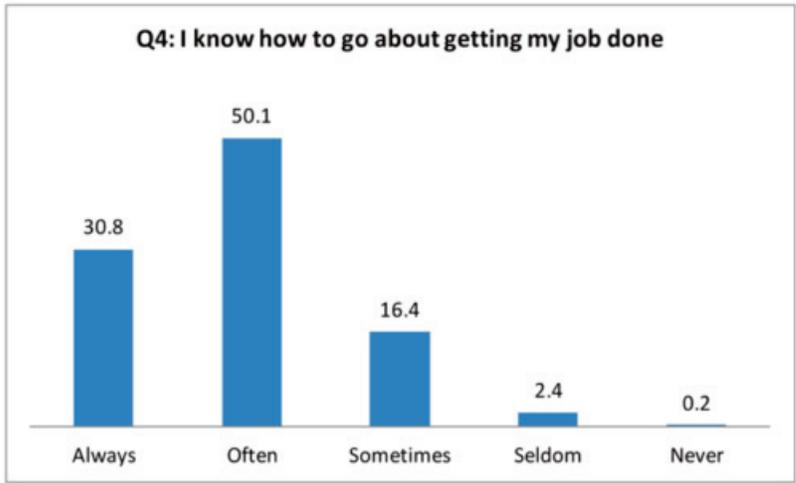
"Managers do not listen to any concerns you may have and they operate by bullying and threats. They harass you at home on rest days and during annual leave to change shifts, or tell you that you are being extended. They also pester you when you are on sick leave on a daily basis demanding to know when you are returning to work. At times there seems to be no escape from them."

6. Role

A typical snapshot

Respondents indicated that they "often" knew what was expected of them at work, and "often" had the information required to go about getting their job done. They were "often" clear about their personal duties and responsibilities, and "often" or "sometimes" aware of the goals and objectives for their department. They "sometimes" understood how their work fitted in with the overall aim of their organisation.





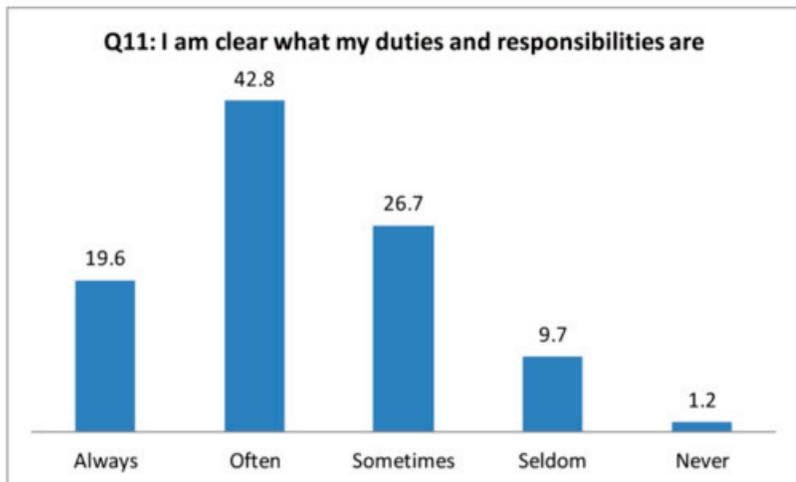
HSE scale out of 5

q4

1=low wellbeing; 5=high wellbeing

POA

4.09



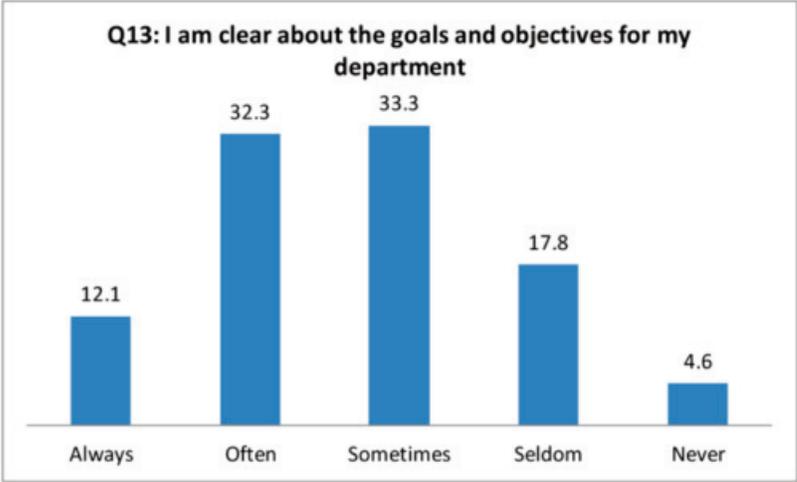
HSE scale out of 5

q11

1=low wellbeing; 5=high wellbeing

POA

3.70



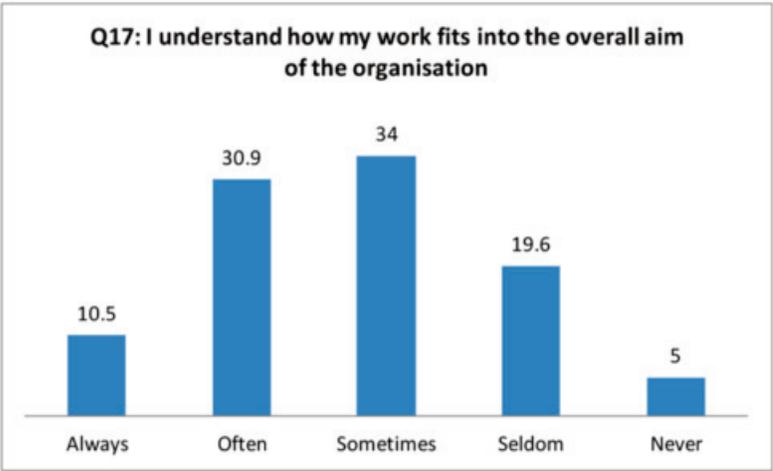
HSE scale out of 5

q13

1=low wellbeing; 5=high wellbeing

POA

3.30



HSE scale out of 5

q17

1=low wellbeing; 5=high wellbeing

POA

3.22

Role: summary

Compared to the HSE's average from other sectors and organisations, POA members reported a lower level of wellbeing in relation to the level of satisfaction with role.

HSE scale out of 5

POA mean

HSE 2008 survey target group mean

1=low wellbeing; 5=high wellbeing

3.58

4.61

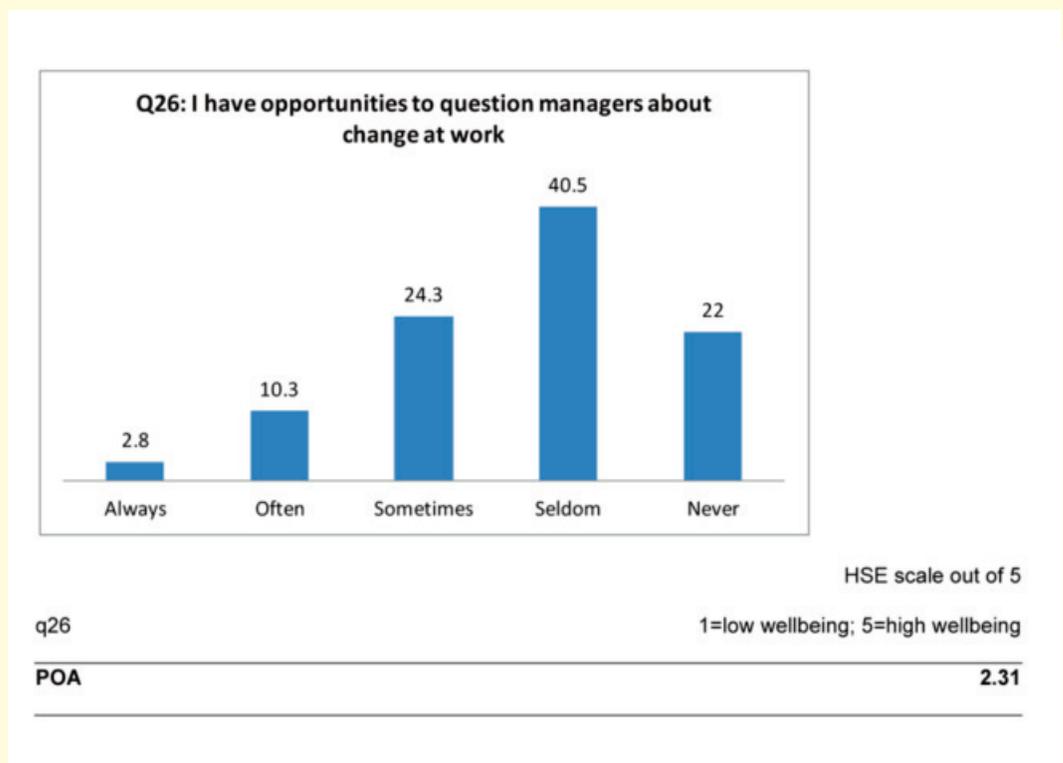
"I have two different roles within my job which makes it very difficult to complete either to a satisfactory standard and this leads to frustration and stress. Things are further exacerbated by the recent reductions in staffing which leads to constant cross-deployment."

