

Wellbeing in UK prison officers: Key factors

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Prisons around the world are in crisis due to a range of factors. Globally, the prison population is increasing beyond the resource capacity of prison systems with 121 countries operating prisons at above 100 per cent capacity.¹ Moreover, prisons across the world are typically experiencing short staffing due to poor working environments and uncompetitive pay.² Existing problems in prisons have been exacerbated by the COVID-19 pandemic, for example leading to less time spent outside of cells as part of disease control strategies.³ In the UK there are fewer prison officers than there were prior to 2010.^{4,5} The rate of leavers has also increased compared to pre-pandemic figures. Concern has been raised that it is difficult to retain prison officers due to unattractive pay and conditions, with trainees sometimes supervised by officers who are themselves inexperienced.⁶ While the prison population is lower compared to pre-pandemic levels, 52 per cent of UK prisons are

categorised as over-crowded, with the population expected to grow.⁷

Our research

We were commissioned by the POA (formerly the Prison Officers' Association) to assess the work-related wellbeing of people working in the UK prison service. Surveys were conducted in 2014 (N=1,682) and 2020 (N=1,956), with the majority of respondents being prison officers (see Table 1) working in the public sector (2014 =97 per cent, 2020=99 per cent). It should be noted that the second survey was completed prior to the first UK COVID-19 lockdown, so pandemic-specific issues were not examined. In conducting this research, we drew on a widely used framework for monitoring and measuring levels of work-related stress, along with additional measures to capture a more comprehensive sense of the challenges facing prison officers. This paper provides an overview of our findings, with a discussion of key issues that have been identified and an evaluation of changes over time.

Table 1: Proportion of sample in prison officer roles

	per cent prison officers (2014)	per cent prison officers (2020)
England and Wales	72	99
Northern Ireland	79	93
Scotland	89	86

1. Fair, H., & Walmsley, R. (2021). *World Prison Population List*. Institute for Crime & Justice Policy Research; Penal Reform International (2022). *Global Prison Trends 2022*.
2. Penal Reform International (2022). *Global Prison Trends 2022*.
3. Kim, H., et al. (2022). The Health Impacts of the COVID-19 Pandemic on Adults Who Experience Imprisonment Globally: A Mixed Methods Systematic Review. *PLOS ONE*, 17(5), e0268866.
4. We use the term "prison officer" to reflect UK usage. In many countries, and in much of the literature, "corrections officer" is used. Similarly, our usage of "prison service" is used to refer to the organisations involved in managing prisons.
5. Prison Reform Trust (2023). *Bromley Briefings Prison Factfile*. London.
6. HM Chief Inspectorate of Prisons for England and Wales (2022). *HM Chief Inspector of Prisons for England and Wales Annual Report 2021-22*. London.
7. House of Commons Library (2022). *UK Prison Population Statistics*. London. <https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf>.

Psychosocial hazards

The Health and Safety Executive Management Standards framework aims to support organisations in monitoring and managing work-related wellbeing.⁸ It follows the public health principle that emphasises the need for risk assessment and preventative measures rather than relying solely on individually-targeted interventions.⁹ In designing our survey, we utilised the Management Standards Indicator Tool (MSIT), which is widely used to assess levels of key stressors (known as psychosocial hazards), with benchmarks available to help evaluate organisational performance and identify targets for change.¹⁰ The MSIT measures seven psychosocial hazards that are designed to be applicable to any type of work:¹¹

- Demands (e.g. workload)
- Control (e.g. how work is performed)

- Manager support
- Peer support
- Relationships (e.g. absence of bullying)
- Role (e.g. clarity of expectations)
- Change (e.g. consultation on changes)

Scores for each of the seven hazard categories can range from 1 to 5, with higher levels representing a greater level of satisfaction in relation to that aspect of the work environment. As can be seen below, scores from both surveys, for each of the categories, remain below the HSE target, but small and significant improvements were found in all except peer support (see Table 2). Comparisons with the benchmarks suggest that urgent action is required in relation to demands, control, manager support, relationships, role, and change, and that there is a clear need for improvement for peer support.

