



Survey of
**Work-Related
Wellbeing**

By Professor Gail Kinman
& Dr Andrew Clements

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 POAUnion

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**Dr Gail Kinman is
Visiting Professor of Occupational Health Psychology
at Birkbeck University of London**

**Dr Andrew Clements is
Lecturer in Occupational Psychology
at Coventry University**

Many thanks to the POA members who took part in this survey.

Foreword

The POA represent over 30,000 full members and retired members across the UK working in all areas of the Criminal Justice System. This makes the POA the largest Union representing workers in this work sector.

In 2014, the POA commissioned a survey of members to examine their work-related wellbeing. The findings of that survey clearly showed that employing bodies were not meeting the minimum standards recommended by the UK Health and Safety Executive for the management of employee wellbeing. In the 2014 survey, members indicated experiencing difficulties, with the amount of demand, control and support from managers, the quality of working relationships and the management of change being of particular concern.

In 2020 (prior to the Covid-19 pandemic), the POA once again commissioned a survey of members to examine their work-related wellbeing. Unfortunately, a lot of concerns that members had in 2014 remain, and in many cases have been exacerbated. The survey clearly shows that the stresses and strains of working in the Criminal Justice System have a detrimental effect on members' health, wellbeing and safety.

The findings of this survey show that violence continues to rise, with an additional contributory factor being the high prevalence of psychoactive substances within the custodial environment. Members also reported high levels of work-related stress, mental health problems and burnout, while PTSD is common. The poor working conditions mean that retention of staff continues to be a problem, with the annual turnover rate increasing. It should be noted that 50% of staff have less than five years' experience.

Despite their efforts, people working in the Criminal Justice System are not appreciated by their employers. Over the past 10 years, POA members have suffered pay cuts because of austerity. This has meant 10 years of pain and suffering for our members. On 21 July 2020, the Government made a written statement to Parliament on pay for those working within HMPPS. The Government had accepted all but one of the Prison Service Pay Review Body recommendations, the exception being in relation to Band 3 members of Fair and Sustainable pay and conditions receiving a consolidated pay award should they work in an Amber or Red site. The POA believe that our members should be recompensed fairly for the dangerous and stressful job that they do on behalf of society. To this end, the POA hope to engage the Prison Service and other employers in collective bargaining on pay and related issues. The findings of this survey will strengthen our case for improvements to working conditions and pay.

Those working in the Criminal Justice System continue to be expected to work until the age of 68. Lord Hutton's report on Public Sector Pension Provision allowed for those working in the uniformed services to retire before the age of 68 to reflect the unique characteristics of the work involved. By uniformed services, Lord Hutton stipulated that these should include the armed forces, the Police and Firefighters, but not prison officers and those working in the Criminal Justice System.

POA members have been acknowledged as Keyworkers during the Covid-19 pandemic and their work has been recognised as vital to a well-ordered and decent society. POA members have also been included in the Assaults on Emergency Workers Act and recognised in the consultation exercise taking place at the moment. It is therefore only correct that POA members should be recognised for the unique characteristics of the job that they do, and they should have a Normal Pension Age of 60. The concerns that POA members have about

their ability to do the job after the age of 60 were highlighted in the 2014 survey and have strengthened over time.

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, improve their mental health and provide fit-for-purpose on-site support for all staff to access.



Mark Fairhurst
POA National Chairman



Steve Gillan
POA General Secretary

Summary

Work-related stress

- The findings of the 2020 survey of POA members clearly show 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.
- Although some areas have improved slightly since the 2014 survey, POA members continue to report lower wellbeing than average for all of the HSE's work stressor categories. Using the HSE's colour-coding system, wellbeing levels for demands, control, manager support, relationships, role and change management were categorised as red (indicating urgent action is required) and peer support as yellow (showing a clear need for improvement).
- Levels of wellbeing for the HSE work stressor categories are lower than those found in many other emergency and safety-critical services, such as the police and the Fire and Rescue Service.
- Members who report poorer wellbeing in relation to the HSE work stressor categories tend to be at greater risk of mental health problems and burnout and have less job satisfaction, more work-life conflict and stronger leaving intentions.
- In terms of demand, POA members often have problems managing their workload, are expected to work very intensively and are forced to neglect some tasks as there is too much to do. Few feel their workload is allocated fairly, resulting in overload.
- POA members seldom feel in control over what they do at work and the pace at which they are expected to work. Around half of the sample feel unable to take a break when required.
- In relation to support, POA members can sometimes talk to their line manager about something that has upset or annoyed them at work. Nonetheless, they rarely get supportive feedback or help to cope with the emotional demands of the job.
- Respondents are considerably more satisfied with the help and support they receive from colleagues. This remains the most satisfying aspect of the job by far. Working with colleagues who are inexperienced, however, can make the job more demanding and hazardous.
- The incidence of bullying and harassment within the employing bodies continues to be unacceptably high. Only around one-third of POA members (34%) report having never been subjected to harassment at work, and only 41% have never experienced bullying at work.
- In terms of role, POA members continue to be generally clear about their duties and responsibilities and believe they have the information necessary to get the job done.
- Respondents typically report they have little input into organisational change and are often uncertain about how such changes will work out in practice. Many feel they are not personally consulted when decisions are made about their job.
- Almost half (48%) of POA members rate the quality of their on-the-job training as poor or very poor; only 12% find it to be very good or excellent. More than five out of ten consider their opportunities for promotion as poor or very poor.

Safety and risks at work

- Most respondents are concerned about their safety at work and report feeling less secure than they did a year ago. Many also feel the need to be “hyper-vigilant” for potential danger during their shift. Of particular concern is that 70% of the sample believe that poor staffing levels compromise the personal safety and security of staff and prisoners.
- The use of psychoactive substances (PS) has become a serious problem for many POA members. Being subjected to PS by prisoners appears commonplace in the employing bodies, with nearly one respondent in five experiencing this at least once a day. Exposure can lead to serious health problems and also has implications for staffing and retention.
- In line with recent statistics, POA members continue to experience intimidation and violence from prisoners on a regular basis. Almost two-thirds of the sample report being subjected to verbal abuse from prisoners either often or regularly. Around half receive verbal threats and experience intimidation from prisoners either often or regularly.
- The proportion of POA members who report being subjected to assault from prisoners has increased since 2014, with more than one in five having this experience at least once a month. More than half of these attacks are described by respondents as moderate or serious.
- Experiences of violence and intimidation, feeling unsafe and needing to remain vigilant at work are major risk factors for mental health problems and burnout among members. They are also strongly linked to impaired sleep, poor recovery and leaving intentions.
- The need for enhanced support services after assault by prisoners was highlighted in the 2014 survey, but more than two-thirds of respondents remain dissatisfied with the support they receive.

Health and wellbeing

- The high level of mental health problems reported by POA members in the 2014 survey has not abated and continues to be poorer than many other occupational groups. Respondents also commonly experience emotional exhaustion and sleeping difficulties.
- The extent of stress-related disorders among POA members also continues to be high, with more than one-third being diagnosed by their GP since they started working for the employing bodies.
- Stigma surrounding work-related stress appears to be a continuing problem in the employing bodies. Many respondents still feel unable to discuss any stress they experience with their line manager, but most can talk to their colleagues about such issues.
- “Presenteeism” was highlighted as a major concern in the 2014 survey, but more than nine out of ten respondents continue to feel pressure to work while sick at least sometimes, with 43% always doing so. The most common reasons are a strong sense of duty, loyalty to colleagues, guilt about taking sick leave and fears about disciplinary action. The implications of presenteeism for the wellbeing and safety of staff and prisoners are potentially serious.
- The 2014 survey highlighted a general lack of awareness among members of the services available to help them manage work-related stress. Six years later, their knowledge has not improved substantially, but more respondents are now aware of a stress helpline and confidential counselling service.

Work-life balance

- The work-life balance of POA members remains poor. Most struggle to find enough time to spend with family and friends and have difficulty “switching off” from the worries and concerns of their job. This has a negative impact on members’ personal life and their ability to recover from work demands, and can potentially impair their health, job satisfaction and performance.

Job satisfaction and retention

- Many POA members gain a strong sense of personal accomplishment from the job and consider they have a positive influence on prisoners’ lives.
- The level of job satisfaction among POA members has increased slightly since 2014 but remains lower than in many other occupational groups in the UK. By far the strongest source of satisfaction continues to be with fellow workers. Extrinsic aspects of work, such as promotion opportunities and job security, are generally considered the least satisfying, but pay and the way the organisation is managed have the lowest ratings overall.
- Retention of staff is a continuing problem in the employing bodies. Nearly half reported that they are seriously considering leaving their job soon. Losing more staff will have grave consequences for the functioning of the employing bodies, which is already seriously under-staffed in many areas.

Working beyond the age of 60

- Most POA members who responded to the 2014 survey were unhappy about being expected to work over the age of 60, and these concerns have grown. The proportion of respondents who believe that working for longer will adversely affect their ability to do their job has increased.

Introduction

People working in prisons and similar institutions are at greater risk of work-related stress than most other occupations, and the risk of mental health problems, burnout and PTSD is high¹. Challenges to the wellbeing of staff include heavy workloads, lack of support and control, and poor resources. The work is also emotionally and physically demanding, as prison employees are responsible for the safeguarding and rehabilitation of offenders whose behaviour can be unpredictable, resistant or violent. Adequate numbers of well-trained staff are therefore required to ensure the wellbeing and safety not only of workers themselves but also of the prisoners. Nonetheless, at the time of conducting this survey, the number of prisoners officially held in crowded conditions was 22.5% (with 47.4% of male local prisons being overcrowded) and many prisons are under-staffed^{2,3}. Although recent recruitment efforts have to some extent been successful, the annual turnover rate has risen, especially among recent recruits. The workforce is also considerably less experienced, with 50% of prison officers having less than five years' experience in the role compared with 6% in 2014⁴. Moreover, standards in prisons have declined on almost all measures⁴ and the incidence of poor prisoner behaviour has increased. The number of attacks on staff has increased considerably since 2010, with serious assaults up by over 200%; along with widespread drug use among prisoners (particularly new psychoactive substances), this compounded the stressful nature of the work^{5,6}. There are understandably serious concerns for the wellbeing of staff and the safe running of prisons.

In 2014, the POA commissioned a survey to examine the work-related wellbeing of members⁷. The findings showed that the employing bodies in the UK were not meeting the minimum standards recommended by the UK Health and Safety Executive (HSE) for the management of employees' wellbeing⁸. POA members reported low wellbeing for all the HSE's workplace hazard categories, with the levels of demand, control, support from managers, quality of working relationships and management of change being particularly poor⁹. Experiences of violence and intimidation were frequently reported by staff, which were strongly related to emotional distress as well as physical harm.

In the 2014 survey, POA members were found to be at greater risk of mental health problems and burnout than most other occupational groups. Anxiety, emotional exhaustion and insomnia were particularly common, and the prevalence of stress-related illness was high¹⁰. Job demands, role stress, poor interpersonal relationships and lack of control were the key predictors of mental health problems. Work-life balance among members was generally poor, and many had difficulty "switching off" from job-related problems. This had serious implications for their personal relationships, their sleep quality and their health¹¹. A considerable majority of respondents to the 2014 survey felt pressurised to come into work when they were unwell due to pressure from managers, staff shortages and fear of dismissal, as well as other factors¹². Respondents were generally dissatisfied with the support they received from their employers to protect their wellbeing. Of particular concern was the finding that most considered disclosing work-related stress or a "failure to cope" with the demands of their job be heavily stigmatised in the employing bodies. Several recommendations were made to improve the working conditions and support provided to staff, and the importance of protecting their wellbeing was strongly emphasised.

Aims of this survey

As highlighted above, the findings of the survey conducted in 2014 highlighted the poor working conditions and wellbeing of POA members. The further increase in overcrowding and understaffing and other challenges experienced in the employing bodies over the past six years means that working conditions may well have deteriorated further, thus intensifying the demands on staff. This follow-up survey commissioned by the POA in 2020 examines members' perceptions of their current working conditions, the implications for their wellbeing and the functioning of the employing bodies. Where relevant, the findings of this survey are compared with the findings from 2014.

More specifically, this survey 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 are meeting national standards for the management of work-related wellbeing.
- Consider members' attitudes about the fairness of the tasks that they perform and the rewards they receive.
- Examine members' perceptions of their safety and security at work, their personal experiences of violence and intimidation from prisoners, the support available to them, and the implications for their wellbeing.
- Investigate members' experiences of psychoactive substance use among prisoners and the implications for their personal wellbeing.
- Identify the prevalence of mental health symptoms, burnout and job satisfaction in the employing bodies and compare this with other occupational groups.
- Consider the extent of sickness absence and "presenteeism" reported by members and the reasons why they work while sick.
- Investigate how members' working conditions impact on their personal life and the implications for their wellbeing.
- Examine members' experiences of sleep and recovery and how this influences their wellbeing and work-life balance.
- Identify the availability of support services in the employing bodies and the extent to which staff feel able to disclose work-related stress to managers and colleagues.
- Revisit the attitudes of members towards continuing to work after 60 years of age.
- Examine members' intentions to remain in their current job and the key factors that influence leaving intentions.

Method

A link to an online survey was made available to members of the POA. The questionnaire included measures administered in the 2014 survey to identify any changes in members' perceptions of the HSE psychosocial hazards, their experiences of violence and intimidation, and the support that is available to them. The same measures of mental health, burnout, work-life balance and job satisfaction were also included in the 2020 survey to enable comparisons with the 2014 findings. Other questions included in both surveys examined members' sickness absence and annual leave, as well as their experience of work-related stress and any stigma attached to disclosing stress. Attitudes about working beyond the age of 60 were also revisited.

The 2020 survey introduced several new measures to examine a range of other issues likely to be relevant to members, or to expand on causes for concern that were highlighted in 2014. Members' perceptions of safety and security at work were examined, together with the need to remain vigilant for signs of danger, and their experiences of psychoactive drug use among prisoners. Expanded measures of sleeping difficulties, turnover intentions and

recruitment issues were also included. Presenteeism (i.e. continuing to work while sufficiently unwell to take time off) was highlighted as a major cause for concern in the 2014 survey, so this was also explored in more detail.

An open-ended question invited respondents to provide more details about how their work impacts on their wellbeing. This report includes some anonymised extracts from members' responses to highlight their experiences.

Results

The sample

Demographic profile

There were 1,956 respondents to this survey (86% male). Ages ranged from 19 to 67 years, with a mean of 48 (SD = 9.62). Respondents identified as predominantly white British (94%) and heterosexual (91%). In terms of relationship status, 84% were currently married, in a civil partnership or cohabiting, 8% were single and 8% were divorced/separated. Forty-seven percent of respondents had dependent children, with the number of children ranging from one to five. Twelve percent of the sample identified as disabled, and a further 4% were unsure if this was the case¹.

Working background

Respondents had worked for the Prison Service for an average of 19 years (SD = 10.15), but the length of employment ranged from five months to 42 years. Almost all worked in prisons and in the public sector (both 99%), with only six respondents employed in the private sector and another six within the National Health Service. Most respondents (85%) worked in England, 11% in Scotland, 2% in Northern Ireland and 2% in Wales. The majority (93%) worked full-time and all but three were employed on a permanent contract. Seventeen percent of the sample reported having line management responsibility, with the number of direct reports ranging from one to 113 (mean = 17, SD = 14.16).

- Of the 1,689 respondents who worked in the *public sector in England and Wales*, most (99%) identified themselves as Prison Officers, with 11% being Custodial Managers, 23% Supervising Officers, 60% Officers and 6% Operational Support Grades. Twenty-one respondents were Governors. Other job types outside the main categories were also represented, including Administrators, Physical Education Instructors and Dog Handlers.
- Of the 192 respondents who indicated that they worked in the *public sector in Scotland*, 86% were employed as Prison Officers (Residential or Operational) and the remainder (14%) as Supervisors. Other job types were represented, such as Physical Education Instructors and Administrators.
- Forty-three respondents worked in the *public sector in Northern Ireland*. As with England and Wales, most (93%) were from the Prison Officer grades, 19% were Senior Officers and 7% Night Patrol Officers. Other respondents were represented outside the main job categories, such as Night Custody Officers.
- Eleven respondents reported that they worked in the *Public Sector within Healthcare Services*. Of these, 61% were Security staff, 33% Nurses (from Clinical Grades A to I) and 6% Ancillary Staff, such as Caterers, Porters and Domestics.

¹ The sample size and demographic profile of respondents to the current survey were similar to the 2014 survey, where there were 1,682 respondents (85% male), with a mean age of 47 who mostly identified as white British (97%).

- Six respondents indicated that they worked in the *Private Sector* as Prison Officers or Support Grades.