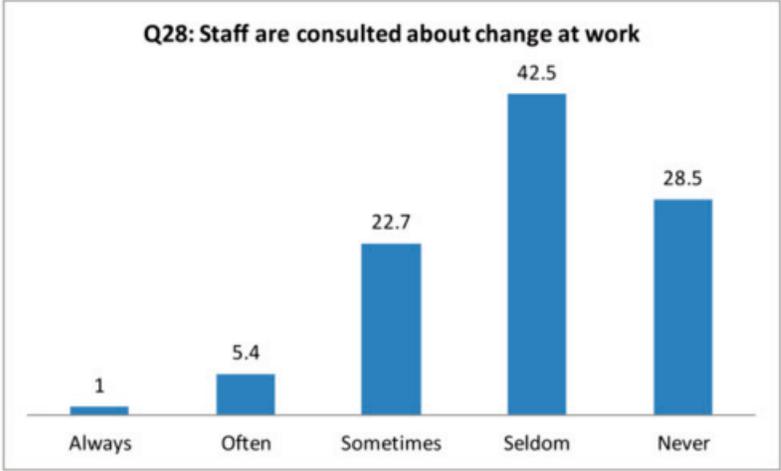
"I have been demoted from a middle manager to a custodial manager and people don't seem to understand that. I am expected to do both roles with twice the amount of work banded on and provide an effective and efficient service when I don't have the time or the resources "

7. Change

A typical snapshot

Respondents indicated that they "seldom" had enough opportunities to question managers about change at work. They also reported they were "seldom" consulted about changes at work and were "seldom" clear about how these changes will work out in practice





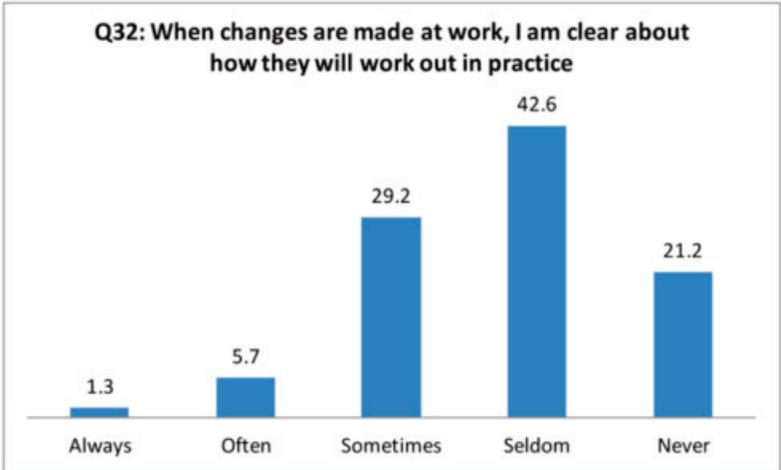
HSE scale out of 5

q28

1=low wellbeing; 5=high wellbeing

POA

2.78



HSE scale out of 5

q32

1=low wellbeing; 5=high wellbeing

POA

2.23

Change: summary

Compared to the HSE’s average from other sectors and organisations, POA members reported a considerably poorer level of wellbeing in relation to the way change is handled at work.

HSE scale out of 5

POA mean

HSE 2008 survey target group mean

1=low wellbeing; 5=high wellbeing

2.21

3.54

The constant change is so demanding, because with change comes uncertainty. People think ‘what do they really mean when they say we are streamlining? Does that mean people are going to get sacked?’ It is quite challenging on a personal level and it is damaging our relationships with prisoners.”

“I think there’s been far too much change in such a short period of time. It is difficult to change the culture in one prison, let alone the whole prison system as we know it. It has just been a time of major, major change, which we weren’t prepared for. They really need to sit down and see the effect that the changes have on staff and prisoners”

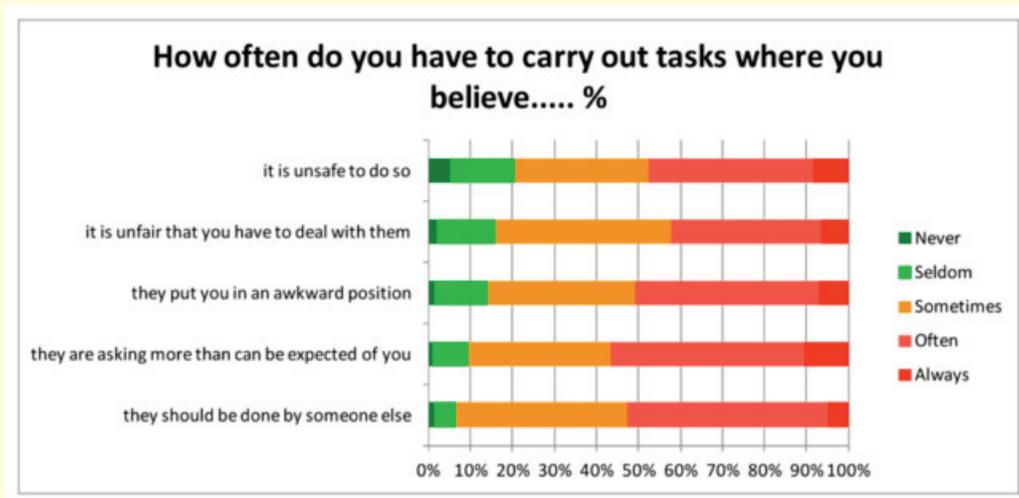
“The uncertainty over how the service is changing is one of the biggest problems. The cloud of despair never seems to abate. The lack of information available to staff is crazy. We all have questions, but the only response we get is a shrug of the shoulders.”

“Most employees understand that some cuts had to happen, but the way they have been implemented has massively impacted on the wellbeing of many of us as well as compromised our safety.”

Perceptions of job tasks and working conditions

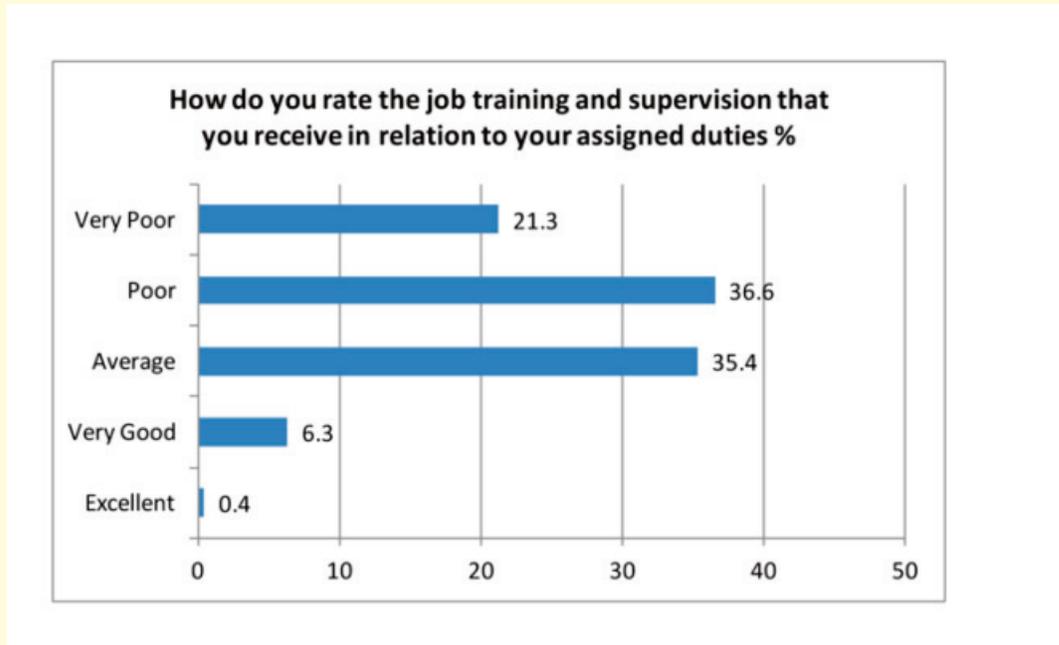
As well as examining POA members’ wellbeing in relation to the key areas set out by the HSE, this survey investigated their perceptions of several other aspects of their working life. The extent to which members considered the tasks they performed to be reasonable was explored, as well as their opinions about the quality of training and opportunities for advancement. These findings are discussed in this section.