Table 2: Comparison of survey findings with targets

	Kinman et al (2014)	Kinman and Clements (2020)	HSE target
Demands	2.64	2.83*	3.50
Control	2.39	2.53*	3.50
Manager support	2.57	2.69*	3.80
Peer support	3.46	3.49	4.00
Relationships	2.75	3.34*	4.25
Role	3.58	3.75*	5.00
Change	2.21	2.37*	3.67

Note: higher scores indicate more satisfaction with each of the dimensions, *= p<.001

In response to criticisms that the HSE standards fail to capture specific features of jobs that can make major contributions to wellbeing, our surveys included additional constructs drawing upon existing literature and insights from our contacts within the sector. In this article, we focus on hazards found to have particularly strong effects on wellbeing and implications for the safe functioning of prisons: exposure to aggression, new psychoactive substances, and presenteeism (i.e., pressures to work while sick).

Aggression

In both the 2014 and 2020 surveys we asked participants how frequently they experienced several forms of aggressive behaviour from prisoners: sexual assault, sexual harassment, physical assault,

intimidation, verbal abuse, and verbal threats. The most frequently reported behaviours were intimidation (regularly or often = 49 per cent (2014), 48 per cent (2020)), verbal threats (regularly or often = 52 per cent (2014), 52 per cent (2020)), and verbal abuse (regularly or often = 64 per cent (2014), 63 per cent (2020)). As can be seen, the pattern of exposure to these behaviours appears stable across time. Participants were also asked if they had ever been physically assaulted by a prisoner during their career, and if so when the last occasion had been. In 2014 nearly one third (30 per cent) reported having ever been assaulted. By comparison, 57 per cent of participants to the 2020 survey reported ever experiencing assault.

Analysis of the data suggested that prison officers' experience of aggression is associated with higher levels

8. Health and Safety Executive (2017). *Tackling Work-Related Stress Using the Management Standards Approach: A Step-by-Step Workbook*. London.

9. Cousins, R., et al. (2004). "Management Standards" and Work-Related Stress in the UK: Practical Development. *Work & Stress*, 18(2), 113–36.

10. Webster, S., & Buckley (2008). *Psychosocial Working Conditions in Great Britain in 2008, Response*. Health and Safety Executive, London.

11. Cassar, V., Bezzina, F., & Buttigieg, S. (2020). Investigating the Psychometric Properties and Assessment Capabilities of the Short Version of the Health and Safety Executive's Management Standards Indicator Tool. *The International Journal of Human Resource Management*, 31(16), 2115–40.

of emotional exhaustion, poorer quality sleep and work-life conflict.¹² Rumination, a repeated activation of cognition about stressors and feelings of being at personal risk of danger, was found to play a role in these outcomes. Detachment, the ability to switch off from work worries and concerns, was found to protect officers against the impact of aggression on emotional exhaustion. The need for prison officers to remain alert to potential dangers, together with a work culture that promotes the perception that the prison environment is dangerous, can contribute to the development of hypervigilance.¹³ Research has found relationships between hypervigilance and exhaustion, physical symptoms of ill-health, poor sleep quality, and work-family conflict.¹⁴

Psychoactive substances

In recent years, the existing drug-related challenges in prisons have been exacerbated by the increase in the use of new psychoactive substances (NPS) such as Spice, which can have severe and life-threatening consequences.¹⁵ NPS came to dominate drug markets in prisons due to early difficulties in detecting usage and the ease of smuggling.¹⁶ Research suggests that NPS use is widespread in prisons, is associated with greater risk of violence, and represents a growing proportion of drug-related deaths.¹⁷ Considering these concerns, our 2020 survey asked prison officers how frequently they were exposed to NPS. Most respondents (85 per cent) highlighted NPS as a serious cause for concern in their

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institution. Approximately two thirds (66%) reported being exposed at least once or twice a month. Of these 22% reported being exposed once or twice a week, and 18% once a day or more. Higher levels of perceived exposure among officers were associated with a greater risk of psychological distress.¹⁸

Presenteeism: A sign of occupational stressors

As discussed above, prison officers are frequently exposed to commonly experienced stressors such as high workload, and occupation-specific stressors such as violence and aggression. In accordance with research findings that stress increases the risk of sickness absence, it is perhaps not surprising that the number of days lost to sickness has been increasing in the UK prison service.¹⁹ It is important that individuals have the opportunity to recover from sickness, but presenteeism — the act of working while sick — has strong potential to delay recovery.²⁰ Our surveys asked prison officers about their experiences of working while sick, with 84 per cent of the 2014 sample and 92 per cent of the 2020 sample reporting engaging in presenteeism at least sometimes. The 2014 survey included an open-ended question asking participants who had worked while sick to explain why they had done so. The most common reasons referred to punitive sickness absence policies, pressure from management, staff shortages, fear of dismissal, fear of stigma, sense of duty, and concerns about workload.²¹ This initial analysis