Working hours and annual leave

Most respondents (92%) were contracted to work for at least 37 hours per week. Those who worked overtime on a regular basis (61%) did an average of 8.2 hours per week (SD = 6.6) over and above their contracted hours, but 45% worked at least 10 additional hours. Seven percent of participants, mostly men, indicated that they were currently working family-friendly hours.

More than six respondents out of ten reported that they could “always” (6%) or “frequently” (60%) take their annual leave at a time of their choosing. Thirty-four percent, however, reported that they could “rarely” (30%) or “never” (4%) do so.

Comments

“The shifts are too long and exhausting and we are required to work extended shifts at very short notice – it has a massive impact on my personal relationships.”

“The long hours mean that for over half of the week I do not have any downtime to relax from work; the shorter shifts are worked on ‘auto pilot’ and the rest days are used purely to recover.”

“As I am conscientious, I work longer hours to make sure my work is complete, so I don’t let my team down.”

“The way annual leave is structured restricts our ability to have a holiday with our families. I haven’t been away with my wife and children in the last three years.”

“Annual leave is supposed to be restful, but instead it is stressful as my work is not back-filled when I am not there. Therefore, I am forced to work harder before my leave and harder when I return. This renders my leave period useless.”

Working age

Members 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 currently under 60, to what extent do you think working beyond 60 would affect your ability to do your job. A total of 141 respondents who were at least 60 at the time of the survey responded to question a). More than one-third of these (34%) considered that their age did not impair their ability to do their job, but over half (52%) believed that it did so at least “moderately”, with 26% responding “very much”. This is a substantial increase from the 2014 survey, where 8% of respondents who were over 60 indicated that their job performance had been affected “very much”.

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”. This was the same proportion of the sample as in the 2014 survey. Only 3% (i.e. 42 members out of 1,296) believed that it would affect them “a little” or “not at all”.

Comments

“Working up to 60 means we are too old for the job we are expected to do – particularly control and restraint. Expecting us to work until 68 is an insult.”

“As I age, I feel I am becoming more vulnerable to injuries, which has a serious effect on my home life and my ability to continue in the job.”

“My health is rapidly failing. I will not be able to do this job after the age of 60.”

Health and Safety Executive Management Standards: measuring 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 used where work stress is considered a serious health and safety issue, and potentially stressful working conditions 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 source².

The HSE framework assesses seven aspects of work activity (known as psychosocial hazards) that are: a) relevant to most employees in the UK and b) are the most critical predictors of employee wellbeing and organisational performance. The hazard categories are:

- **Demands:** workload, pace of work and working hours;
- **Control:** autonomy over working methods, pacing and timing;
- **Managerial support:** supportive behaviours from line managers and the organisation more generally, such as the availability of feedback and encouragement;
- **Peer support:** help and respect received from colleagues;
- **Relationships:** interpersonal conflict within the workplace, including bullying and harassment;
- **Role:** the clarity of job roles and responsibilities and how work fits into the organisation's overall aims;
- **Change:** communication and management of organisational changes.

A self-report questionnaire measures levels of these psychosocial hazards. Each hazard 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 is widely used to diagnose the most stressful aspects of work. It enables organisations or sectors to compare their scores for each of the hazards against national benchmarks (i.e. the average results) from 136 organisations in the UK. Where the overall score for any hazard is compared unfavourably, the HSE provides targets to help employers improve their performance¹³. The process not only allows organisations to assess how well they are managing each of the hazards within their workforce but also helps them target 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 found 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.** In this table, the findings of the current survey (labelled POA 2020) are compared with the HSE average, with the shortfall (referred to as the "wellbeing gap") shown in brackets. The table also provides the mean scores from the 2014 POA survey to enable comparison with the current findings. The colour coding system recently introduced by the HSE makes four categories of recommendation based on the seven hazard categories and each question¹². These are:

² See <http://www.hse.gov.uk/stress/> for information on the HSE approach to managing work-related stress and a copy of the questionnaires

“red: urgent action needed” (scores are below the 20th percentile in relation to benchmark data); “yellow: clear need for improvement” (scores are below average, but not below the 20th percentile); “blue: good, but need for improvement” (scores are better than average but not at, above, or close to the 80th percentile) and “green: doing very well, need to maintain performance” (scores are above or close to the 80th percentile).

As can be seen from Table 1, POA members had lower scores for all seven hazard categories than the HSE average (indicating poorer wellbeing). The level of wellbeing relating to support from peers was unchanged since the 2014 survey and wellbeing for demands, control, support from managers, relationships and management of change had improved somewhat since 2014. Nonetheless, scores for all seven categories remained below the HSE average. A particularly large wellbeing gap was found for manager support and change. Using the colour-coding system, wellbeing levels for demands, control, manager support, relationships, role and change management were categorised as red (urgent action is required) and peer support as yellow (clear need for improvement).

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

	POA 2020 (n=1956)	HSE Average (with shortfall)	POA 2014 (n=1682)	HSE Target
Demands	2.83*	3.44 (-0.61)	2.64	3.50
Control	2.53*	3.32 (-0.79)	2.39	3.50
Manager support	2.69*	3.77 (-1.08)	2.57	3.80
Peer support	3.49	4.03 (-0.54)	3.46	4.00
Relationships	3.34*	4.13 (-0.79)	3.25	4.25
Role	3.75*	4.61 (-0.86)	3.58	5.00
Change	2.37*	3.54 (-1.17)	2.21	3.67

The difference is significant at $P < 0.001$.

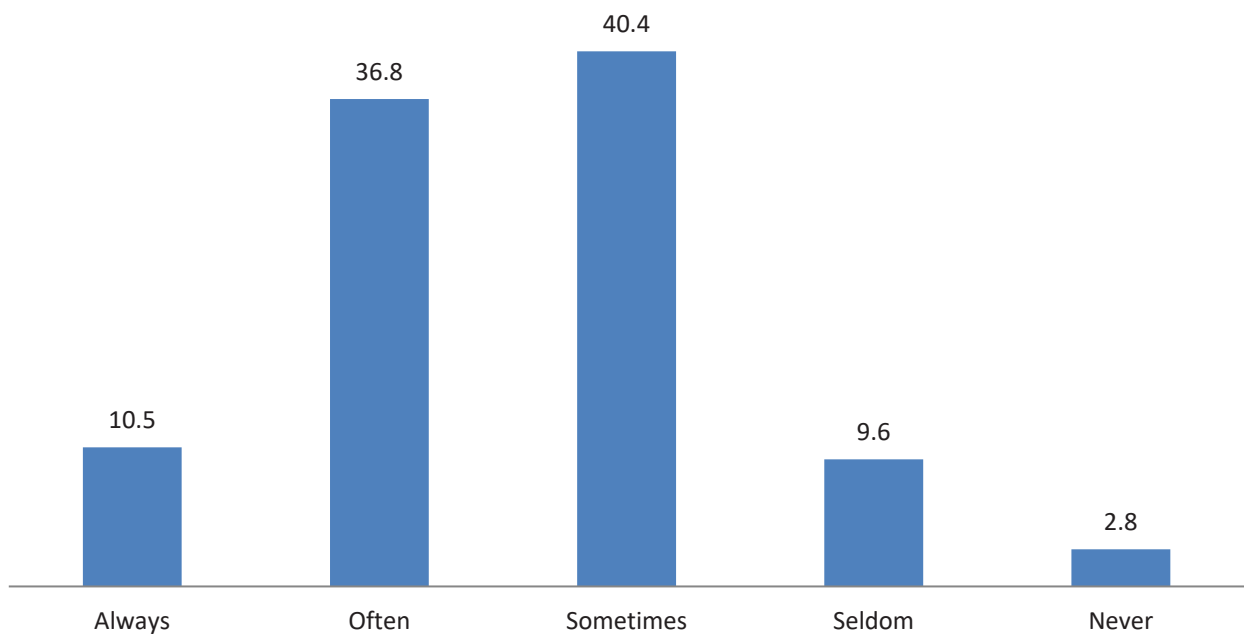
The findings for each of the seven hazards are discussed in greater detail below, with the responses to the questions within each category also shown. The percentage of respondents who endorsed each of the response categories is provided. Differences between the findings of the two surveys (in terms of mean levels of satisfaction found for each dimension) are also shown. Some responses from the open-ended questions are included to illustrate participants’ views on each of the hazard categories.

1. Demands

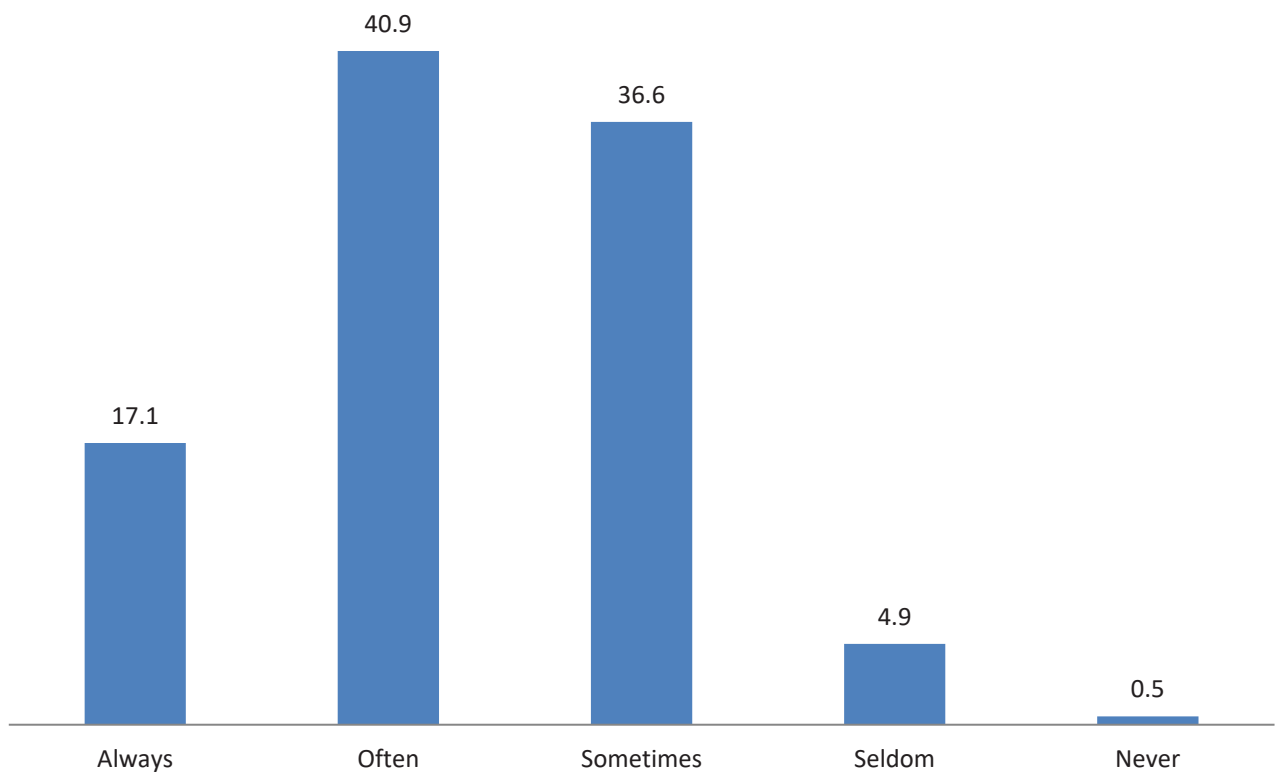
A typical snapshot

Respondents said they “often” or “sometimes” had demands from different groups at work that were difficult to combine. They “sometimes” or “often” had to work very quickly and very intensively, “sometimes” under unrealistic time pressures. Respondents “sometimes” 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” or “often” unable to take sufficient breaks.

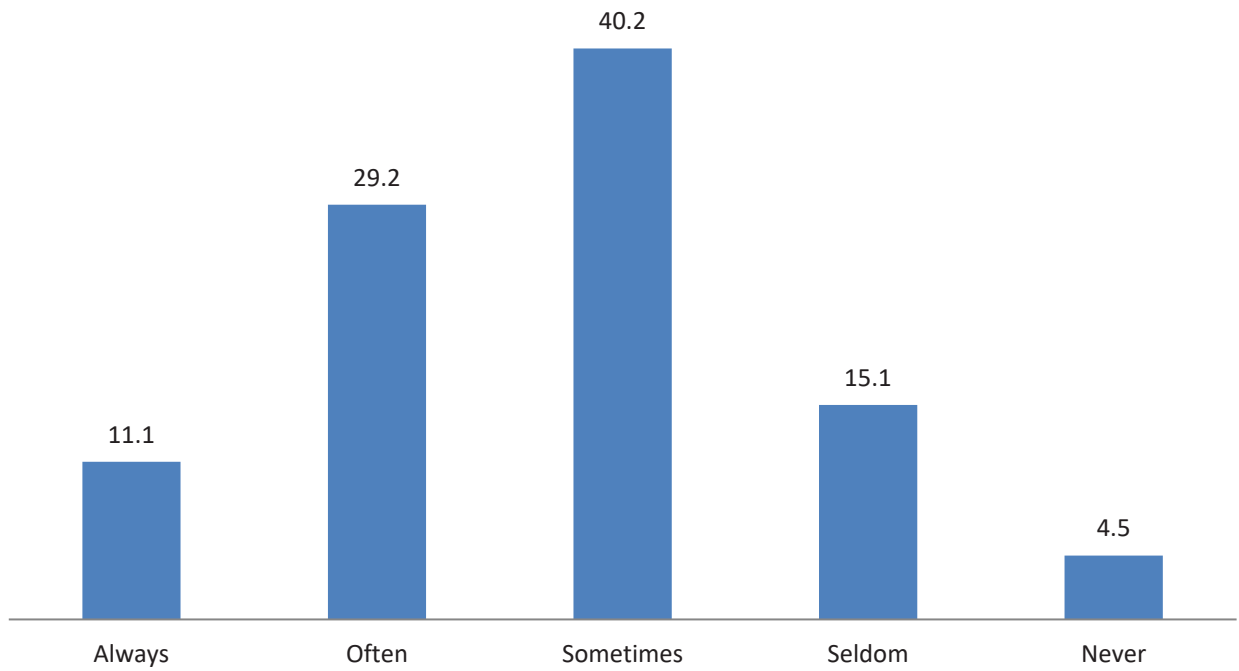
Q3: Different groups at work demand things from me that are hard to combine