Members were asked to indicate how often they carry out tasks they believe to be unreasonable or unfair. The chart below shows the percentage of respondents who endorsed each of the responses on a 5-point scale ranging from “never” to “always”. As can be seen, more than 50% of the sample indicated that they are “often” or “always” required to comply with the unreasonable expectations of other people and have to perform tasks that they believe should be done by somebody else. In line with growing concerns about safe staffing levels in the employing bodies, a high proportion of POA members (48%) reported that they are “often” or “always” required to carry out tasks that are unsafe.



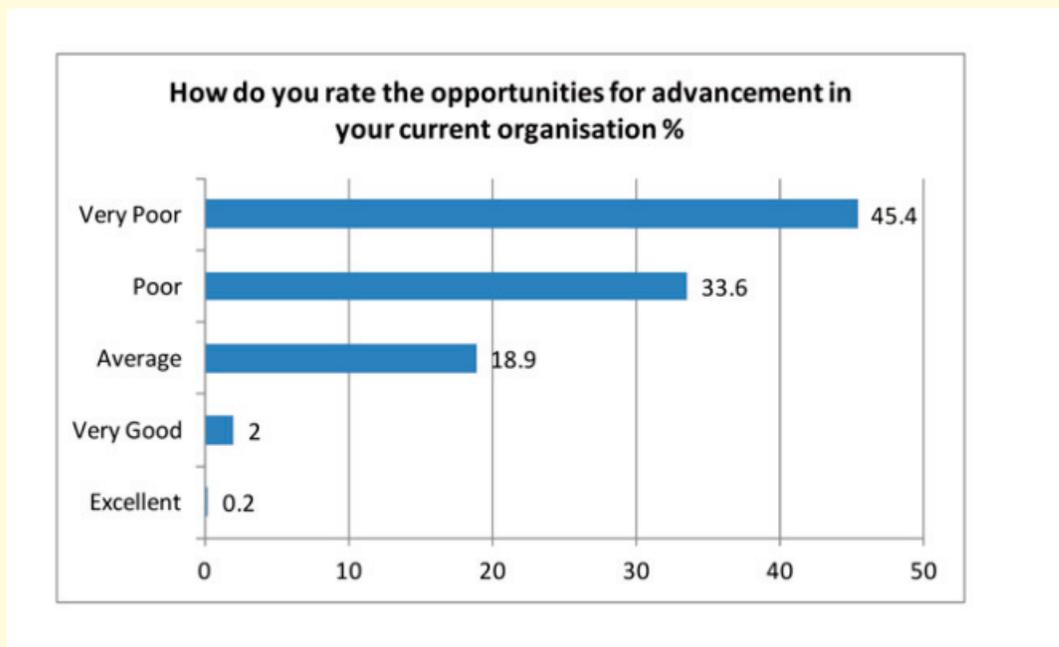
The chart below highlights POA members' perceptions of the quality of the training and supervision they receive.

As can be seen, less than 7% rated this as "very good" or "excellent", 35% considered it to be "average", while more than half (57%) thought it was "poor" or "very poor".



Members were asked to rate their opportunities for advancement in their organisation.

As can be seen below, around one respondent in every five rated their promotion prospects as "average", while a considerable majority (79%) considered them to be "poor" or "very poor"

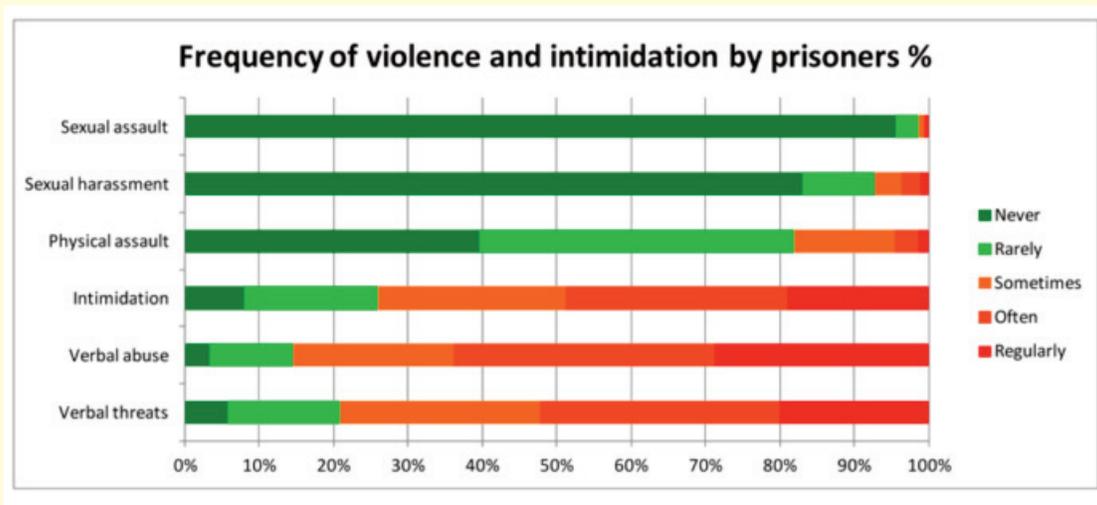


Complaints, grievances and investigations

More than half of the sample (52%) reported that they had been the subject of a formal complaint, grievance or investigation at work. One-third indicated that they had themselves personally lodged a formal complaint.

Intimidation and violence at work

The chart below shows the extent to which members reported experiencing different types of aggressive behaviours from prisoners. Responses to each of the behaviours were as follows: 1 = “never, or almost never”; 2 = “rarely (e.g. once or twice a year)”; 3 = “sometimes (e.g. once or twice a month)”; 4 = “often (e.g. once or twice a week)” and 5 = “regularly (e.g. once a day or more)”. As can be seen, the most common forms of aggressive behaviours reported were verbal abuse and verbal threats, closely followed by intimidation. Almost two-thirds of respondents (64%) indicated that they experienced verbal abuse from prisoners either “often” (35%) or “regularly” (29%); more than half (52%) received verbal threats either “often” (32%) or “regularly” (20%), and a similar proportion (49%) were subjected to intimidatory behaviours either “often” (30%) or “regularly” (19%). The behaviours that were reported least frequently were sexual assault and harassment.



Members were also asked whether they had been physically assaulted by a prisoner at any time during their career. Almost one-third (30%) reported that they had experienced assault, with more than half of these assaults (53%) having taken place over the last four years. More than one respondent in four (42%) who had been assaulted by a prisoner had taken time off work to recover. Thirty-two percent took up to five days sick leave, a further 35% between five and 20 days, 29% between 21 days and 108 days, and a small proportion took over a year. Respondents who had experienced assault were asked to what extent their employer had supported them through the incident and its aftermath. Few (3%) felt “extremely well supported”, 30% “fairly well supported”, 45% “little supported” and 24% “very little supported”.

“I am expected to be able to deal with emotionally disturbed and physically aggressive young adults with increasingly fewer staff to back me up and less resources generally to help keep prisoners’ frustrations in check.”