12. Clements, A. J., & Kinman, G. (2021). Job Demands, Organizational Justice, and Emotional Exhaustion in Prison Officers. *Criminal Justice Studies*, 34(4), 441–58; Kinman, G., Clements, A. J., & Hart, J. (2017). Working Conditions, Work–Life Conflict, and Well-Being in U.K. Prison Officers: The Role of Affective Rumination and Detachment. *Criminal Justice and Behavior*, 44(2), 226–39; Kinman, G., & Clements, A. J. (2022). Prison Officers’ Experiences of Aggression: Implications for Sleep and Recovery. *Occupational Medicine*, 72(9), 604–8.
13. Higgins, E. M., et al. (2023). “They Might Not Kill You Today but They’re Going to Get You in the End”: The Correctional Subculture and the Schematization of Danger. *The British Journal of Criminology*, azac099.
14. Fritz, C., et al. (2018). On Guard: The Costs of Work-Related Hypervigilance in the Correctional Setting. *Occupational Health Science*, 2(1), 67–82.
15. European Monitoring Centre for Drugs and Drug Addiction (2015). New Psychoactive Substances in Europe. *EU Early Warning System*, 12; Fazel, F., Yoon, I. A., & Hayes, A. J., (2017). Substance Use Disorders in Prisoners: An Updated Systematic Review and Meta-Regression Analysis in Recently Incarcerated Men and Women. *Addiction*, 112, 1725–39.
16. Ralphs, R., et al. (2017). Adding Spice to the Porridge: The Development of a Synthetic Cannabinoid Market in an English Prison. *International Journal of Drug Policy*, 40, 57–69.
17. Duke, K., et al. (2023). The Risk Matrix: Drug related Deaths in Prisons in England and Wales, 2015–2020. *Journal of Community Psychology*, jcop.22989; Mason, R., et al. (2022). New Psychoactive Substances and Violence within a UK Prison Setting. *Substance Use & Misuse*, 57, 2146–50.
18. Kinman, G., & Clements, A. J. (2021). New Psychoactive Substances, Safety and Mental Health in Prison Officers. *Occupational Medicine*, 71, 346–50.
19. HM Prison and Probation Service (2023). *HM Prison and Probation Service Workforce Quarterly: December 2022*. London.
20. Johns, G. (2010). Presenteeism in the Workplace: A Review and Research Agenda. *Journal of Organizational Behavior*, 31, 519–42.
21. Kinman, G., Clements, A. J., & Hart, J. (2019). When Are You Coming Back? Presenteeism in U.K. Prison Officers. *Prison Journal*, 99, 363–83.

informed the development of a quantitative measure used in the 2020 survey.²² Interestingly, the reasons for presenteeism that were most frequently endorsed related to concerns about letting colleagues down and a sense of duty and professionalism. Moreover, prison officers who reported working while sick due to pressure from management and a sense of duty and professionalism tended to report more psychological distress, had poorer perceptions of workplace safety climate, and also rated their performance while sick more negatively.

The data also suggested that at least some presenteeism among prison officers was driven by concerns about punitive sickness management processes, which could result in job loss and were often combined with pressure from management. It should be noted, however, that this research was conducted before the COVID-19 pandemic when prisons were identified as high-risk environments partly due to overcrowding. Subsequent research has found that workplace COVID-19 culture, representing encouragement to follow protective practices such as quarantining while infected, tend to discourage presenteeism behaviours.²³ Future research should examine whether awareness of the risks of working while sick might have increased in prisons following the pandemic and a 'healthier' sickness absence culture implemented.