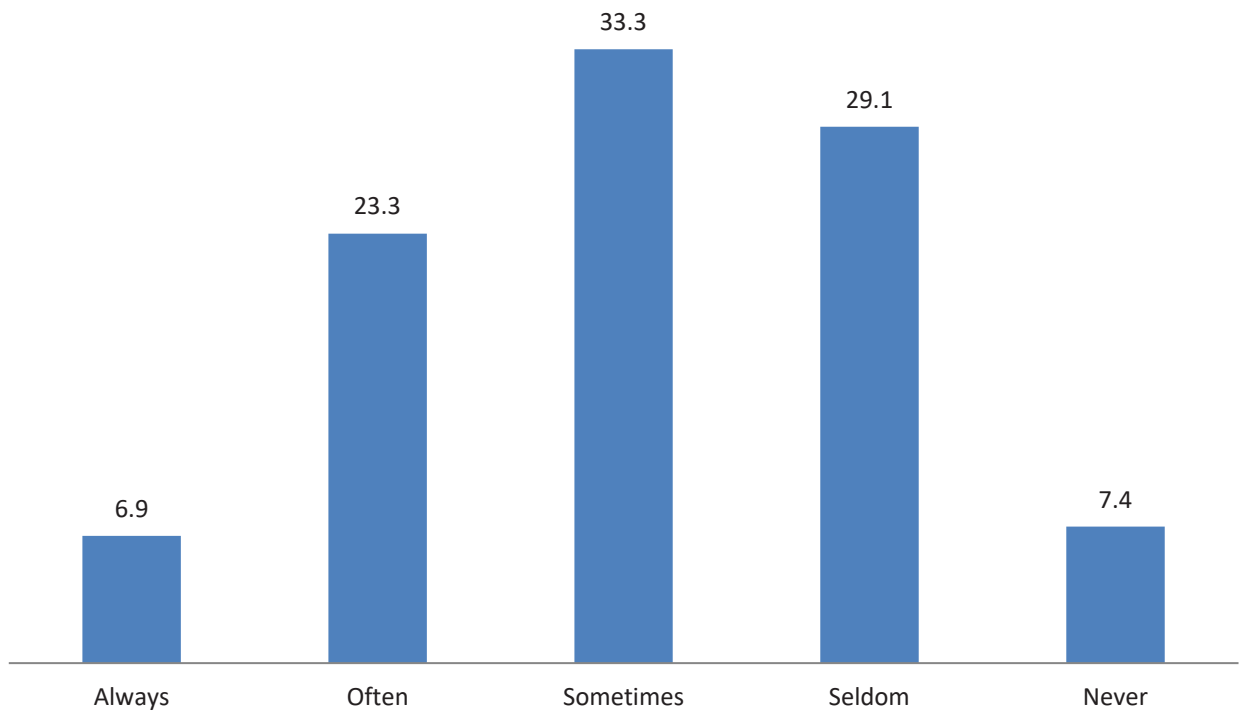
Q9: I have to work very intensively



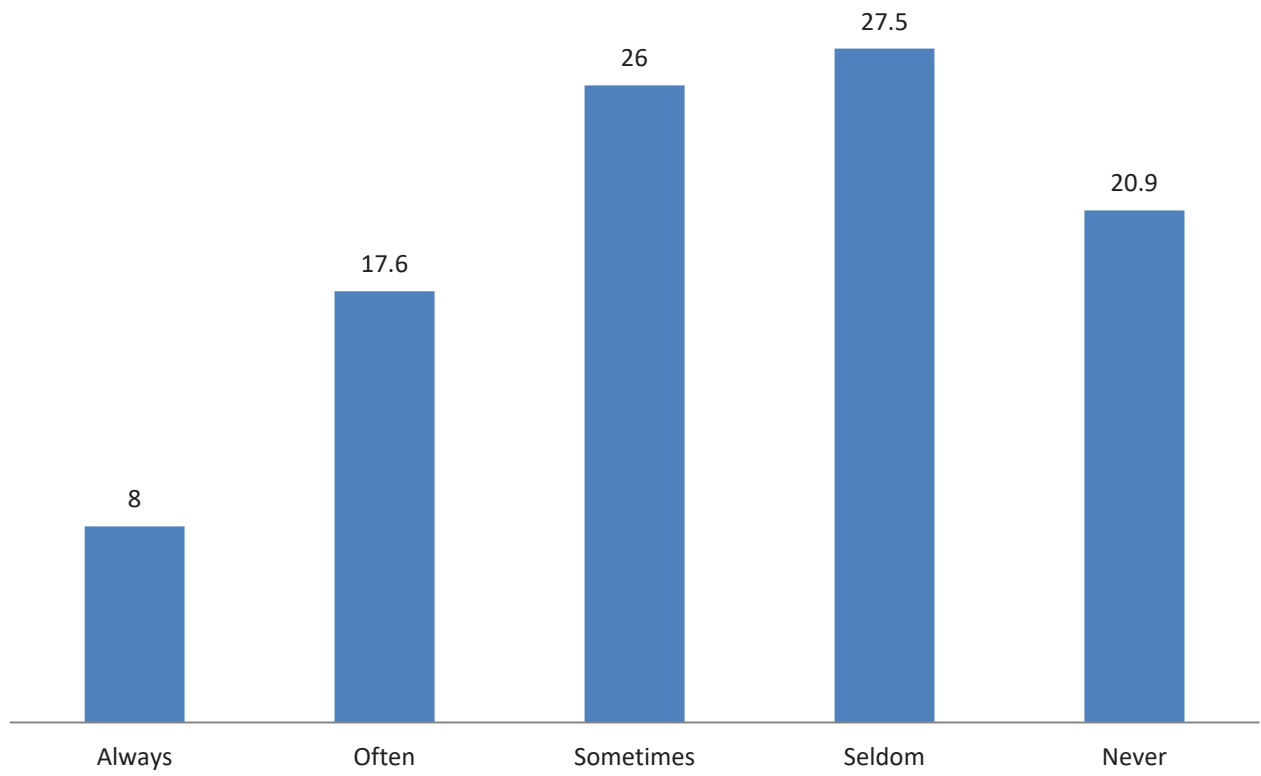
Q12: I have to neglect some tasks because I have too much to do



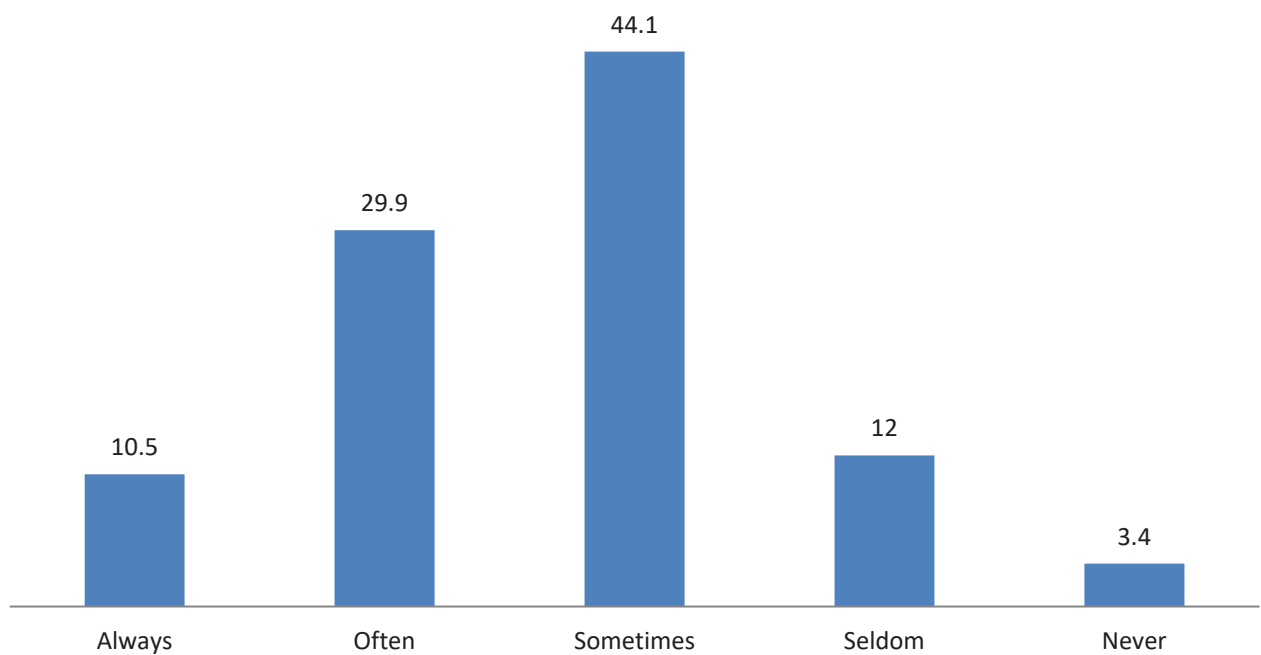
Q16: I am unable to take sufficient breaks

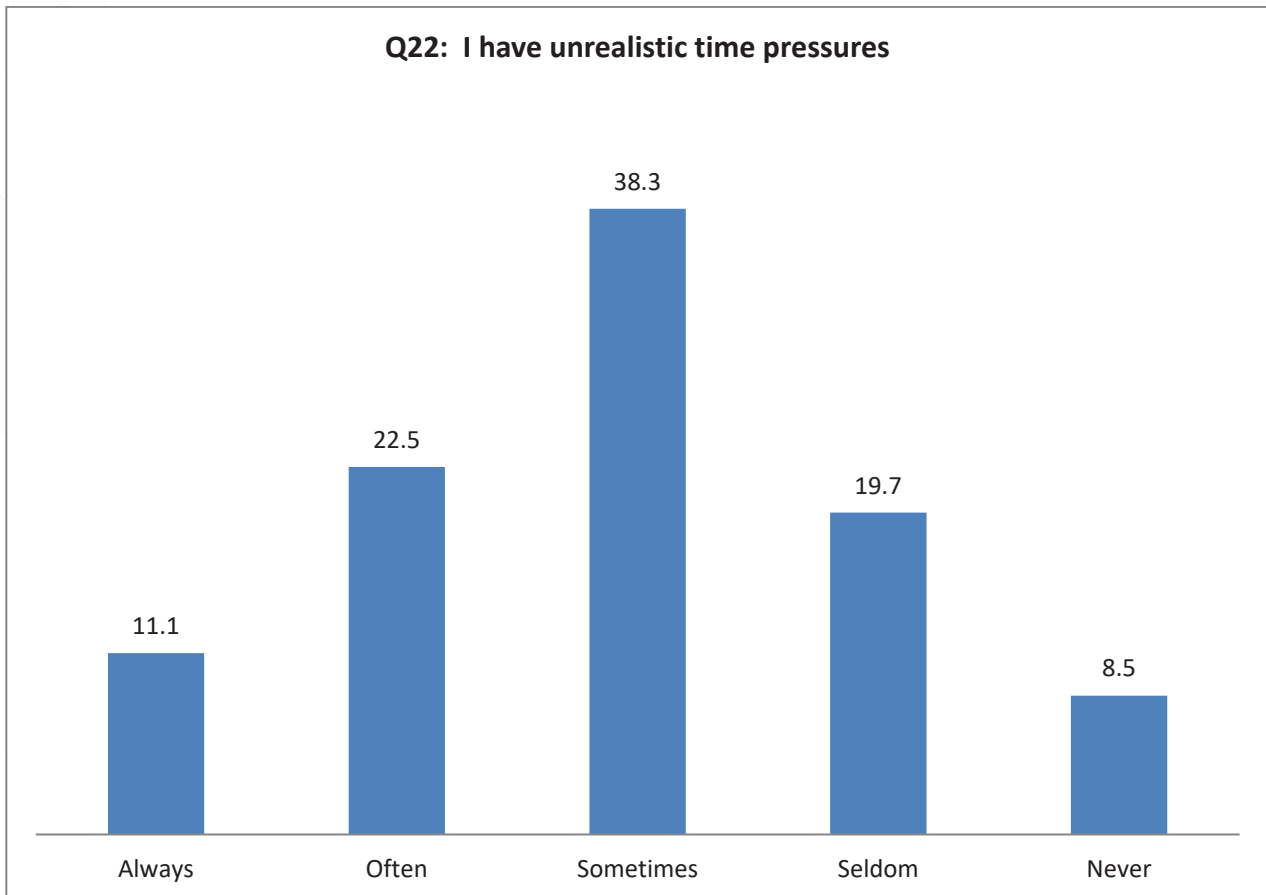


Q18: I am pressurised to work long hours



Q20: I have to work very fast





Demands: summary

Compared to the HSE’s average from other sectors and organisations, POA members reported a poorer level of wellbeing in relation to the demands made upon them. The level of wellbeing for demands found in the current survey was higher than in 2014³ but remains lower than the HSE benchmark. Using the HSE’s colour-coding system, wellbeing for the category of demands and most of its questions is rated as red (indicating urgent action is needed), apart from Q12 (neglecting tasks as there is too much to do) and Q16 (an inability to take breaks), which are red/yellow (suggesting attention is not quite so crucial) and Q9 and Q20 (relating to the need to work quickly and intensively), which are yellow (highlighting clear need for improvement).

	HSE scale out of 5 1=low wellbeing; 5=high wellbeing
POA 2020 survey mean	2.83
POA 2014 survey mean	2.64
HSE target group mean	3.44

³ The difference is significant at P<0.001.

Comments

"We are constantly given more and more to do - this causes me stress as I feel I am unable to do my job properly."

"It is a much more demanding environment to work in, exacerbated by staffing, recruitment issues, negative media coverage, substance misuse, and pressures to perform despite not having enough resources available."

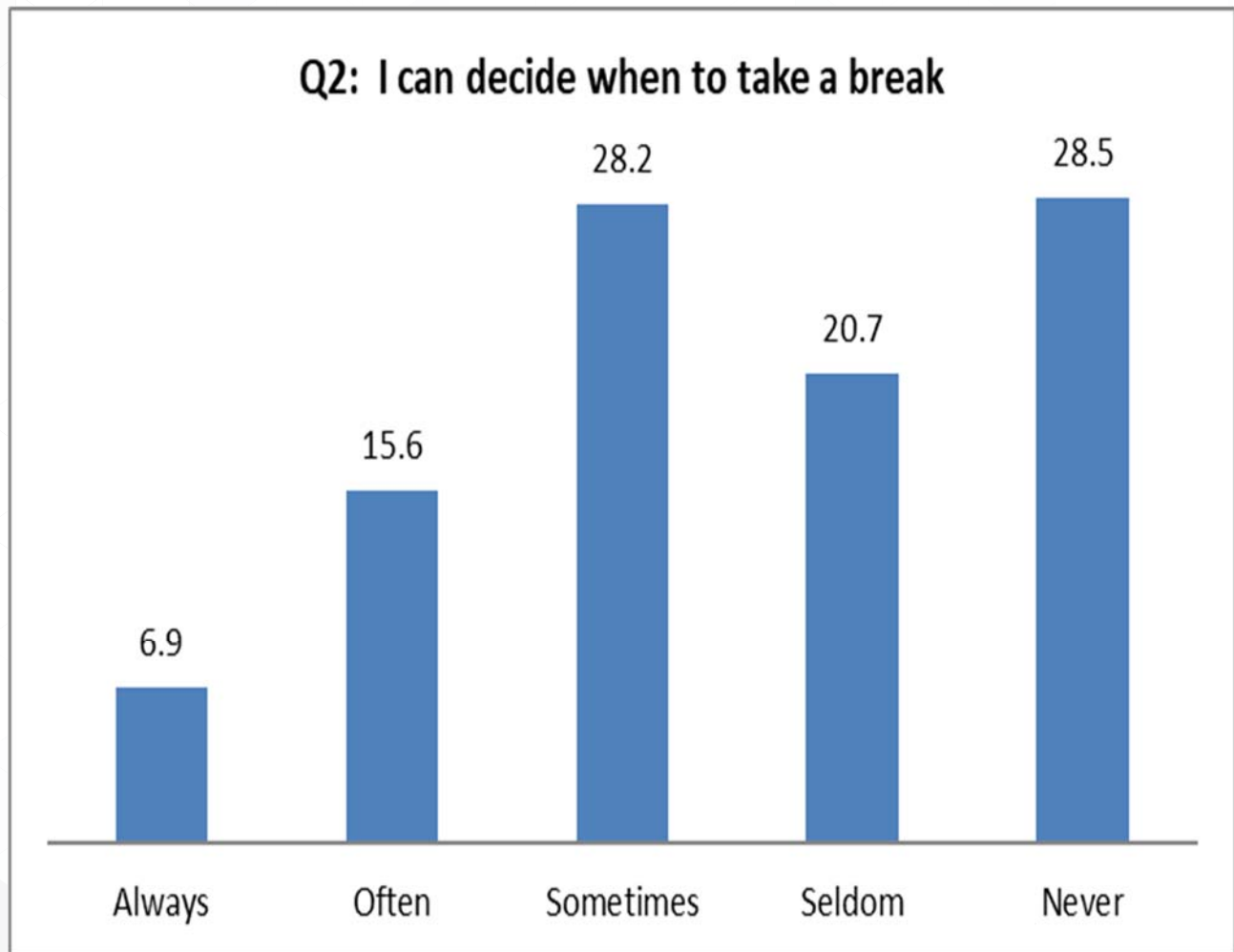
"I am frequently asked to cover shortfalls and take on extra duties as a result. This is making me extremely fatigued mentally and physically."

"Over the years, prisoners have become more demanding, staffing levels have reduced, and our workload has increased. This is not a safe or healthy environment for anyone to work in."