“I have seen active service whilst in the army, but I have never felt as vulnerable and threatened as I do in my current role. The constant threats are affecting my mental health and I am really worried that this will catch up with me one day.”

“These days it is a very volatile environment – it always has been a challenging job, but now both staffing and resources have eroded, and the danger has increased because the prisoners get to know that there isn’t enough staff on to manage the wing and they act accordingly.”

“I had to go to hospital after I was badly burned in an incident with a prisoner. I went back to work after two days although my injuries were very painful. I got no support from my manager or the governors or anything like that. The police decided not to press any charges and nothing happened to the perpetrator”. This made me feel undermined and pretty worthless.”

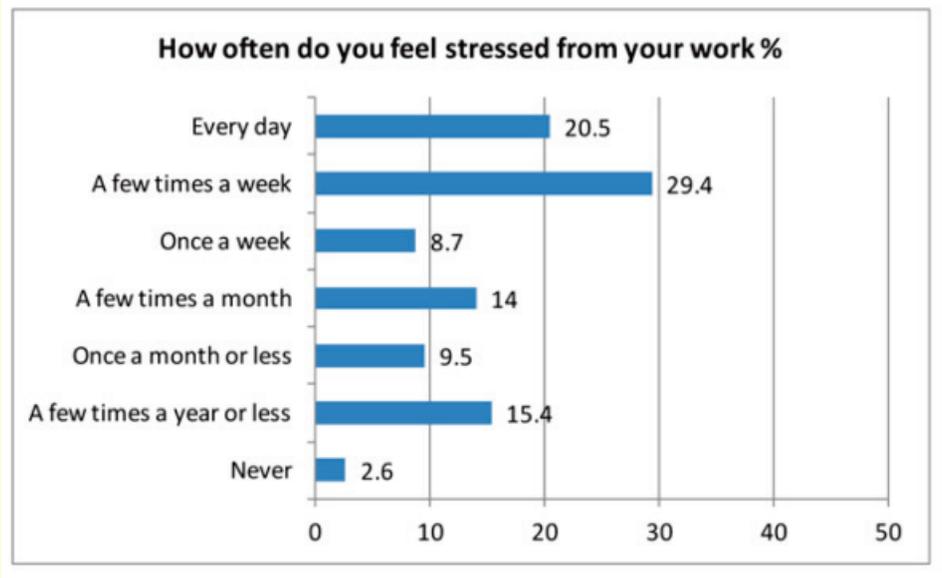
“How badly will an officer have to get hurt before management take notice of the ever increasing risk to staff on the wings?”

“It amazes me how some managers are so blasé about our safety. This is clearly way down in their list of priorities. I think it is mainly because our day to day safety doesn’t really affect them as they are out of the firing line.”

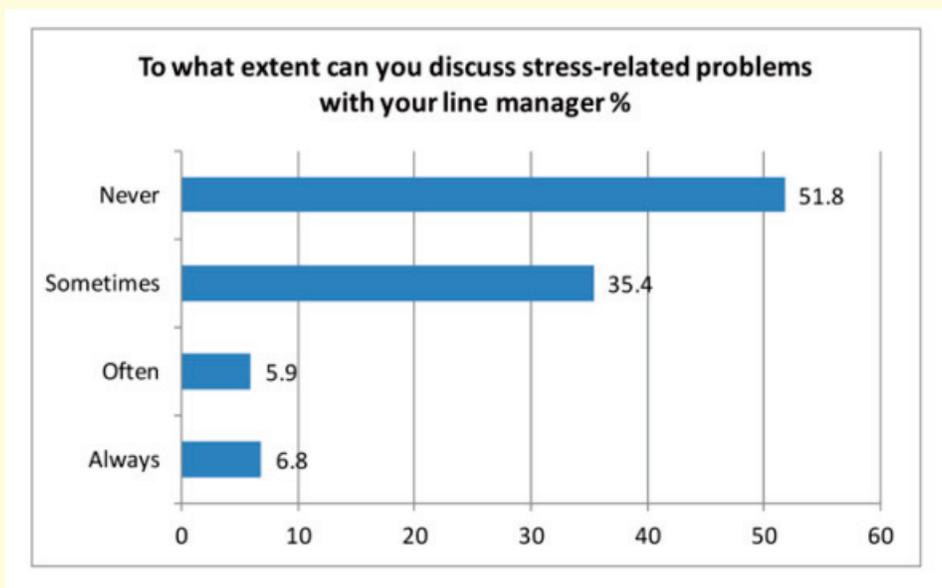
Stress, health and wellbeing

Work stress and stress-related illness

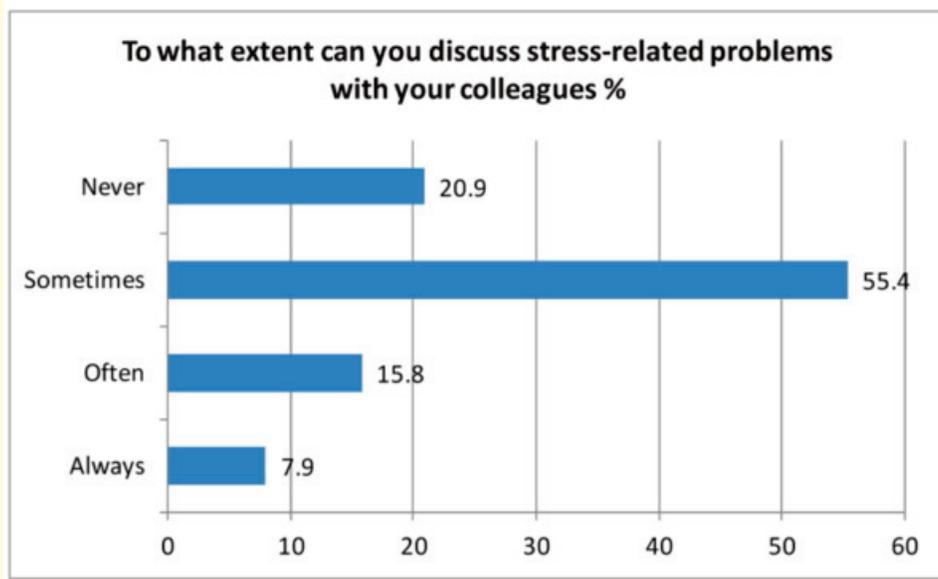
Members were asked how often (if at all) they experienced work-related stress. As can be seen below, almost six respondents from every ten indicated that they felt stressed at least once a week, with over 20% feeling this way every day. Only 3% (42 respondents) never experienced work-related stress.



More than one-third of members (37%) reported that their doctor had diagnosed them with a stress-related illness since they had been working for the employing bodies. Evidence was found that disclosing work-related stress is heavily stigmatised in the sector and employees who experience stress-related illness may be subjected to discrimination. More than six in every ten respondents reported that people working in their organisation would be "unlikely" (41%) or "very unlikely" (21%) to reveal that they were suffering from stress-related illness while a further 21% were "unsure" whether people would be prepared to disclose this. Respondents were also asked to indicate to what extent they felt able to discuss stress-related problems with: a) their line manager and b) their colleagues. The findings are shown in the chart below. Just over one-third of the sample (35%) felt able to discuss their experiences of work-related stress with their manager "sometimes", but more than half (52%) were "never" prepared to do so.



Members typically felt more able to discuss the work-related stress they experience with their colleagues. As can be seen below, almost eight out of every ten respondents (79%) indicated that they could do this at least “sometimes”.



Members were asked to provide details of the support that was available to help them manage any work-related stress they might experience. Options were “yes”, “no” or “unsure”. A considerable majority of respondents (82%) felt able to access support from occupational health services, although more than one in every ten (14%) were unsure of this. A general lack of awareness, however, was apparent about the availability of stress management training in the employing organisations; although 18% indicated that such training was available, 27% reported that it was not and over half (55%) were unsure. Moreover, although 43% were aware of a stress helpline or confidential counselling service, almost half (45%) were unsure whether they had such a facility available to them. Some of the comments below indicate that some members are reluctant to use formal support networks as they may not necessarily be confidential and a ‘failure to cope’ may have negative implications for their career.