Interventions

Having identified a number of wellbeing challenges facing employees in the prison service, it is important to consider what steps might be taken to improve the situation. To date, few studies have evaluated wellbeing interventions in the sector. Interventions to support wellbeing can be

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conceptualised at three levels: primary strategies that address the source of stress; secondary interventions, that enhance people's skills to manage potentially hazardous experiences, and tertiary interventions aimed at those already experiencing difficulties in response to work-related hazards.²⁴ As we will show, most of the research published on interventions in prison contexts focuses on individuals and typically involve secondary rather than primary interventions. The lack of research in this area is well illustrated by a recent meta-analysis of wellbeing interventions among prison officers, where only nine papers met the inclusion criteria, four of which were unpublished dissertations.²⁵ In this section, we review the available published research on prison interventions, before drawing on the wider intervention literature and highlighting priorities for change.

In one intervention study, researchers provided 47 prison personnel with education about stress and its consequences, followed by training on the benefits and practice of yoga.²⁶ Participants were asked to evaluate the programme via a survey comprising closed and open-ended questions. While the participants evaluated the training positively, highlighting its benefits for stress management, the correlational design used hindered the ability to demonstrate the intervention's effectiveness.

Another study testing a stress management intervention with prison officers adopted an experimental design with a wait-list control group.²⁷ The training aimed to develop the ability to identify health risk factors and improve emotional self-regulation. The researchers reported improvements in levels of cholesterol, heart rate and blood pressure, and reduced emotional distress three months post-intervention. Participants in the experimental condition also reported higher levels of motivation, goal clarity, and support compared to the control group.

22. Kinman, G., & Clements, A. J. (2022). Sickness Presenteeism in Prison Officers: Risk Factors and Implications for Wellbeing and Productivity. *International Journal of Environmental Research and Public Health*, 19, 3389.
23. Probst, T. M., et al. (2021). Work and Non-Work Sickness Presenteeism: The Role of Workplace COVID-19 Climate. *Journal of Occupational & Environmental Medicine*, 63, 713–718.
24. LaMontagne, A. D., et al. (2007). Intervention Evaluation Literature, 1990 – 2005. *International Journal of Occupational and Environmental Health*, 13, 268–80; Montano, D., Hoven, H., & Siegrist, J. (2014). Effects of Organisational-Level Interventions at Work on Employees' Health: A Systematic Review. *BMC Public Health*, 14, 135.
25. Evers, T. J., et al. (2020). Well-Being Interventions for Correctional Officers in a Prison Setting: A Review and Meta-Analysis. *Criminal Justice and Behavior*, 47, 3–21.
26. Smith, H. P., et al. (2022). An Evaluation of a Yoga Program Designed for Correctional Administrators and Officers. *Journal of Offender Rehabilitation*, 61, 37–60.
27. McCraty, R., et al. (2009). New Hope for Correctional Officers: An Innovative Program for Reducing Stress and Health Risks. *Applied Psychophysiology Biofeedback*, 34, 251–72.

A further study evaluated the use of psychological debriefing in a prison setting.²⁸ Using a quasi-experimental design, the researchers found that symptoms of PTSD decreased between the first and second waves of data collection conducted before the session and one month following. While PTSD symptoms reduced, there were no significant changes in levels of anxiety and depression. It is important to note that the participants in this study self-selected into the experimental or control conditions, i.e., they chose whether to attend the psychological debriefing session or not. This is likely to be a confounding variable, whereby those more motivated to attend may have been less badly affected by PTSD or more open to this type of intervention.

The value of participatory approaches to health and safety in prison settings is well recognised.²⁹ Two studies have evaluated aspects of this approach with interventions primarily focusing on physical fitness and health and safety. Cherniack et al reported that aspects of the process, such as levels of participation and sophistication of interventions, improved over time.³⁰ Dugan et al compared the outcomes of two programmes, the first of which took a top-down approach (i.e. chosen by the organisation), while the latter was a bottom-up participatory approach (i.e. driven by frontline officers).³¹ The researchers reported mixed success in both programmes, and identified important factors contributing to outcomes, such as setting achievable goals, meeting regularly to maintain continuity, and ensuring continued management support for initiatives. The researchers noted that, in some cases, proposed interventions were discouraged

by management due to operational concerns (e.g., security), with the observation that early involvement of management might help identify interventions likely to be more acceptable.