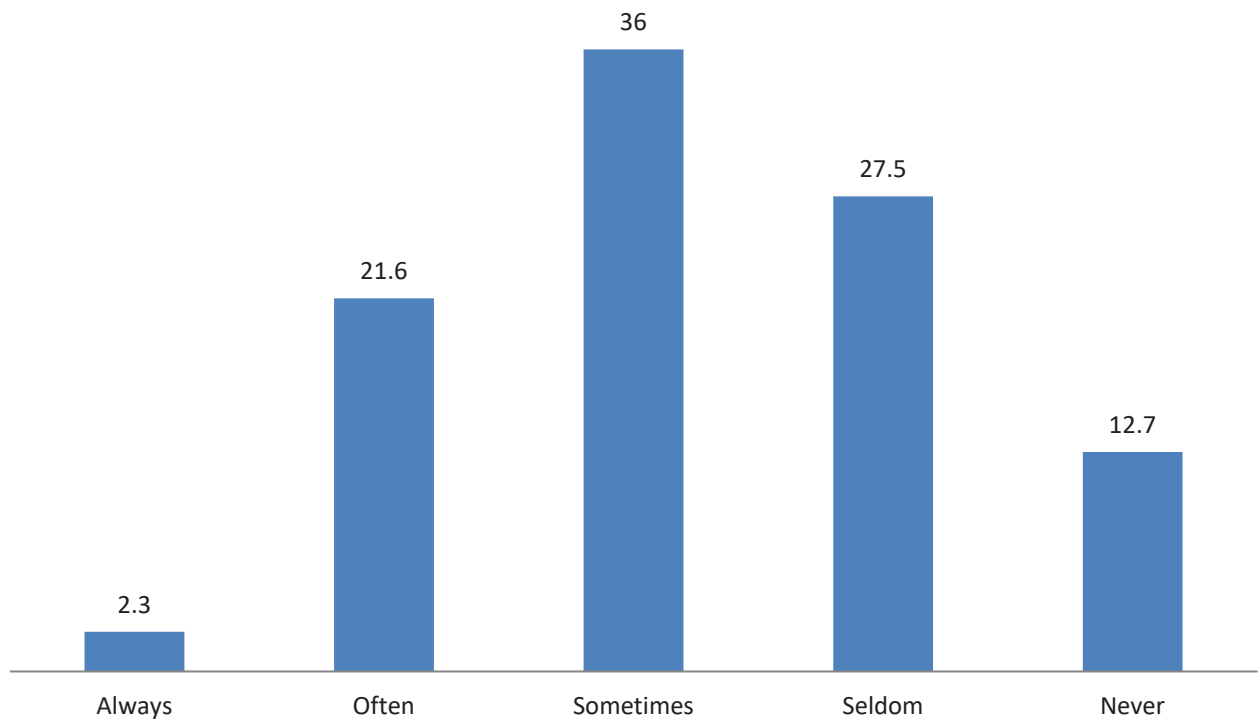
2. Control

A typical snapshot

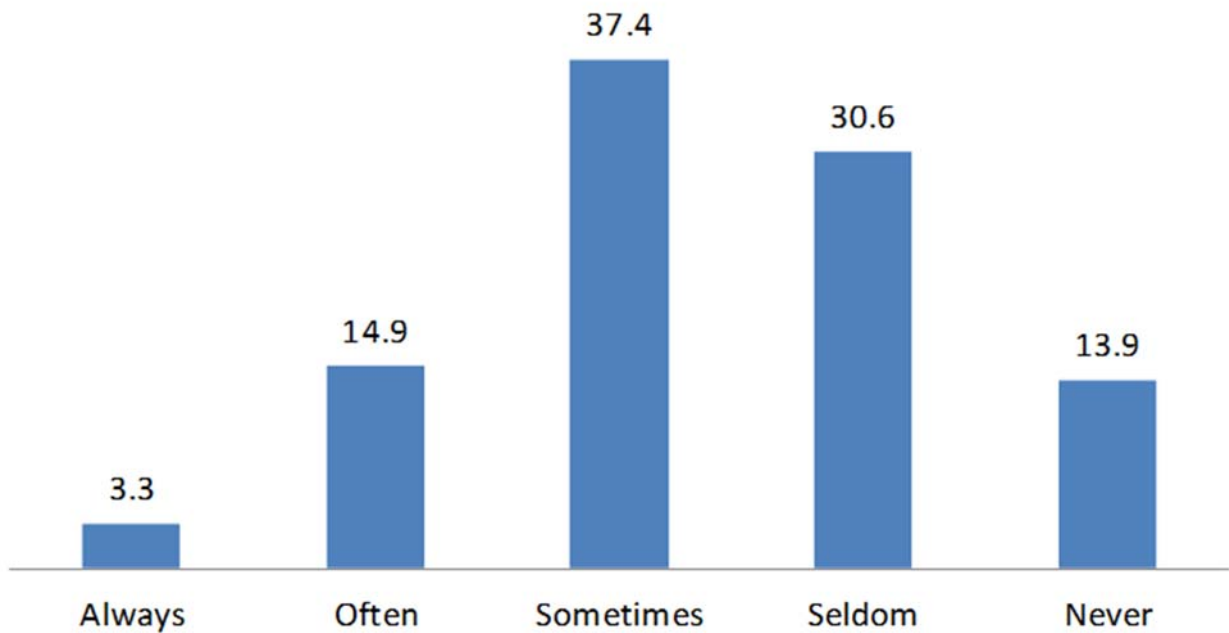
Respondents said they “sometimes” or “seldom” felt in control over their pace of work and could “never” or “sometimes” decide when to take a break. They “seldom” or “never” had a choice in deciding what to do at work, but “sometimes” had a say in the way they work. Respondents typically reported that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



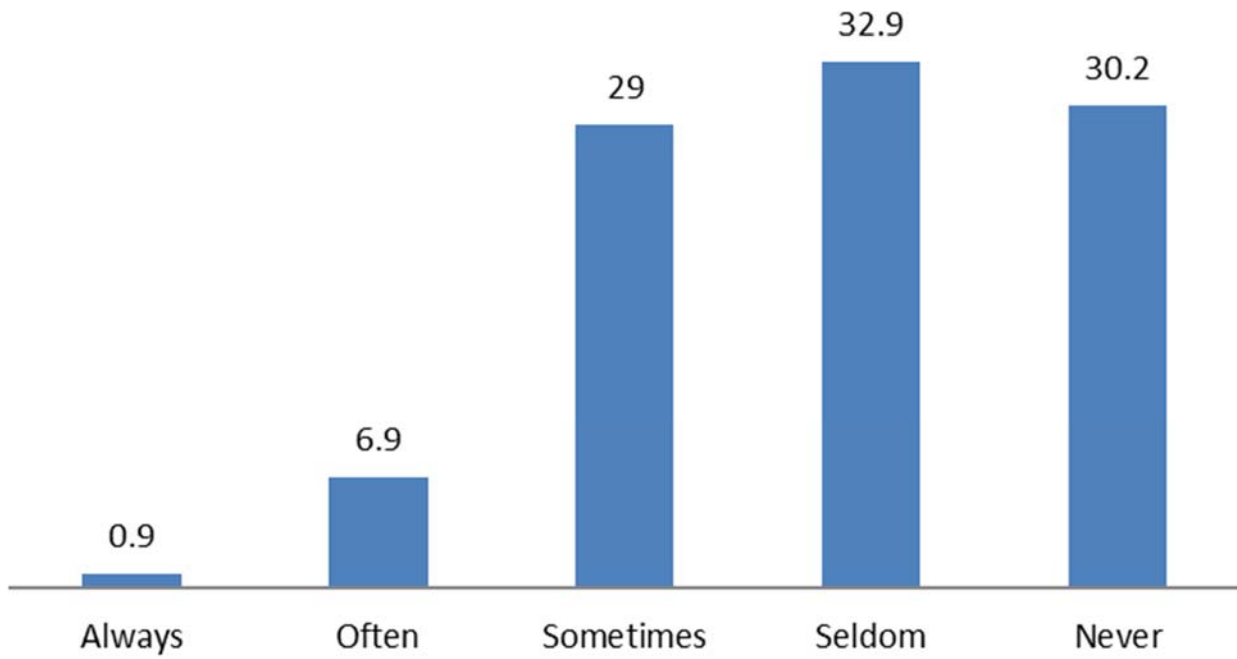
Q10: I have a say in my own work speed



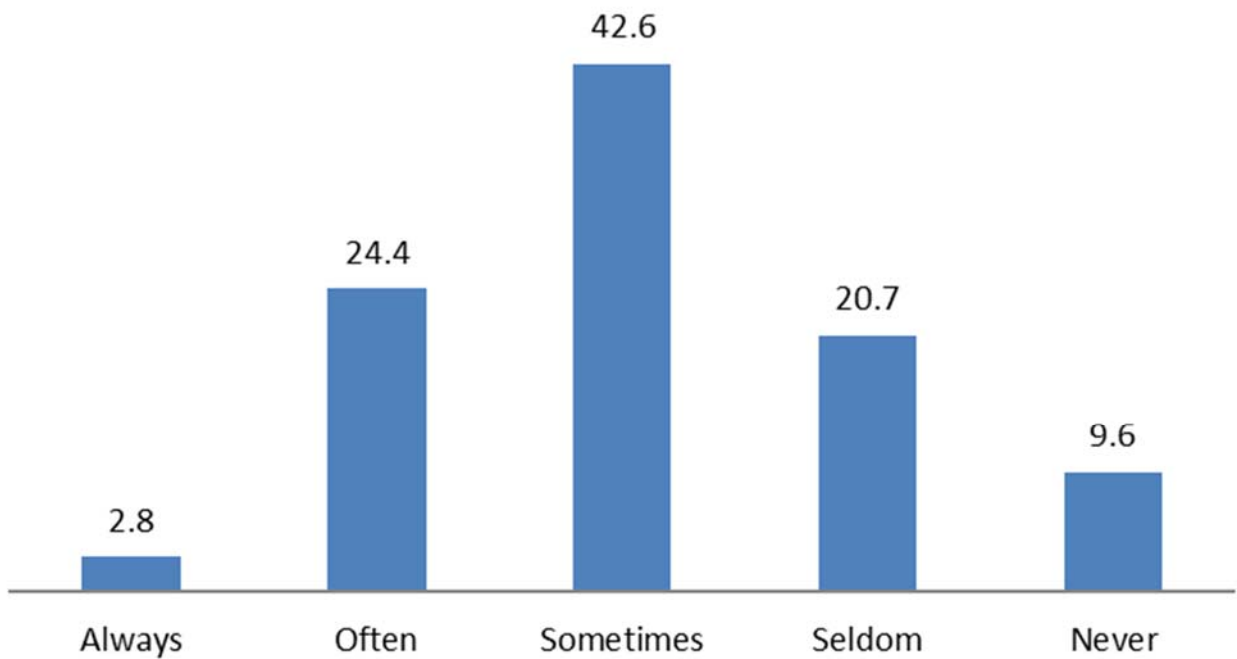
Q15: I have a choice in deciding how I do my work

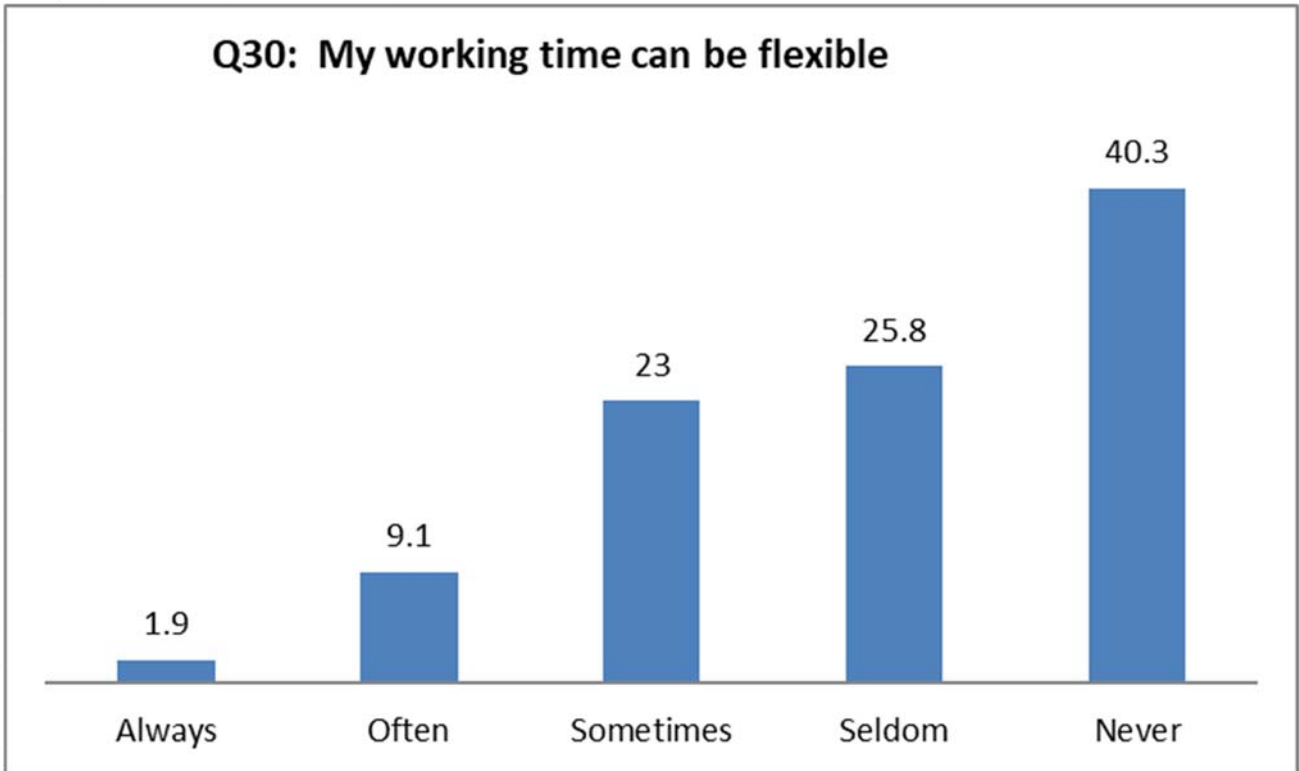


Q19: I have a choice in deciding what I do at work



Q25: I have some say over the way I work





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. The level of wellbeing for control found in this survey was higher than in 2014⁴, but remains considerably lower than the benchmark. Using the HSE’s colour-coding system, wellbeing for the category of control and each of its questions is rated as red (indicating that urgent action is required).

	HSE scale out of 5 1=low wellbeing; 5=high wellbeing
POA survey mean 2020	2.53
POA survey mean 2014	2.39
HSE target group mean	3.32

Comments

“Our stress comes from feelings of frustration, hopelessness and powerlessness because we are not listened to.”

“If anything goes wrong it is blamed on basic grade staff, even though we have no control over most issues.”

“We argue with prisoners about day-to-day issues and are then overruled by the senior management team, so prisoners get what they want in the end.”

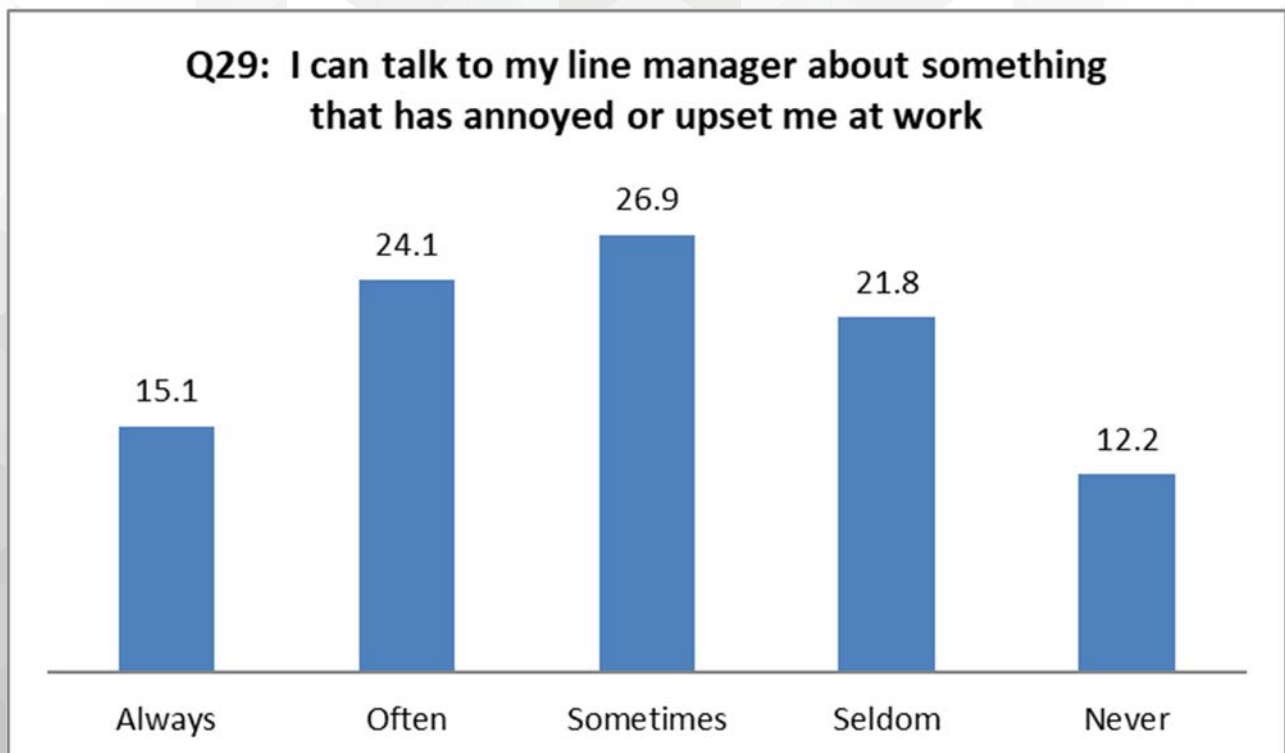
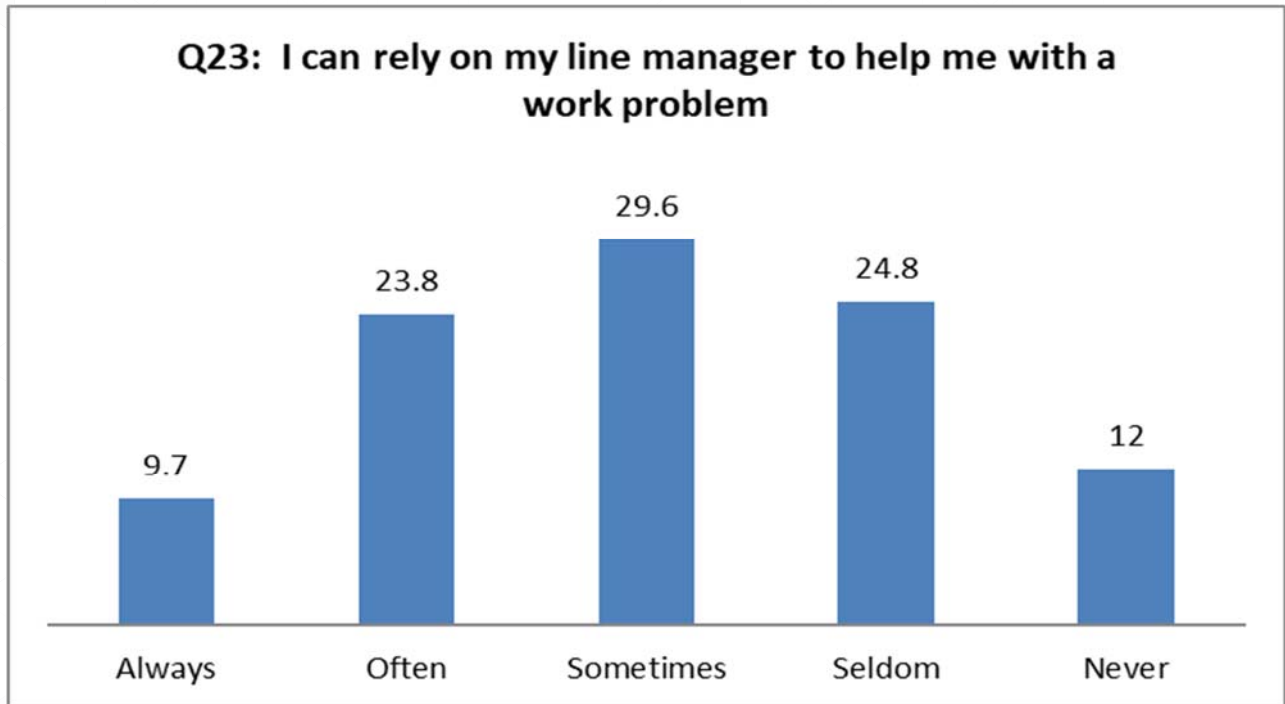
“Frequently, lunch and tea breaks are changed without notice, are too early for the shift time, or are missing entirely – we have no control over this.”