“My staff are being physically and mentally drained by the unachievable expectations of the working practices adopted. Two of my staff members are currently off sick with stress, and an average of 4 staff ‘ad hoc’ sick which, for the reasons they have given, I believe are masking fatigue.”

“Over the past 5 years, my workload and pressures resulted in me being rushed into hospital with a panic attack. Initially the paramedics thought I was having a stroke but I was told it was stress-related. I have been on anti-depressants for the past 4 years in order to get by”

“A couple of years ago I had a heart attack at work. I know this was stress-related – it was a warning for me to slow down, I don’t want the next attack to be fatal. Now I put myself first.”

“I have found the employee assistance counselling programme very useful. You can use it for personal problems as well as prison-based worries. I had bereavement counselling when a close relative died and when I had financial problems”.

“There are a few individuals I know I can talk to, but we have little in the sense of formal support networks.”

“You have to be careful who you trust. There are some people on care teams who would use whatever knowledge they had against you. Things get leaked out - people think if you need support ‘Oh, he can’t cope with the pressure’ so then promotion-wise you get overlooked.”

Psychological health

The General Health Questionnaire (GHQ-28) was used to assess four aspects of psychological health:

- **somatic symptoms** (e.g. feeling run down and experiencing headaches);
- **anxiety/insomnia** (e.g. feeling under strain, becoming irritable and losing sleep over worry);
- **social dysfunction** (e.g. feeling capable of making decisions and being able to enjoy everyday life);
- **depression** (e.g. feeling that life is hopeless).

This questionnaire is widely used in studies of work-related stress. It examined whether POA members' current level of psychological health differs from their usual state. Each of the questions has a "better/healthier than normal", a "same as usual", a "worse than usual" and a "much worse than usual" option. The survey used this measure to assess 'caseness' levels of psychological ill-health in the sector (i.e. where some degree of medical intervention is recommended). The findings revealed that overall levels of somatic symptoms, social dysfunction and anxiety were all high amongst POA members, but there was some variation within the sample.

Some examples are provided below:

- **"Have you recently been feeling perfectly well and in good health?"** Over half (52%) of the sample reported that they were feeling healthy, but a similar proportion (48%) indicated that they felt "worse" or "much worse" than usual.
- **"Have you been feeling run-down and out of sorts?"** Just under one-third indicated they were feeling the same (29%) or better (1%) than usual, but around half (51%) reported feeling "worse" and 19% "much worse" than usual.
- **"Have you lost much sleep over worry?"** Almost four respondents out of every ten (37%) disclosed that they had experienced insomnia "rather more than usual" and 20% "much more than usual".
- **"Have you been feeling constantly under strain?"** While 7% of respondents reported "not at all" and 33% "no more than usual", six out of every ten respondents disclosed that they were feeling under strain "rather more than usual" (40%) or "much more than usual" (20%).
- **"Have you felt capable of making decisions about things?"** More than half of the sample (60%) felt able to make decisions, but over one third indicated that they felt "rather less decisive" (28%) or "much less decisive" (12%) than usual.
- **"Have you felt that life is not worth living?"** While a considerable majority disclosed that they felt this way "not at all" (70%) or "no more than usual" (18%), more than one respondent in ten indicated that they had such thoughts "rather more than usual" (9%) or "much more than usual" (3%).

An unusually high level of caseness levels of psychological distress was found in this survey of POA members. Seventy-two percent of the sample scored at the threshold point of 4 or above, 48% scored above 10, 27% above 15 and 11% (more than one respondent in 10) above 20. This indicates that a high proportion of members require some degree of intervention to improve their wellbeing. The caseness rate found in this survey

(i.e. 72%) should be compared to the rates found in other occupational groups within the UK that are generally considered 'highly stressed': for example, a survey of local authority workers (42%), a sample of social workers (37%) and a police force = (47%).

Burnout

People employed in 'human service' professions, such as POA members, are at particular risk of the burnout syndrome: a state of mental and/or physical exhaustion caused by excessive and prolonged work stress. Burnout has three dimensions: *emotional exhaustion* (feeling emotionally drained from work), *depersonalisation/cynicism* (treating some prisoners like impersonal objects and not really caring what happens to them) and *reduced personal accomplishment* (feeling that they are making no difference to prisoners' lives).

Burnout is cyclical, where trying to meet the emotional demands of the job can lead to emotional exhaustion which, in turn, can diminish feelings of doing a worthwhile job. The scale used in the current survey measures the frequency which people experience feelings associated with burnout on a scale ranging from 0 = "never" to 6 = "every day".

- The overall level of *emotional exhaustion* was high. Almost three-quarters of the sample (74%) reported that they felt emotionally drained from their work at least "once a week", with 28% of these members feeling this way "a few times a week" and 28% "every day".
- The extent of *depersonalisation/cynicism* was moderate. Almost half of the sample (49%) reported that they felt they had become de-sensitised to prisoners' needs at least "once a week", with almost one-third (32%) of these members feeling this way "every day".
- *Feelings of personal accomplishment* were fairly common. Just over half of members (52%) reported feeling that they have a positive influence on prisoners' lives at least "once a week", with 20% of these feeling this way "every day". Moreover, 65% indicated that they felt exhilarated after working closely with prisoners either "a few times a week" (23%) or "every day" (42%).

"Managers recognise there is a problem if I have been punched in the face – that is measurable and they will deal with it. But they don't take on board the mental stressors of the job because they are invisible and can't be quantified".

"I feel tired all the time because of waking up in the night and being unable to get back to sleep, normally because of bad dreams related to events at work or the worrying about the bad things that could happen."

"I was involved in an horrendous suicide at work a couple of years ago and I have been diagnosed with PTSD since. The current low staffing levels are dangerous and raise my anxiety levels."

Physical health, health behaviours and fitness

Eighteen percent of members indicated that they were suffering from chronic health problems. Some respondents provided further details of their health problems: hypertension was the most common complaint reported, but there were also moderate health problems (such as arthritis, migraine and digestive disorders) and more serious disorders (such as diabetes, cancer and coronary heart disease). Reflecting the high caseness rates of mental health problems in the sample that were discussed above, some respondents stated that they suffered from anxiety, depression and post-traumatic stress disorder. A number also reported experiencing ongoing mental or physical health problems after experiencing incidents or accidents at work.

In terms of health behaviours, 15% of the sample identified as smokers and the majority (81%) drank alcohol. The number of cigarettes smoked per day ranged from one to 40 with an average of 14 (SD = 11.80). The average number of units of alcohol consumed in an average week was 16, but the standard deviation of 26 highlights considerable variation in intake. In line with the extent of insomnia discussed in the previous section, more than four out of every ten (44%) respondents disclosed that their sleeping was “fairly bad” and 13% “very bad”. More than one respondent in ten (12%) stated that they were prescribed antidepressants, 12% sleeping pills and 6% tranquillisers.

Sickness absence and ‘presenteeism’

Of those who reported taking sick leave over the previous 12 months, an average of 16 days were taken, but 41% indicated that they had been off work for six days or more and 20% at least 20 days. Four respondents from every ten who had taken sick leave in the last year reported that some of these days were due to stress-related illness. Evidence was found, however, that relying on the number of days reported sick is likely to considerably underestimate the extent of ill-health amongst members. A considerable majority (84%) of the sample as a whole indicated that they felt under pressure to come into work when they were unwell at least “sometimes”, with more than half (53%) “always” feeling such pressure.

Participants who felt obliged to come into work while sick were asked to provide the reason for this. The most common responses were pressure from managers, stigmatisation of sickness within the employing bodies, fear of dismissal, feelings of guilt in response to staff shortages and associated safety concerns, and not wanting to let colleagues down. Participants frequently commented on punitive sickness absence policies at their workplace; many disclosed that it was commonplace for managers, and sometimes governors, to ring staff who were off sick to enquire when they were coming back to work.

“The shift pattern doesn’t allow for healthy eating - I often eat junk food because of time constraints and this is taking a toll on my health.”

“I struggle to get time off for medical appointments or dental treatment – this is actively discouraged by management.”

“I am reluctant to go off sick as I know that my colleagues will have to work harder to cover my position due to lack of staff within the establishment”

“The Prison Service doesn’t care about its staff and will sack you for medical reasons if it can. It is better to come in even if you are unwell just in case one day you really can’t make it - at least you might have half a chance of saving your job”.