Given the lack of evidence available about what type of intervention is most effective in the prison context, it is useful to examine the wider evidence regarding wellbeing interventions at work. As has been demonstrated, there is a lack of attention to primary interventions in workplaces generally. Given the systemic nature of challenges facing prisons identified in this paper, such as short-staffing, challenging working environments, drug prevalence (including NPS), exposure to violence and pressure to work while sick, there is a clear need for interventions at the public policy and organisational level. For example, at the policy level, prison overcrowding and the resulting workload pressure for employees, might be addressed by reducing the use of incarceration. At the organisational level, workloads could be addressed by prioritising allocation of staff to ensure adequate coverage of demanding tasks and redesigning work tasks to reduce demands.³² Participatory approaches can also be used to involve employees in identifying ways to enhance key aspects of the work environment such as job control, support and

reward and recognition. While there is evidence that secondary interventions such as cognitive behavioural strategies and relaxation techniques can help manage stress, anxiety, and emotional exhaustion these are not likely to work in isolation.³³ Research evidence shows that a combination of organisational-level and individual-level interventions are more effective than

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28. Ruck, S., Bowes, N., & Tehrani, N. (2013). Evaluating Trauma Debriefing within the UK Prison Service. *Journal of Forensic Practice*, 15, 281–90.
29. El Ghaziri, M., et al. (2020). Progress in Corrections Worker Health: The National Corrections Collaborative Utilizing a Total Worker Health® Strategy, *Journal of Occupational & Environmental Medicine*, 62, 965–72; Jaegers, L. A., et al. (2020). Total Worker Health® Needs Assessment to Identify Workplace Mental Health Interventions in Rural and Urban Jails. *The American Journal of Occupational Therapy*, 74, 7403205020p1–12.
30. Cherniack, M., et al. (2016). Participatory Action Research in Corrections: The HITEC 2 Program. *Applied Ergonomics*, 53, 169–80.
31. Dugan, A. G., et al. (2016). Process Evaluation of Two Participatory Approaches: Implementing Total Worker Health® Interventions in a Correctional Workforce. *American Journal of Industrial Medicine*, 59, 897–918.
32. Steiner, B., & Wooldredge, J. (2015). Individual and Environmental Sources of Work Stress Among Prison Officers. *Criminal Justice and Behavior*, 42, 800–818.
33. Maricu oiu, L. P., Sava, F. A., & Butta, O. (2016). The Effectiveness of Controlled Interventions on Employees' Burnout: A Meta-Analysis. *Journal of Occupational and Organizational Psychology*, 89, 1–27.

approaches addressing one level only.³⁴ For example, secondary interventions may help prepare individuals to respond more effectively to initiatives aimed at improving working conditions. Our own research has found evidence that prison officers would particularly welcome interventions that aim to enhance support from managers, and to address specific issues such as drug-use among prisoners and sickness presenteeism.³⁵ However, it may also be necessary to address individual attitudes and workplace culture, e.g., hyper-masculinity and the resulting stigma, which may militate against seeking help for mental health difficulties.³⁶

Conclusions

This article has identified a range of challenges facing the UK prison service, which also reflect global prison trends. Prison officers are exposed to psychosocial hazards such as high job demands and low levels of control and support. While our research

suggests that improvements have been made within the UK in some key workplace psychosocial hazards, they still fall below recommended levels and psychological distress also remains high in the sector. We recommend a multi-level approach to managing prison officer wellbeing, requiring carefully integrated interventions at the policy, organisation, and individual level. Policy and organisational level initiatives will be required for addressing organisational challenges such as overcrowding and short-staffing, and interventions involving leadership development may also help enhance support for officers. There are however some key occupational stressors inherent to working with prisoners, requiring the implementation of initiatives to support officers in managing stress and reducing rumination to recover effectively from work. By addressing these challenges, the prison service may not only enhance prison officer wellbeing, but also improve the operational sustainability of the service.

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34. Montano, D., Hoven, H., & Siegrist, J. (2014). Effects of Organisational-Level Interventions at Work on Employees' Health: A Systematic Review. *BMC Public Health*, *14*, 135.
 35. Kinman, G., & Clements, A. J. (2020). Survey of Work-Related Wellbeing. Prison Officer Association; Kinman, G., Clements, A. J., & Hart, J. (2019). When Are You Coming Back? Presenteeism in U.K. Prison Officers. *Prison Journal*, *99*, 363–83.
 36. Barry, C. (2019). "You Can't Tell Anyone How You Really Feel": Exploring Emotion Management and Performance among Prison Staff Who Have Experienced the Death of a Prisoner. *International Journal of Law Crime and Justice*, *61*, 100364.