⁴ The difference is significant at P<0.001.

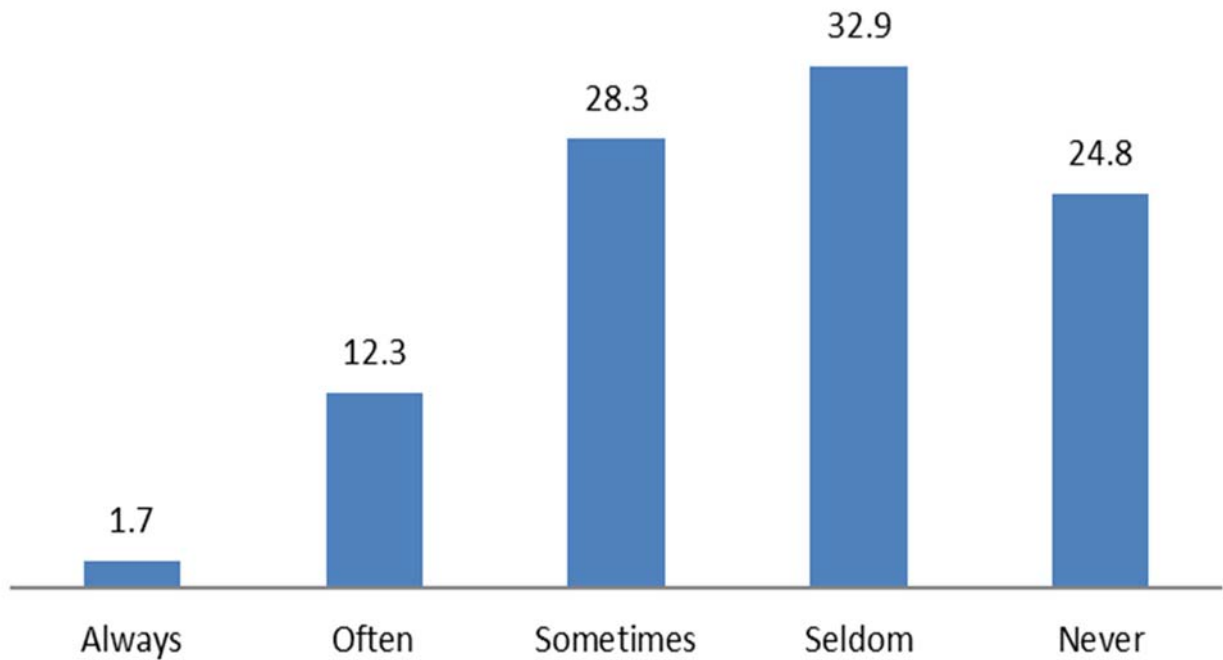
3. Managers' support

A typical snapshot

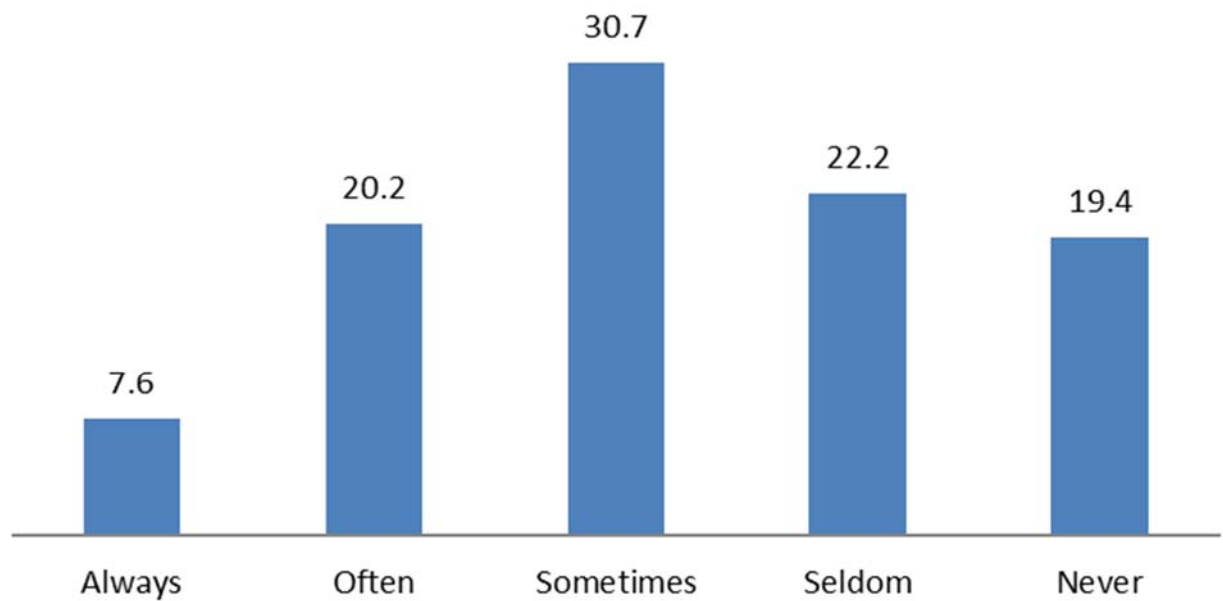
Respondents said they were “seldom” given supportive feedback on the work they did and could “seldom” or “sometimes” rely on their line manager to help out with a work problem. They could “sometimes” or “often” talk to their line manager about something that had upset or annoyed them about work. Respondents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



Q33: I am supported through emotionally demanding work



Q35: My line manager encourages me at work



Managers' support: summary

Compared to the HSE's average from other sectors and organisations, POA members reported a poorer level of wellbeing in relation to support received from line managers. The level of wellbeing for managers' support found in this survey was higher than in 2014⁵, but remains lower than the HSE benchmark. Using the HSE's colour-coding system, wellbeing for the category of manager support and each of its questions is rated as red (indicating urgent action is required).

	HSE scale out of 5 1=low wellbeing; 5=high wellbeing
POA survey mean 2020	2.69
POA survey mean 2014	2.57
HSE target group mean	3.77

Comments

"I am expected to line manage far too many staff and as a result can't offer each of them the time and support they deserve. This places me under constant strain."

"There is way too much stress and not enough real support. There is plenty of 'gimmicky' support but, when you get into it, the support we have is very poor."

"The Prison Service is the most poorly led, unsupportive organisation I have ever encountered."

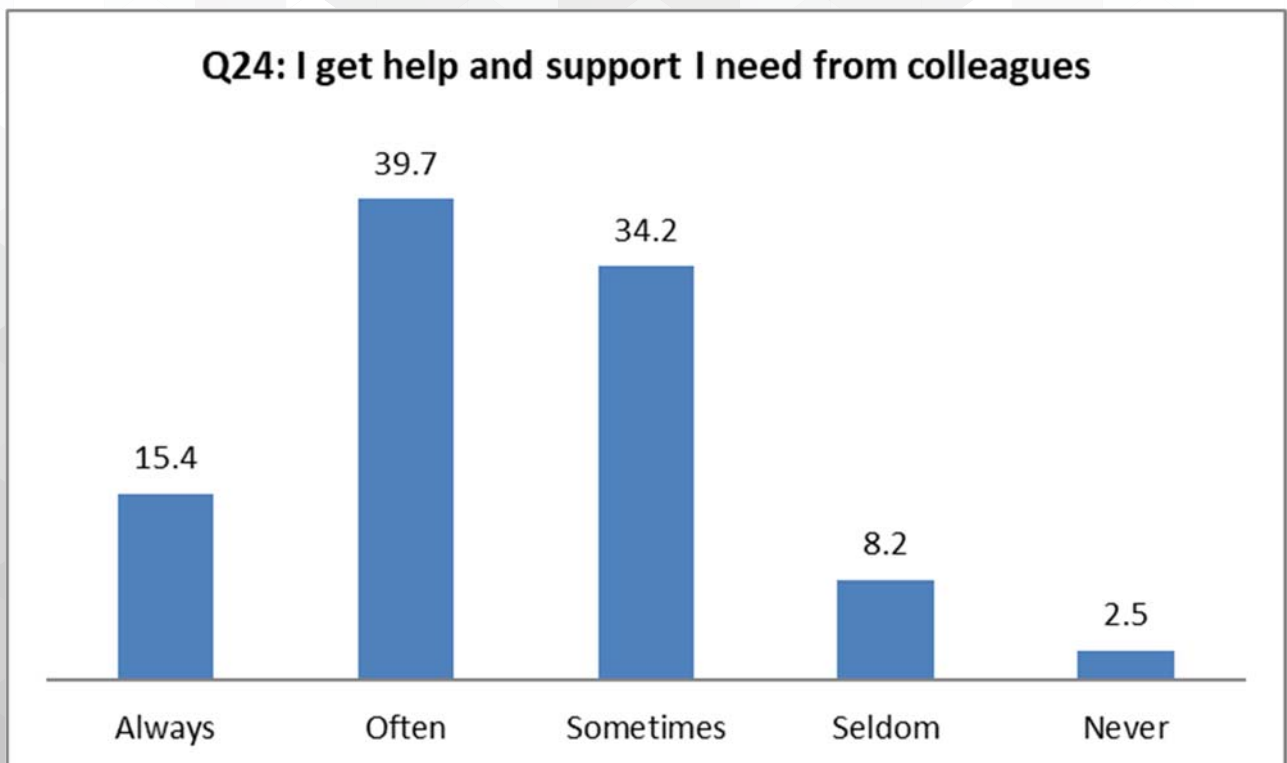
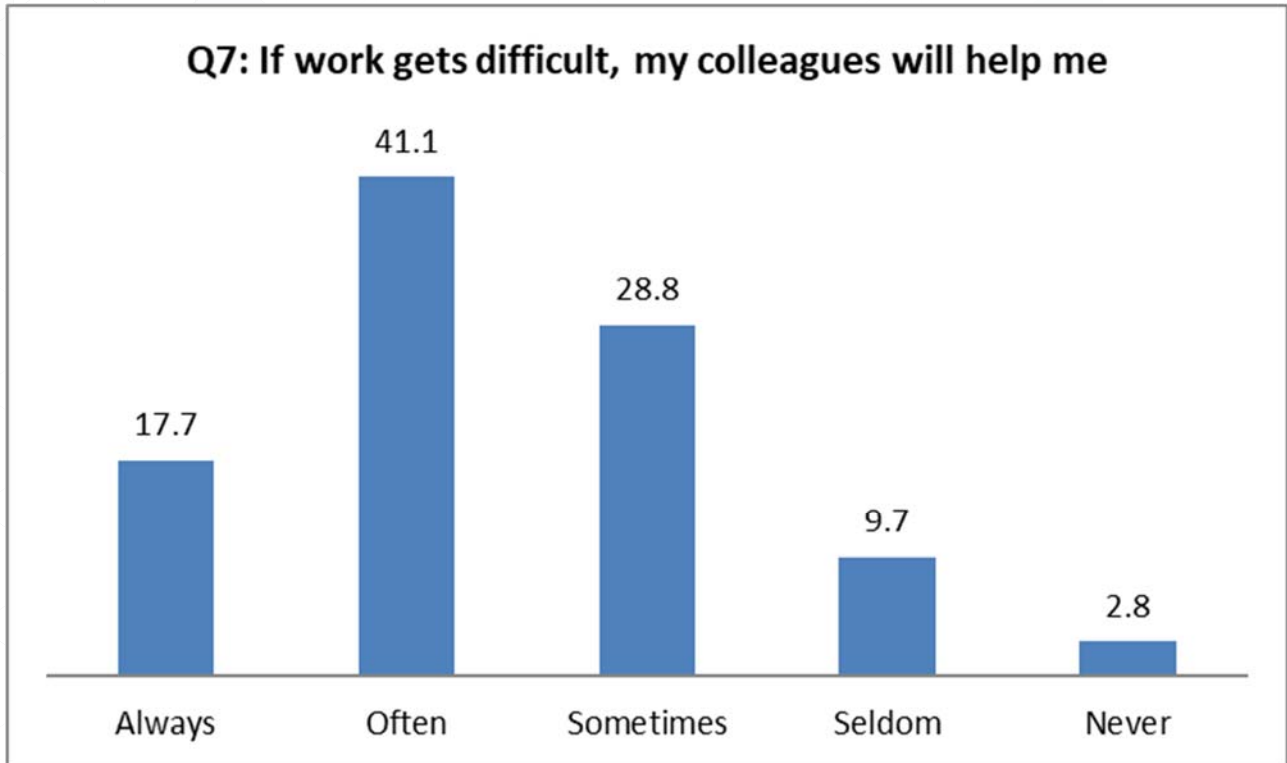
"I have a lot of support from my manager. My department is managed by officers who have experience and a good understanding and appreciation of the job we do."

⁵ The difference is significant at $P < 0.001$.