“When off sick, governors are constantly phoning asking when you expect to be back. They don’t ask how you are feeling, or if there is anything they can do to help. Some days there are two or three phone calls from different governors.”

“Some staff as well as managers see taking time off sick as completely unacceptable. Our sickness absence statistics are quite bad in my current establishment and I don’t want to contribute to that. This means that I have been pushing through and trying to get into work when I should have stayed at home.”

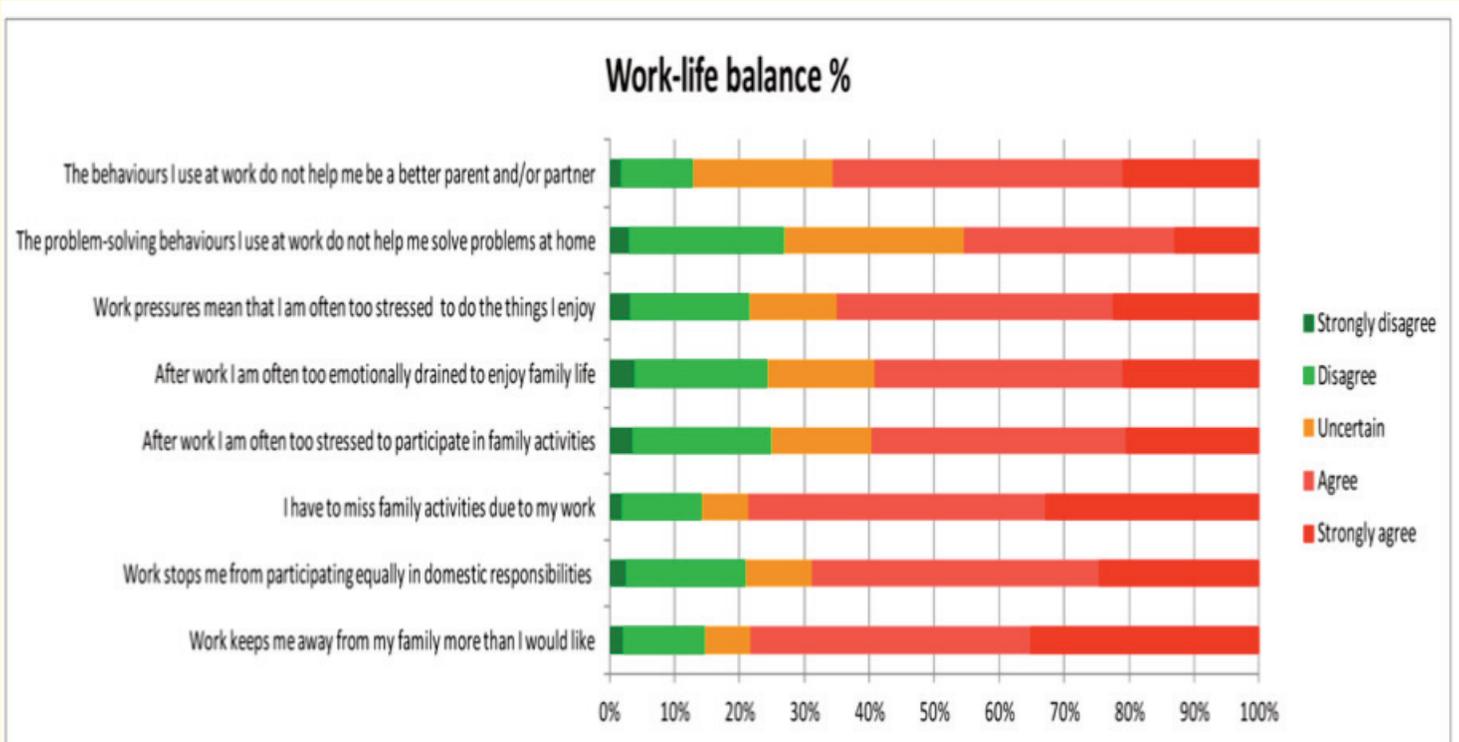
“I have had to postpone surgery that I urgently need as I am on a sick warning due to being off sick for stress a couple of years ago.”

Work-life balance and recovery

Work can interfere with personal life in several ways. *Time-based conflict* occurs when the time spent in one role limits time available for other activities (e.g. working long hours will limit opportunities to spend time with family, or to relax and socialise). *Strain-based conflict* arises when unpleasant emotional reactions to work ‘spill over’ into personal life. Working in emotionally demanding or threatening situations and the need to be constantly vigilant (all requirements for POA members) can lead to people feeling emotionally exhausted, anxious, distracted or irritable outside work. *Behaviour-based conflict* is where conduct that is expected in one role is incompatible, or even counterproductive, in another. This type of conflict is generally more common in jobs that involve taking responsibility for others, and where employees deal with uncooperative, hostile or aggressive people. Time, strain and behaviour-based conflict were measured in this survey with responses provided on a scale ranging from 1 = “strongly disagree” to 5 = “strongly agree”. High levels of all three aspects of conflict were found.

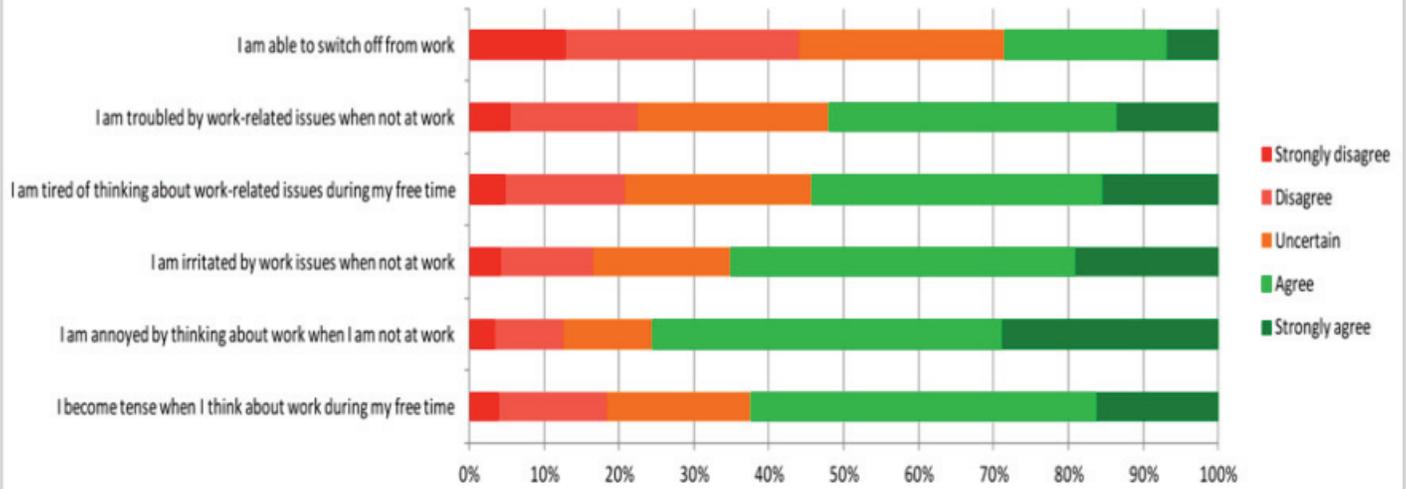
Some examples are:

- **Time-based conflict.** Nearly eight out of every ten respondents (78%) agreed or strongly agreed that the time they spend at work stops them from participating in family and/or leisure activities.
- **Strain-based conflict.** Almost six out of every ten respondents (58%) agreed or strongly agreed that they frequently felt too emotionally drained after work to enjoy their family life.
- **Behaviour-based conflict.** Only just over one-quarter of the sample (25%) considered that the problem-solving behaviours they use in their job were helpful in their personal life.