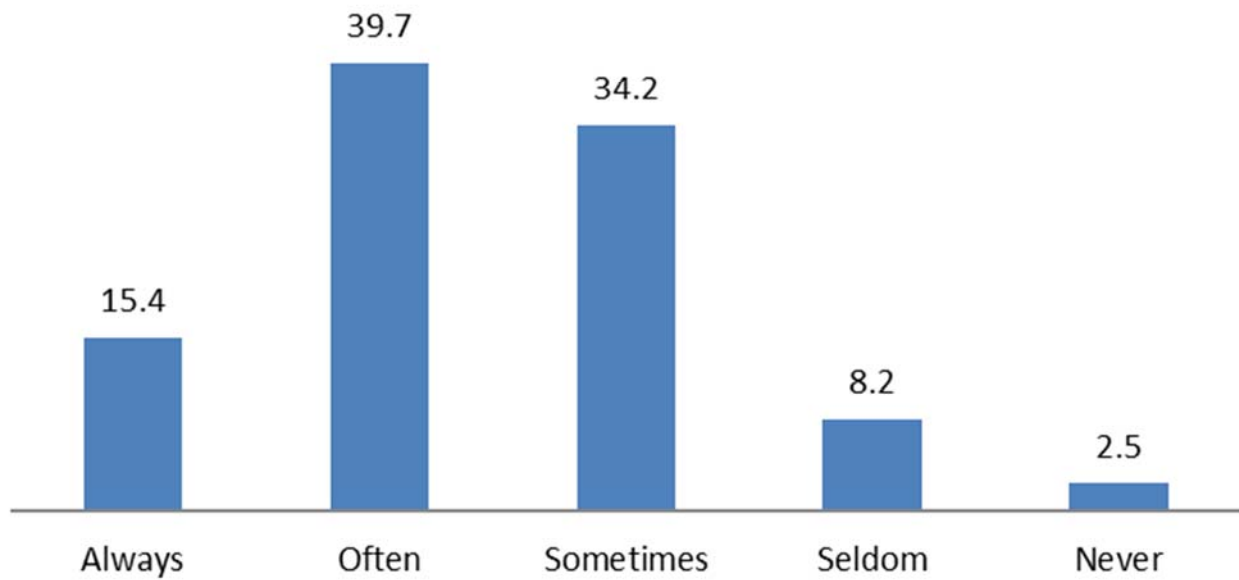
4. Colleague support

A typical snapshot

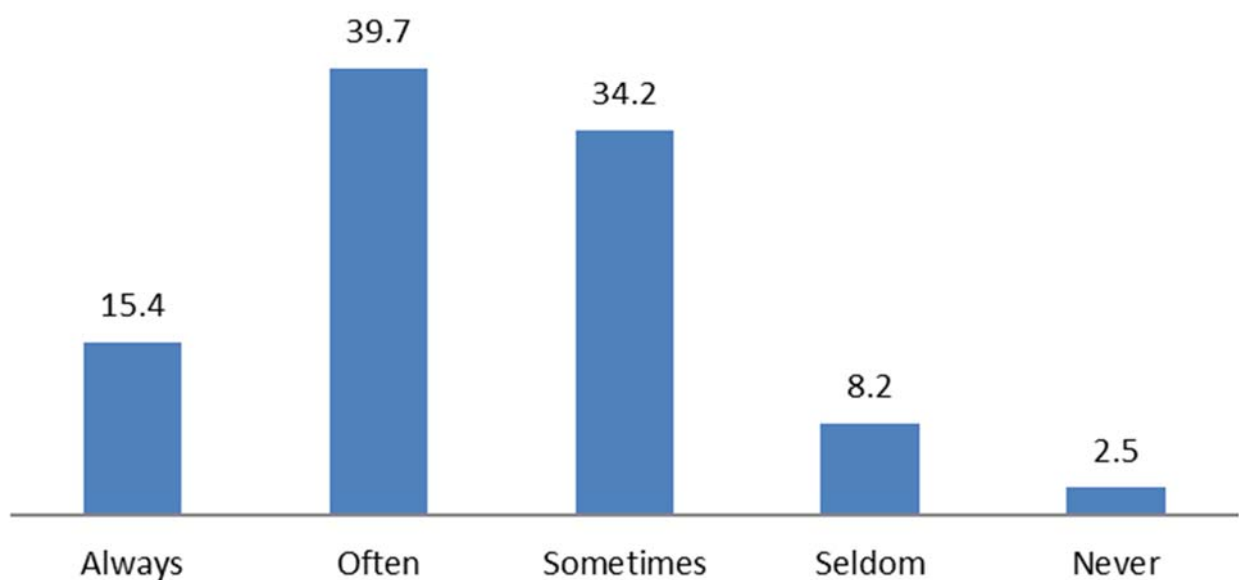
Respondents said their colleagues would “often” help them out if work became difficult. They indicated that they “often” or “sometimes” received the support they needed, and the respect they believed they deserved, from colleagues. Respondents reported that their colleagues were “sometimes” or “often” willing to listen to their work-related problems.



Q27: I receive the respect at work I deserve from colleagues



Q31: My colleagues are willing to listen to my work-related problems



Peer support: summary

Compared to the HSE's average from other sectors and organisations, POA members reported a poorer level of wellbeing in relation to support received from colleagues. The level of wellbeing for peer support found in this survey was similar to that found in 2014. Using

the HSE’s colour-coding system, wellbeing for the category of peer support and each of its questions is rated as red/yellow, indicating urgent attention is needed, but, except for Q31, this is not as pressing as for other wellbeing dimensions.

	HSE scale out of 5 1=low wellbeing; 5=high wellbeing
POA survey mean 2020	3.49
POA survey mean 2014	3.46
HSE target group mean	4.03

Comments

“The best part of the job is the people I work with, but the constant pressure is affecting relationships between staff.”

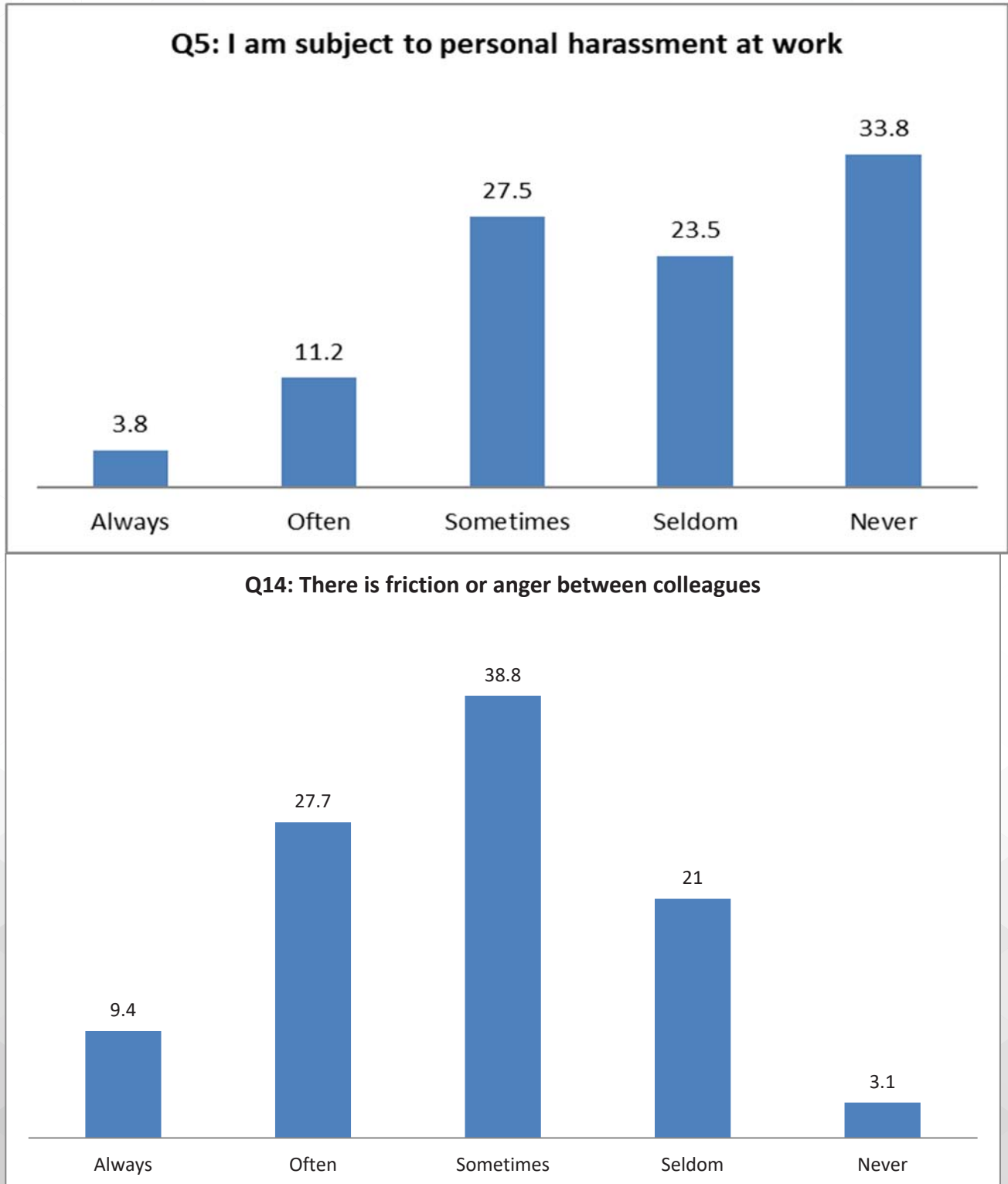
“Lack of support from staff makes the job incredibly stressful, leading you to take on more than your fair share of work.

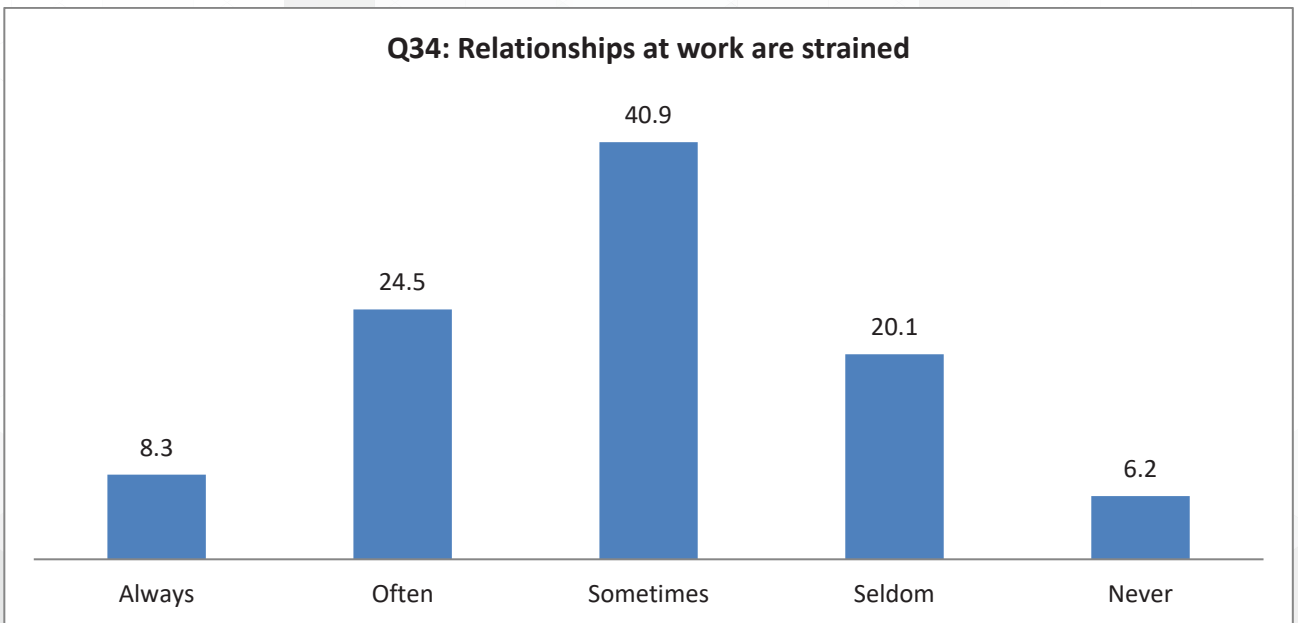
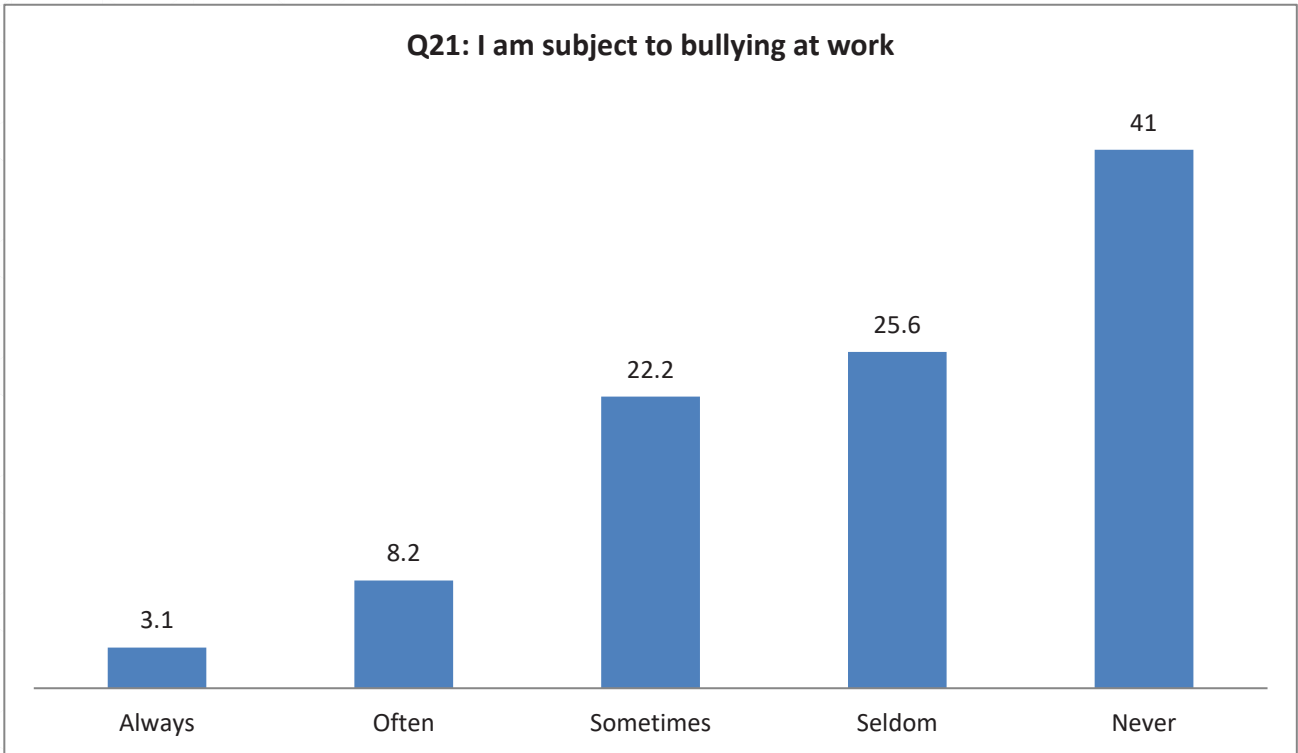
“Most staff are new and continually need help and advice. When this was one or two members of staff, it was not a problem, but I find myself spending most of my time repeating the same information to different people to get the job done, so other staff have to pick up the pieces.”

5. Relationships

A typical snapshot

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





Relationships: summary

Compared to the HSE’s average from other sectors and organisations, POA members reported a poorer level of wellbeing for relationships. The level of wellbeing for relationships found in this survey was higher than in 2014⁶, but remains considerably lower than the benchmark. Using the HSE’s colour-coding system, wellbeing for the category of relationships as a whole, and Q5 and Q21 (being subjected to harassment and bullying), are rated as red (indicating urgent action is required), whereas Q14 and Q34 (poor relationships between colleagues) are yellow (indicating clear need for attention).

⁶ The difference is significant at P<0.001.

	HSE scale out of 5 1=low wellbeing; 5=high wellbeing
POA Survey Mean 2020	3.34
POA Survey Mean 2014	3.25
HSE target group mean	4.13

Comments

“Management do not listen to any concerns we have; they operate by bullying and threats.”

“We are bombarded daily with requests to extend our shifts or work overtime and there is always a pressure to accept, which often feels like bullying.”

“You are much more likely to be pulled up over something you haven’t done, no matter how small it is, than acknowledged or given praise for the things you have done under challenging circumstances.”

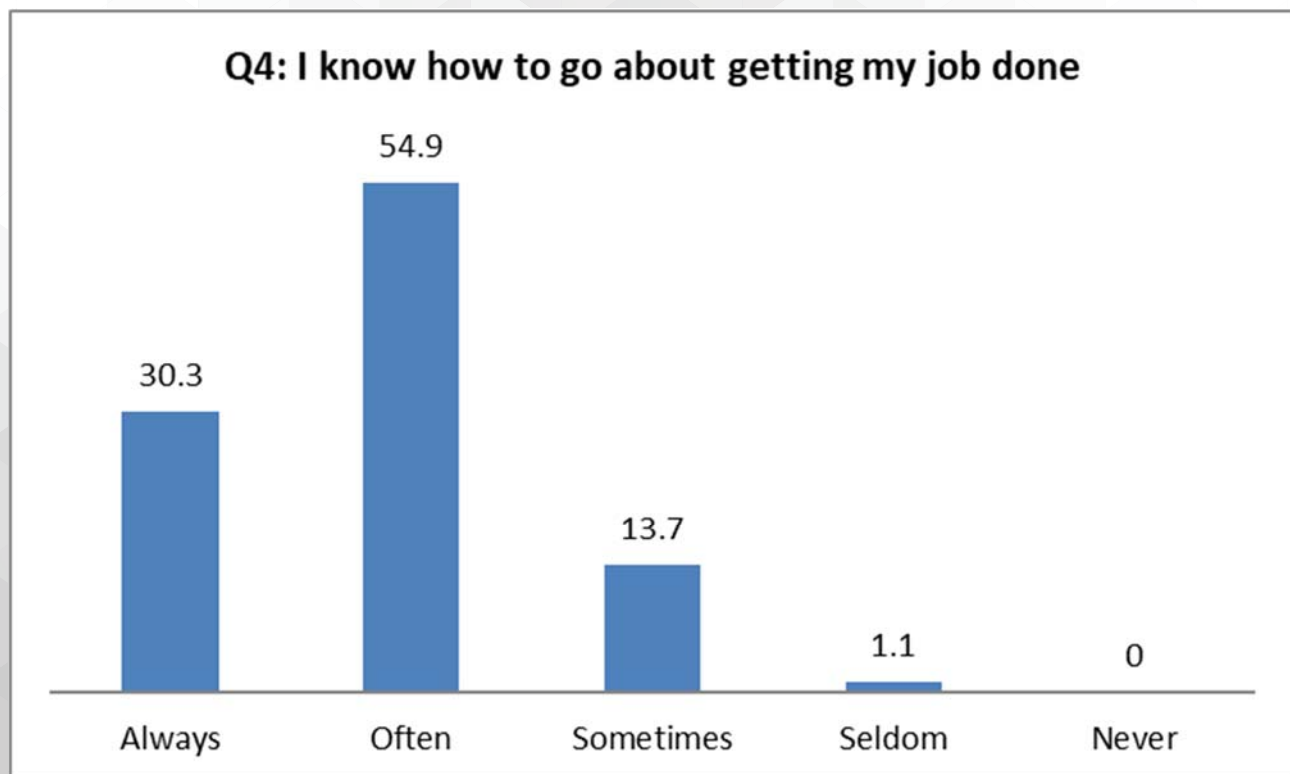
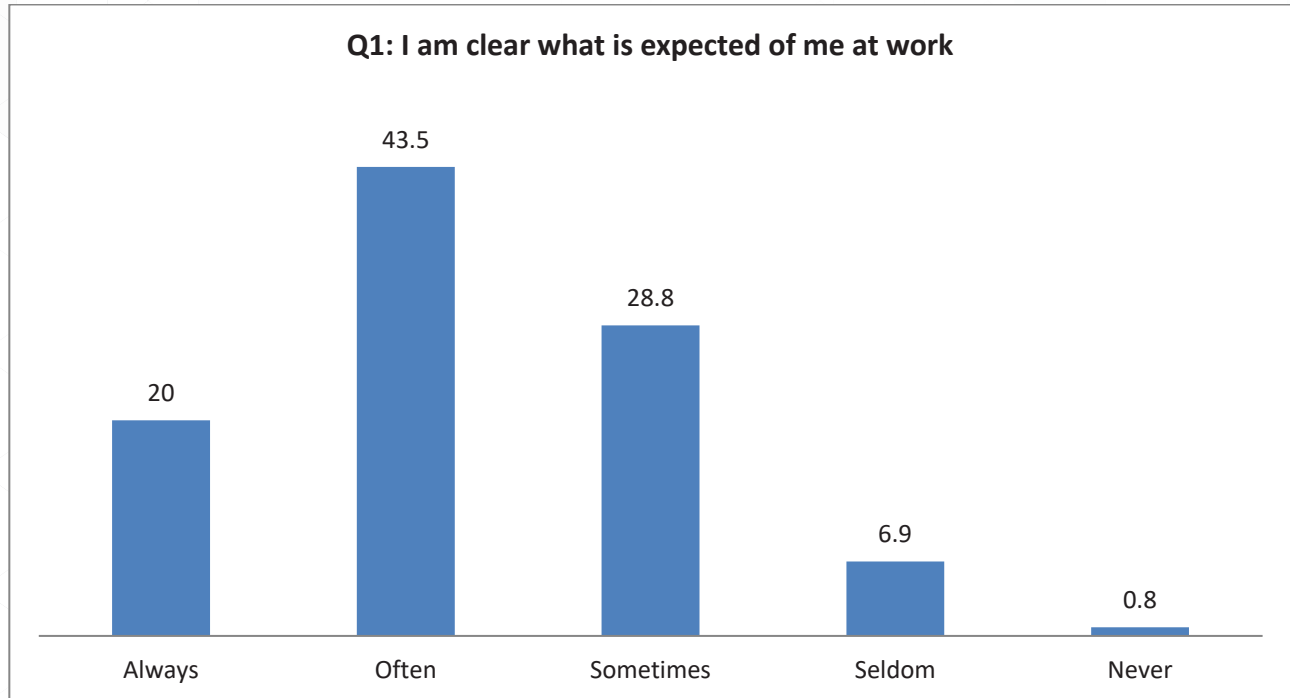
“Reduced staffing and taking away opportunities for staff to interact with each other means that we are less able to bond now than in the past.”

“The relationships between work colleagues are at an all-time low due to the pressures that we are under.”

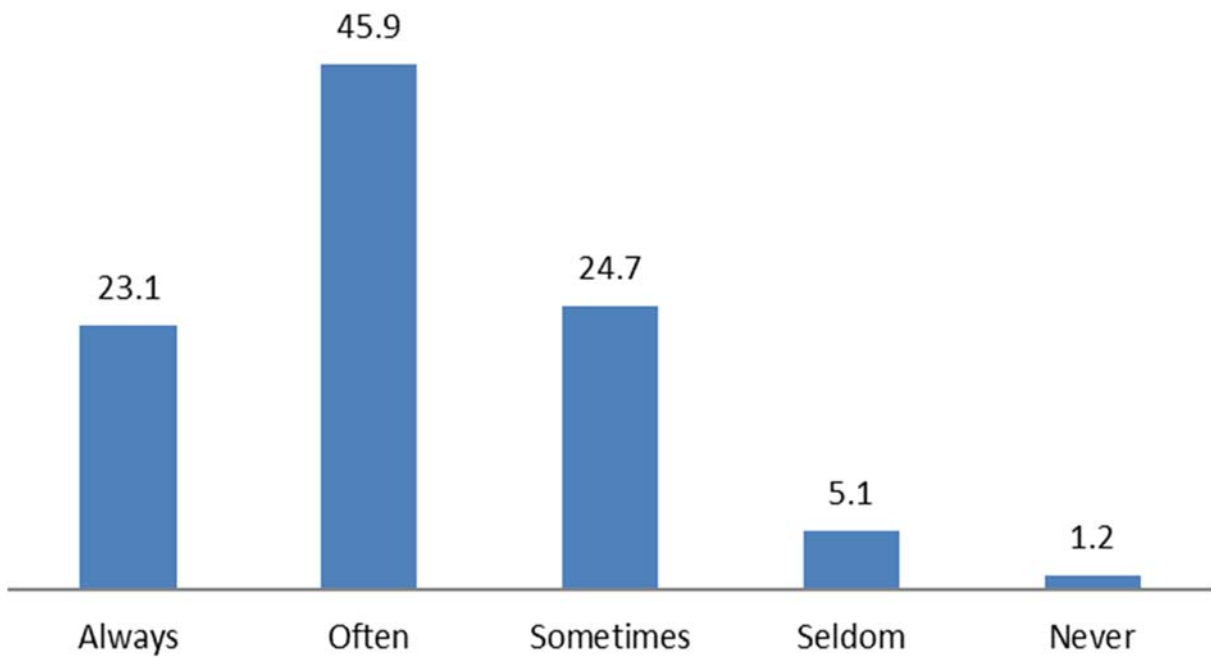
6. Role in the organisation

A typical snapshot

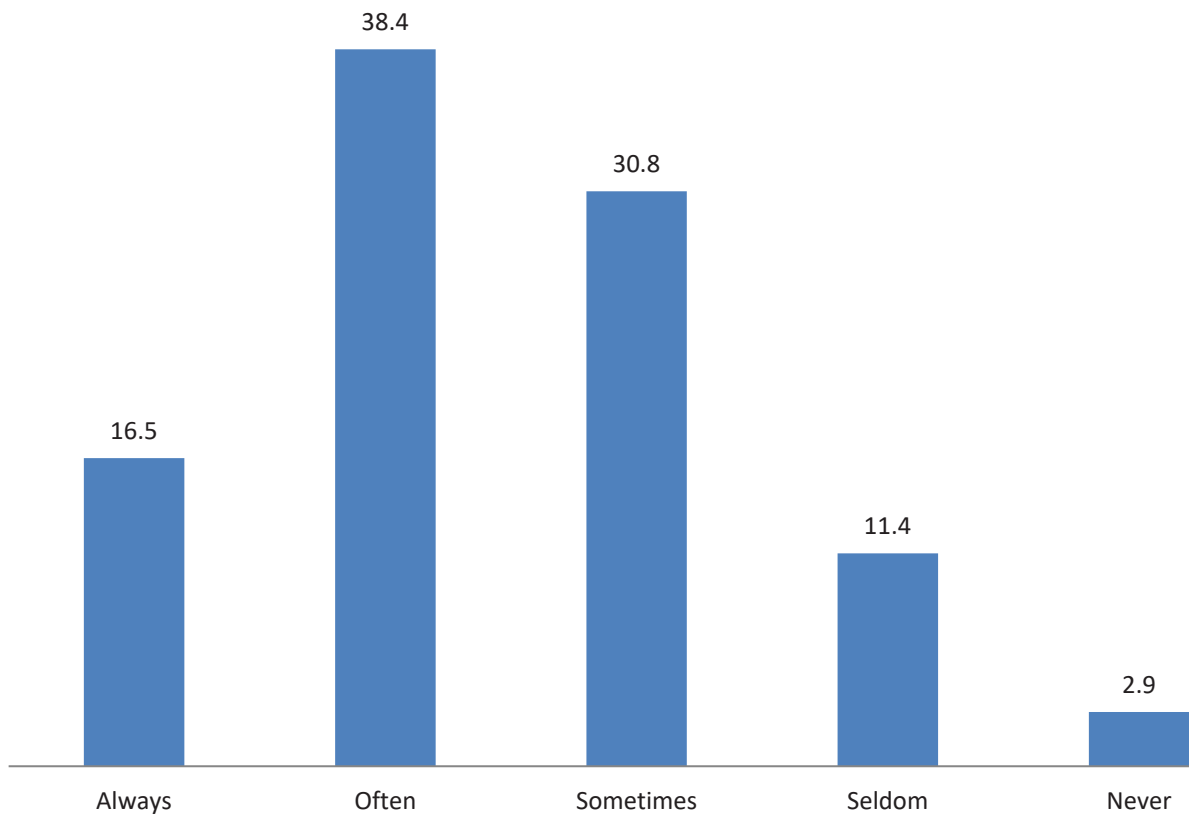
Respondents indicated that they “often” knew what was expected of them at work, and “often” had the information required to go about getting their job done. They were “often” clear about their personal duties and responsibilities, and “often” or “sometimes” aware of the goals and objectives for their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

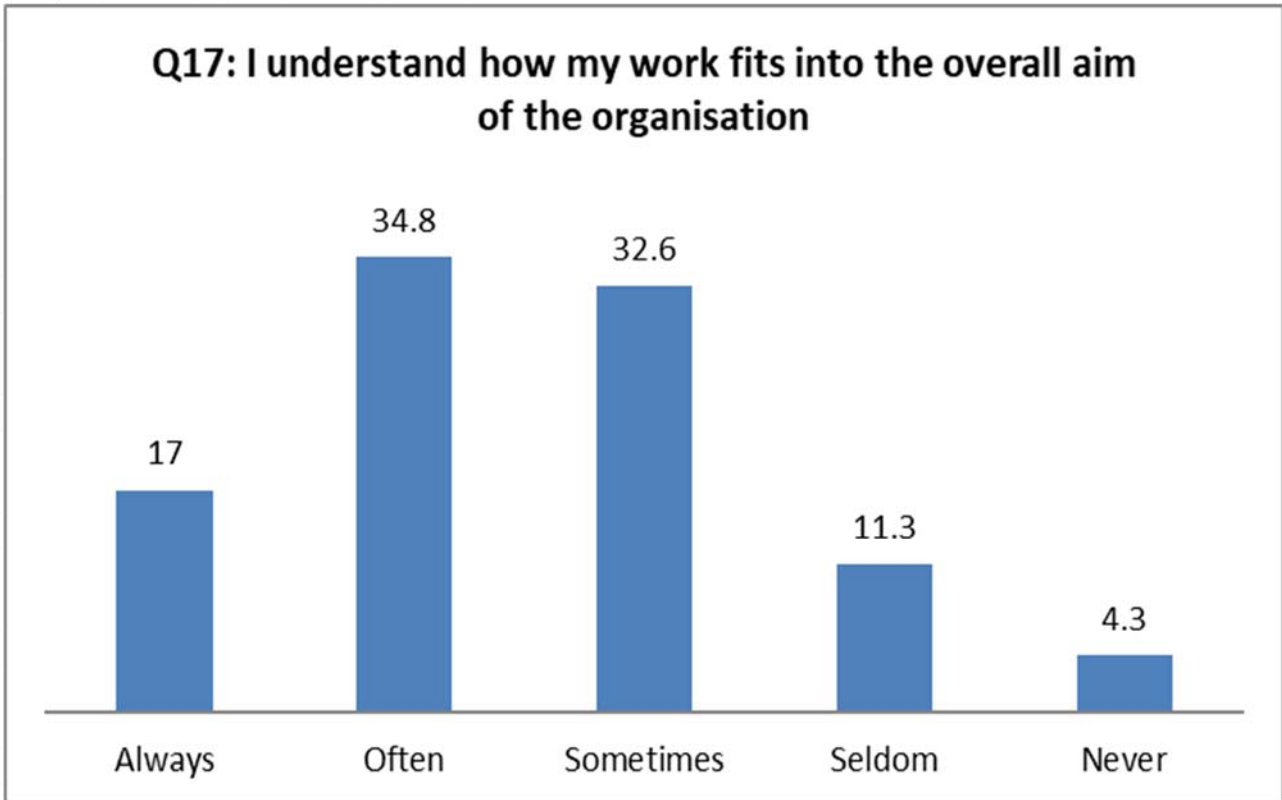


Q11: I am clear what my duties and responsibilities are



Q13: I am clear about the goals and objectives for my department





Role: summary

Compared to the HSE’s average from other sectors and organisations, POA members reported a lower level of wellbeing in relation to satisfaction with role. The level of wellbeing for role found in this survey was higher than in 2014⁷, but remains considerably lower than the benchmark. Using the HSE’s colour-coding system, wellbeing for the category of role, and for Q13 and Q17 (clarity about departmental goals and how work fits in with the organisation’s aims), are rated as red (indicating urgent action is required), whereas Q4 and Q11 (clarity about responsibilities and how to get the job done) are yellow (showing clear need for attention).

	HSE scale out of 5 1=low wellbeing; 5=high wellbeing
POA survey mean 2020	2.37
POA survey mean 2014	2.21
HSE target group mean	3.54

Comments

“I enjoy my job but would enjoy it more if we were able to carry out our role correctly and for it to not to chop and change.”

“My job is dual role – if my primary role is busy, the secondary one gets left behind. When the primary role is less busy, I am then playing catch up on the secondary role until the next time”.

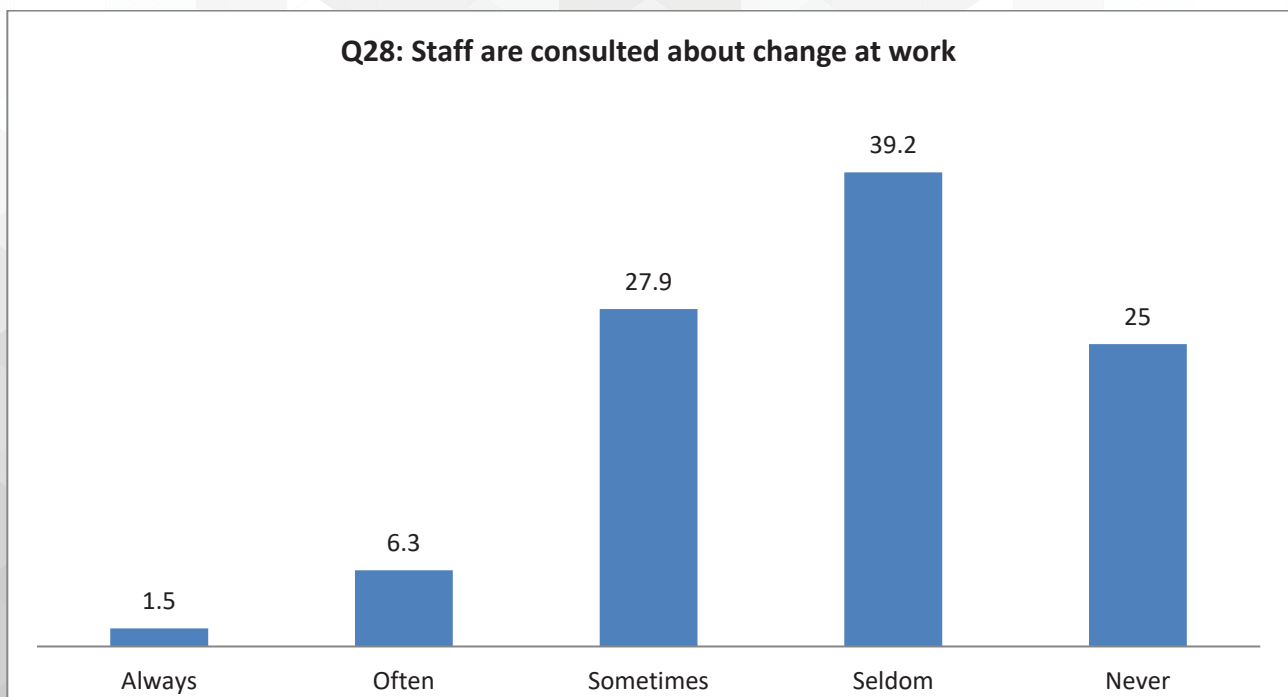
“This is no longer a ‘service’, it is a corporate venture that is frustrated, because it still needs the discipline element from staff to control the prisons, and corporate and service do not mix.”