As well as the different types of work-life conflict, this survey explored the extent to which members ruminate about (i.e. dwell excessively on) work-related problems even outside working time. This type of rumination has been found to lead to psychological health problems and impair job performance, so it is vital for employees to have sufficient opportunity to recover from work demands and concerns. Several questions were asked concerning how often respondents think about work during their personal time: e.g. “I am unable to switch off from work”. A five-point scale ranging from 1 “strongly disagree” to 5 “strongly agree” was used. Only just under three respondents in every ten indicated that they were able to stop thinking about work-related issues during their free time. Particular problems were found with affective rumination, which is the most damaging type as it can lead to emotional exhaustion. For example, more than three-quarters of the sample (76%) “agreed” or “strongly agreed” that they became annoyed when they thought about job-related issues when they were not at work, and more than six out of every ten (62%) reported that they became tense when they thought about work during their free time.

Thinking about work during personal time %



“Constant changes in work patterns cause serious problems for my home life. You don’t get enough quality time off to recover.”

“Even when I am on leave it takes me 4 or 5 days to leave work behind.”

“My relationships outside of work have become more and more strained due to my low mood and bad temper, which is brought on by work incidents or the general politics of the job.”

“Dealing with demanding people for long periods of time is emotionally draining and makes me moody at home.”

“I’m angry and stressed at home with my family after work – my wife and children dread me having a bad day at work and coming home and taking it out on them.”

“The best thing about my job is going home at the end of the day, knowing I’m safe and the people that I’ve been on with during that day are safe and no-one’s escaped so I’m not going to get my head rolled on the carpet and the public will stay safe as a result.”

Job involvement, satisfaction and retention

This survey included questions about the extent to which POA members feel involved in their work, the satisfaction they experience and their intentions to continue working for the employing bodies. Almost half of the sample (49%) reported that their job was a very important part of their life and almost three out of every ten respondents (28%) indicated that they were deeply involved in their work. The overall level of job satisfaction was assessed, along with two separate aspects: intrinsic satisfaction (i.e. reactions to features of the job itself, such as variety of tasks performed and the opportunity to use skills) and extrinsic satisfaction (features external to the job, such as pay and the physical working environment). Both aspects were rated on a seven-point scale with 1 = "extremely dissatisfied" and 7 = "extremely satisfied". The overall level of job satisfaction was found to be low; 23% of respondents expressed moderate dissatisfaction, 23% were very dissatisfied and 15% extremely dissatisfied. Only one respondent in every hundred reported that they were extremely satisfied with their job in general.

In terms of satisfaction with intrinsic and extrinsic aspects of the job, by far the highest level of satisfaction reported by members was with their fellow workers: only 15% indicated that they were dissatisfied. A moderate level of satisfaction was also evident with line managers and the amount of responsibility given. As can be seen in the chart below, however, satisfaction with other job-related factors was poor, with the lowest ratings overall given to extrinsic factors (such as job security, promotion opportunities and industrial relations) and some intrinsic features (such as the amount of attention given to suggestions made by employees). Nonetheless, reflecting the findings of the HSE management standards framework discussed above, the potential source of satisfaction that was rated lowest related to the way that the organisation is managed. Only 4% of respondents were moderately satisfied with this aspect of their work and a further

1% were very satisfied. Satisfaction with pay was similarly poor, with almost nine out of every ten members (88%) expressing moderate to extreme dissatisfaction.

The levels of overall, intrinsic and extrinsic job satisfaction found in this survey were compared with those reported by various occupational groups (Stride et al. 2007). No normative scores are currently available from the prison sector, but the scores found in the present survey are considerably lower than those observed in other professions.

- The mean level of overall job satisfaction was 3.10 which should be compared with scores obtained from workers at a local authority (4.35), an NHS hospital trust (4.68) and a police force (3.95).
- In terms of intrinsic job satisfaction, the mean score found in this survey was 3.05. The lowest published scores that could be identified are from logistics and consultancy companies (3.46), a police force (3.88) and hospitality workers (3.89).
- The mean score for extrinsic job satisfaction was 3.28, which should be compared with the lowest published scores from logistics and consultancy workers (3.52) and manufacturing employees (3.68).

Participants were asked to indicate the extent to which they have: a) considered leaving the employing bodies; b) planned to look for a job outside the sector during the following year and c) regretted their choice of job. More than six participants from every ten (65%) agreed (31%) or strongly agreed (34%) that they often thought about leaving the prison sector, with half indicating that they planned to look for a job outside the sector in the near future. Seventy percent of participants also disclosed that if they could choose again, they would choose a different type of job.

"Staff morale is at an all time low, the situation is getting steadily worse and it appears that nobody is taking any interest."

"When I started in the prison service it was seen as a career. Now it is just a job. The starting salary is so poor that people are always looking for another type of work. They could go and work stacking shelves in Tesco and earn more money and get considerably less stress."

"When I joined the service over 20 years ago I felt very proud - now I feel forgotten, worthless and management's attitude is 'if you don't like it, then leave'."

"This job is hard - damned hard. Unless you have been on your own on a landing full of very pissed-off men who have been banged up for hours because of staff shortages and you are the first face they see at unlock, you have no idea what it is like."

"My work has a fairly positive impact on my personal life because I'm doing something that's meaningful, that I enjoy. Having a sense of purpose and job satisfaction really motivates me."

"The best part of my job is being able to help people who everyone else wants to lock away and forget about. I work with sex offenders and pride myself on treating them as humanely as possible - just treating them like human beings, which is not something a lot of them get, even on the outside. I get a great sense of satisfaction when we see changes in prisoners."

Job satisfaction %



Relationships between working conditions and wellbeing

POA members who reported experiencing more demands at work, less control and support, poorer quality relationships, less well defined roles and had more negative perceptions of change tended to be more emotionally exhausted, depressed and anxious. They also tended to be less satisfied with intrinsic and extrinsic aspects of their job. Those who found their work more demanding were also more likely to experience difficulties achieving an acceptable work-life balance. It is important to note that respondents who were more stressed in relation to their work felt the least able to discuss this with their line manager or their colleagues. Although work-related demands were strongly related to all three types of work-life conflict, members were particularly likely to report that the emotional strain caused by their job 'spilled over' into their personal life. Many POA members seemed to have difficulties switching off from work worries and concerns during their free time and this affected their ability to relax and enjoy family life and leisure. Those who reported experiencing violence and intimidation were particularly likely to be emotionally exhausted and have problems recovering from work concerns.

Strong relationships were also found between the psychosocial working environment and both sickness absence and leaving intentions. Members who reported lower levels of control and support from management and poorer quality working relationships also tended to report taking more days off sick. Sickness absence was also linked with performing work tasks that were considered unreasonable, as well as with personal experiences of violence and intimidation. On average, the poorer the perceptions of the psychosocial working environment, the more likely respondents were to have seriously considered leaving the prison sector.

POA members who worked longer hours typically reported performing more unreasonable tasks, poorer quality working relationships, less job satisfaction and more work-life conflict (especially strain-based conflict). On average, the longer the working hours the more days respondents had taken off sick.

Gender and age

Reflecting the gender imbalance in the employing bodies, the number of female respondents to this survey was considerably fewer than males. Any comparisons between males and females in perceptions of working conditions, health and the other survey variables should therefore be treated with caution. No gender differences were found in perceptions of work demands, control, support from managers and colleagues, role, relationships or change, or in the extent to which job tasks were considered unreasonable. In terms of health and wellbeing, men and women reported similar levels of psychological distress, emotional exhaustion or feelings of personal accomplishment, but men were more likely to depersonalise prisoners. More male respondents reported having been physically assaulted by a prisoner. On average, women were more satisfied with, and more involved in, their work. Surprisingly, there were no gender differences in levels of time and strain-based work-life conflict, but men tended to report experiencing more behaviour-based conflict.

Conclusions

The findings of this survey of POA members show that psychosocial working conditions in the prison sector in the UK are far from satisfactory. None of the benchmarks recommended by the HSE for the management of key aspects of job-related stress have been met. Members are experiencing particular problems managing their workload in general, as well as dealing with competing demands from different work tasks. Moreover, members typically believe they have little control over what they do at work and the methods they use to discharge their duties. They also consider the training they receive to be inadequate to help them perform their tasks effectively. Although the HSE benchmark for role was not achieved, there is some evidence that POA members are generally aware of their duties and responsibilities and believe that they have the information required to do their job. Nonetheless, members are generally dissatisfied with the support they receive from management, with particular problems experienced in obtaining feedback and getting help to manage the emotional demands of the job. A particularly high level of dissatisfaction was expressed with the support received from managers when members experience violent assaults by prisoners. It should be emphasised, however, that line managers also experience high levels of job-related stressors and strains. Managing their own wellbeing effectively, as well as the wellbeing of the people who report to them, is likely to pose a considerable challenge.

Respondents were considerably more satisfied with the help and support they receive from colleagues. Indeed, the majority of members who were interviewed considered relationships with co-workers to be the best thing about their job. Support from colleagues clearly helps people to manage the demanding nature of the work. There are concerns, however, that loyalty to colleagues may contribute to the high level of 'presenteeism' found in this survey. This issue is discussed further below. Unsurprisingly in a working environment that can be highly charged, evidence of friction and anger between co-workers was found. Also with regard to working relationships, experiences of bullying and harassment in the prison service appear to be common. Only just under one-third of respondents reported that they were never subject to harassment and only four out of every ten never experienced bullying at work. This far exceeds the extent of bullying and harassment reported in surveys of other occupational groups, as well as the findings of research conducted in several London prisons by Bevan et al (2010). The prison sector has experienced wide-ranging changes over the last few years. While employees generally acknowledge that some changes were needed, members' perceptions of how these changes have been managed appear overwhelmingly negative.

The findings of this survey indicate that intimidation and violence from prisoners are experienced frequently in the employing bodies, most commonly in the form of verbal abuse and threats. In line with recently published statistics showing that prison employees are frequently subjected to violence from prisoners, almost one-third of POA members who responded to this survey have experienced assault. The seriousness of these attacks was emphasised as a high proportion of victims were required to take time off sick to recover. As mentioned above, however, few felt supported by their employers through this challenging time. Enhanced support services are clearly required to help employees who experience assault. Several interviewees also

commented on the impact of overcrowding and reduced staffing levels on the safety of prison employees, as well as the safety of the prisoners themselves.

POA members seem to have difficulty balancing the demands of their work with their personal life. Although the long working hours undoubtedly impact on personal life, strain-based conflict appears to be particularly common in the sector. It is vital for employees to switch off from work concerns to replenish their physical and psychological energy, as well as maintain the high level of vigilance required to perform such safety-critical work. As found in this survey, limited opportunities to recover from work demands also have serious implications for health and wellbeing as well as job performance.

Many POA members see their job as a very important part of their life and, as discussed further below, feel a strong sense of personal accomplishment and pride in rehabilitating prisoners. Nonetheless, the overall level of job satisfaction found in this survey was considerably lower than that reported by other occupational groups in the UK. Extrinsic aspects of the job, such as security, pay and opportunities for promotion, tended to be considered the least satisfying, but the way the organisation is managed received the lowest ratings overall. This further underlines the negative perceptions of support from managers and the management of change discussed above. Of particular concern is the finding that half of the sample is seriously considering leaving the sector in the near future. Losing valuable and well trained employees will have serious consequences for the functioning of the prison service, which is already seriously under-staffed.

Only 3% of POA members reported that they never felt stressed at work. Moreover, a high proportion (more than one-third of the sample) disclosed that their GP had diagnosed them with a stress-related illness since they had been employed in the sector and this is a common cause of sickness absence. There is strong evidence, however, that work-related stress is stigmatised in the prison service which appears to discourage employees from disclosing to their line manager that they are experiencing difficulties. Some interviewees expressed a lack of trust in the support services that are available and concerns about confidentiality. A general lack of awareness of the services that are available to staff to help them safeguard their health was also revealed. It is likely that some support is available in every institution, but this needs to be better publicised and its uptake de-stigmatised and its confidential nature emphasised.

The overall level of psychological distress found amongst POA members was considerably higher than that reported by other 'emotionally demanding' occupations such as the police and social workers. Respondents experienced particular problems with anxiety and sleep disruption, as well as cognitive impairments such as poor memory and indecisiveness. Of particular concern is the finding that more than one respondent in every ten disclosed that they had recently been feeling that their life wasn't worth living. These findings highlight the urgent need for the employing bodies to take steps to protect the psychological wellbeing of employees.

Although the overall level of absenteeism was fairly high, the majority of POA members who responded to this survey clearly feel under pressure to come into work when unwell, at least sometimes. There are several reasons for this: pressure from managers and fear of dismissal, as well as feelings of guilt in

response to staff shortages and associated concerns about safety levels. While encouraging staff back to work may, in the short term, preserve staffing levels, there are concerns for the long-term health and wellbeing of employees. Moreover, the implications of employees in safety-critical roles working while they are unwell are potentially serious.

The prospect of working over the age of 60 was generally viewed negatively. POA members who are currently over 60 felt that their age affects their ability to do the job at least moderately, whereas almost one in every ten believed that it affects them a great deal. Concerns were also expressed by younger respondents; a considerable majority believe that working beyond 60 will have a strong impact on their job performance and their personal safety. Interestingly, with the exception of relationships at work, older employees tended to have more favourable perceptions of their working conditions. They were also typically more psychologically healthy and more satisfied with their work than their younger counterparts. It is likely, however, that these findings are due to the 'healthy worker effect', where employees who experience serious health problems, or who are particularly dissatisfied and de-motivated, would have gained alternative employment or retired.

Areas of specific concern

The findings of this survey of POA members show that the minimum standards recommended by the Health and Safety Executive for the management of employees' work-related wellbeing are not met. Levels of job demands within the employing bodies are particularly high and job control and support from managers considerably lower than those found in other occupational groups. Although there are some notable sources of satisfaction with the job, there is also evidence that working conditions in the prison sector have deteriorated over the last few years. Satisfaction with management of change is particularly low. In line with recent statistics, violence and intimidation from prisoners appears to be commonplace and there is an evident lack of support for employees experiencing assault and a general distrust in the confidentiality and effectiveness of support that is offered. The extent of psychological distress, burnout and job dissatisfaction is a serious cause for concern. The finding that disclosing work-related stress tends to be stigmatised within the employing bodies is particularly worrying. Urgent action must be taken, not only to improve the work-related wellbeing of prison staff, but also to ensure that the institutions in which they work operate safely and efficiently.

References

- Bevan, A., Houdmont, J., & Menear, N. (2010). The Management Standards Indicator Tool and the estimation of risk. *Occupational Medicine*, 60(7), 525-531.
- Denhof, M. & Spinaris, C. (2013). Depression, PTSD and comorbidity in United States Corrections Professionals: prevalence and impact on health and functioning. Desert Waters Correctional Outreach.
- Finney, C., Stergiopoulos, E., Hensel, J., Bonato, S., & Dewa, C. S. (2013). Organizational stressors associated with job stress and burnout in correctional officers: a systematic review. *BMC Public Health*, 13(1), 82.
- Her Majesty's Prison Service Annual Report and Accounts 2007-2008*. London (UK):The Stationery Office
- Holmes, S., & MacInnes, D. (2003). Contributors to stress among prison service staff. *The British Journal of Forensic Practice*, 5(2), 16-24.
- Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of Managerial Psychology*, 20(2), 178-187.
- Kunst, M. J. (2011). Working in prisons: a critical review of stress in the occupation of correctional officers. J. Langan-Fox and C. Cooper (Eds.) *Handbook of Stress in the Occupations*, London: Edward Elgar
- Liebling, A., Arnold, H. & Straub, C. (2014). *An exploration of staff-prisoner relationships at HMP Whitemoor: 12 years on*. Ministry of Justice.
- Ministry of Justice (2014). *Safety in Custody Statistics in England and Wales*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/339067/safety-in-custody-to-mar-2014.pdf
- Rutter, D. R., & Fielding, P. J. (1988). Sources of occupational stress: An examination of British prison officers. *Work & Stress*, 2(4), 291-299.
- Schaufeli, W. B., & Peeters, M. C. (2000). Job stress and burnout among correctional officers: A literature review. *International Journal of Stress Management*, 7(1), 19-48.
- Stride, C., Wall, T. & Catley, N. (2007). *Measures of Job Satisfaction, Organisational Commitment, Mental Health and Job-related Wellbeing* (2nd edition). London: Wiley