⁷ The difference is significant at P<0.001.

7. Change

A typical snapshot

Respondents indicated that they “seldom” or “sometimes” had enough opportunities to question managers about change at work. They reported they were “seldom” consulted about changes at work and were “sometimes” or “seldom” clear about how these changes would work out in practice.





Change: summary

Compared to the HSE’s average from other sectors and organisations, POA members reported a considerably lower level of wellbeing for the way change is handled at work. The level of wellbeing for change management found in this survey was higher than in 2014⁸, but remains considerably lower than the benchmark. Using the HSE’s colour-coding system, wellbeing for the category of change management and each of the questions is rated as red (indicating urgent action is required).

	HSE scale out of 5 1=low wellbeing; 5=high wellbeing
POA survey mean 2020	2.37
POA survey mean 2014	2.21
HSE target group mean	3.67

Comments

“Managers are constantly changing things, making staffing cuts and introducing new regimes. This makes people feel very anxious and insecure and they don’t know where they are.”

“People who don’t like the new conditions are told, ‘if you can’t hack it, hang your keys up and leave’.”

“My job has changed so much: I used to love it, now I have no patience or empathy for prisoners. They just drain me.”

“A lot of major changes have taken place recently and lots of rules and regs have been put in place badly.”

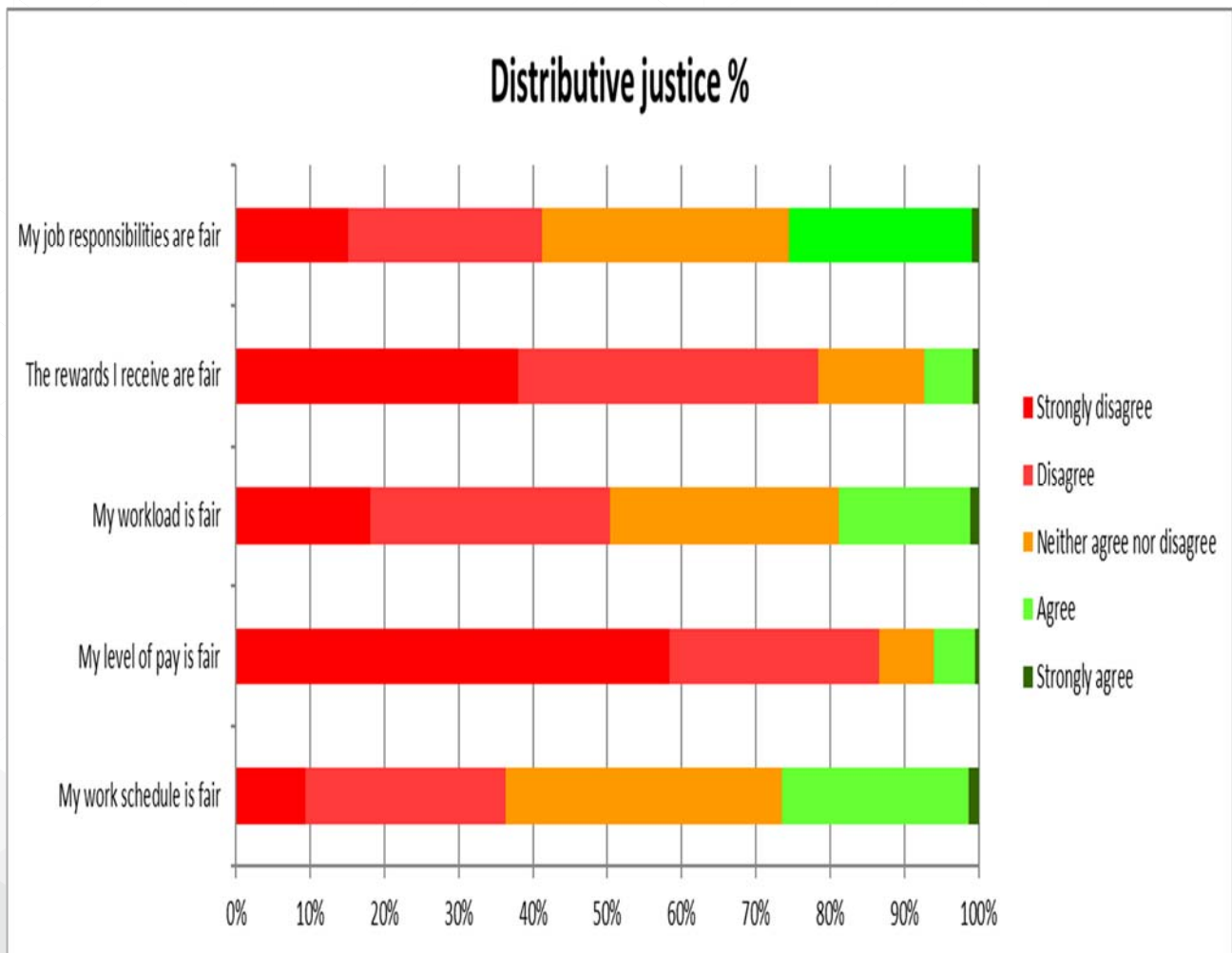
⁸ The difference was significant at P<0.001.

Organisational justice and other working conditions

The survey examined members' perceptions of organisational justice, which refers to how an employee judges the behaviour of the organisation and how they feel and respond to this. Two aspects of organisational justice were assessed:

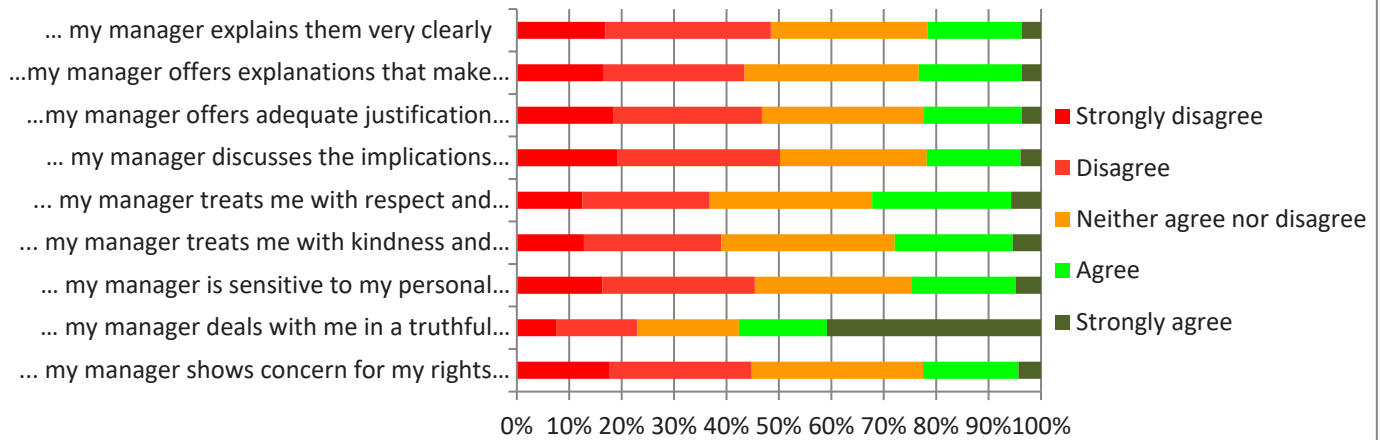
- Distributive justice: the fairness with which decisions are made in the organisation and how resources, such as workload and pay, are distributed
- Interactional justice: the treatment that an employee receives regarding decisions that are made, reflecting the extent to which they are treated with respect and given accurate information.

Both distributive and interactional justice were assessed on a five-point scale, where 1 = "strongly disagree" and 5 = "strongly agree".



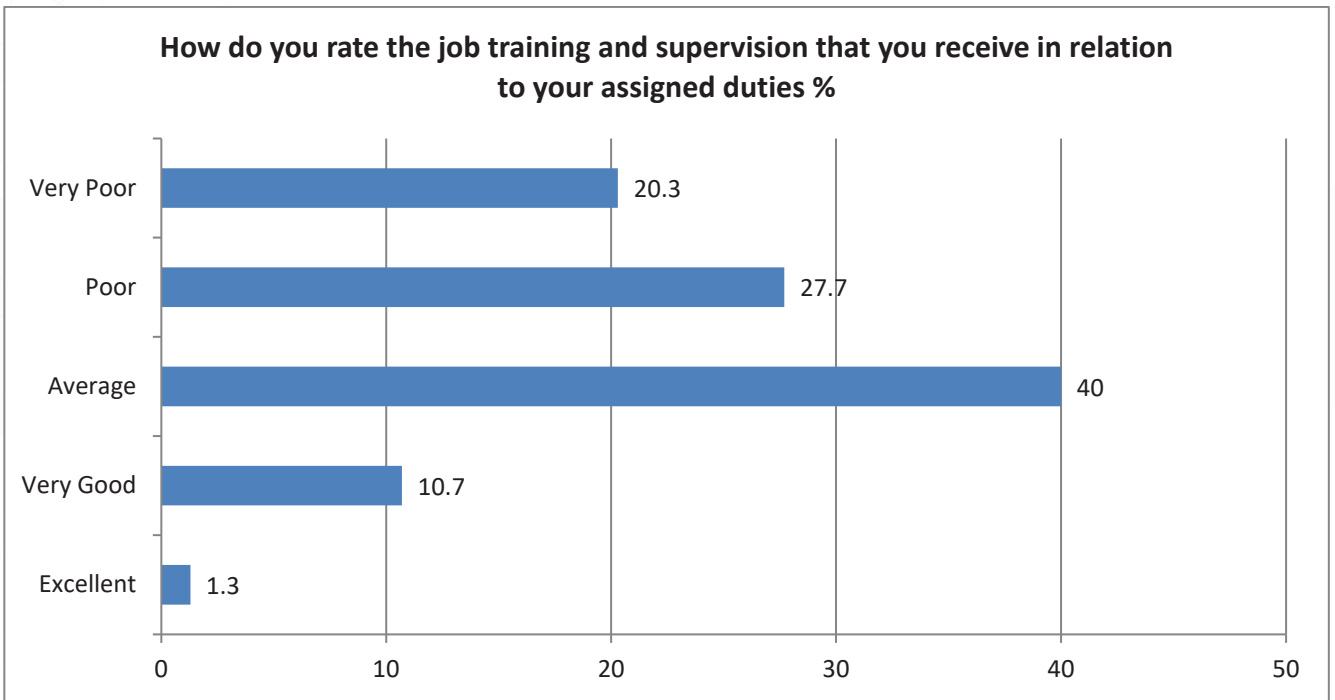
Members' perceptions of distributive justice were moderate at best, with a particularly high level of disagreement about the fairness of pay and other rewards. Only 6% of respondents "agreed" or "strongly agreed" that their level of pay and the rewards they receive are fair. Half of the sample "disagreed" or "strongly disagreed" that their workload was fair, 41% "disagreed" or "strongly disagreed" that their job responsibilities were fair, and over one-third (36%) "disagreed" or "strongly disagreed" that their work schedule was fair. It should be noted, however, that a high proportion of respondents "neither agreed nor disagreed" with the statements about the fairness of work scheduling (37%), responsibilities (33%) and workload (31%), indicating some uncertainty.

Interactional justice When decisions are made about my job ... %

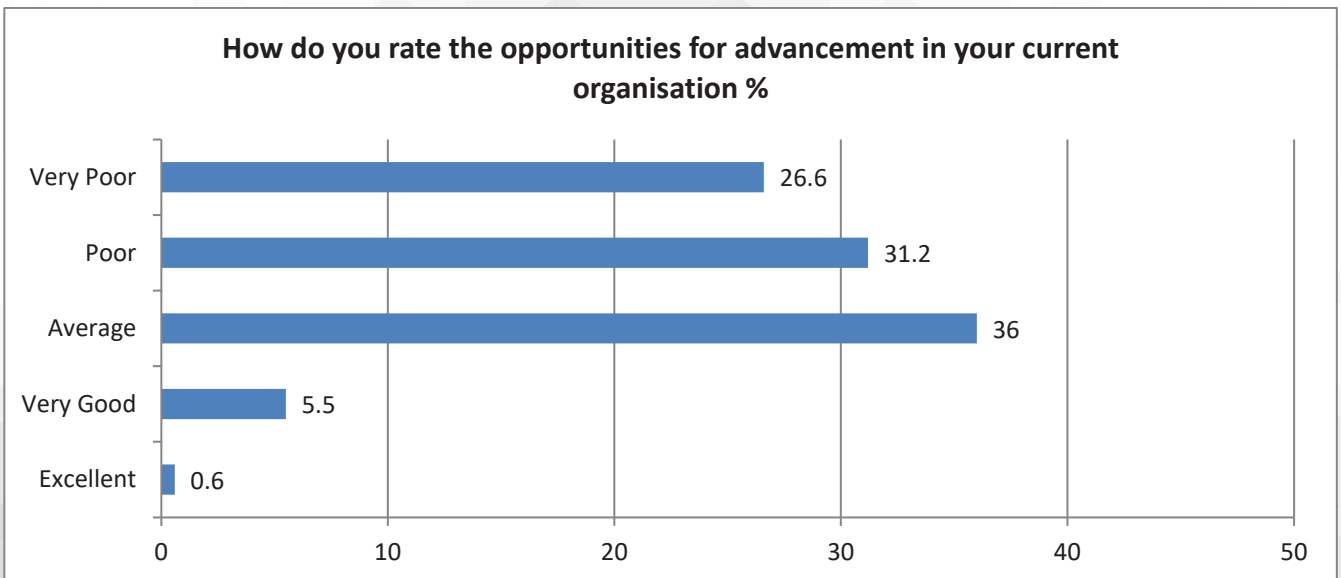


Members’ opinions about some aspects of interactional justice were also negative. The issues rated most unfavourably related to managers explaining any decisions made about their job, where 49% “disagreed” or “strongly disagreed”, managers explaining the implications of decisions and providing adequate justification for them, where 50% and 47% “disagreed” or “strongly disagreed” respectively. Members also expressed a high level of disagreement with statements relating to sensitivity and concern for their rights when decisions are made about their job. As with distributive justice, a high proportion of respondents (around one-third of the sample) “neither agreed nor disagreed” with some of the statements.

This survey also investigated members’ opinions about the availability of training and supervision and opportunities for advancement. Experiences of complaints, grievances and investigations were also examined. The chart below highlights members’ perceptions of the quality of the training and supervision they receive. As can be seen, 12% rated this as “very good” or “excellent”, 40% considered it to be “average”, while just under half (48%) thought it was “poor” or “very poor”. The proportion of respondents who considered the quality of their training and supervision opportunities to be “very good” or “excellent” had increased since 2014 (from 7% to 12%), but the number who believed this was “very poor” was similar (21% in 2014 and 20% in 2020).



Members were asked to rate their opportunities for advancement in their organisation. As can be seen below, just over a third (36%) rated this as “average”, while over half (58%) considered it to be “poor” or “very poor”. The proportion of respondents who rated their advancement opportunities as “very poor” had reduced considerably since 2014 (from 45% to 27%).



More than four out of ten respondents (45%) reported having been the subject of a formal complaint, grievance or investigation at work. Over one-third (36%) indicated that they had personally lodged a formal complaint. The proportion of the sample who had been subjected to a formal complaint, grievance or investigation was lower than in 2014 (52%), but the proportion that had themselves complained was the same (33%).

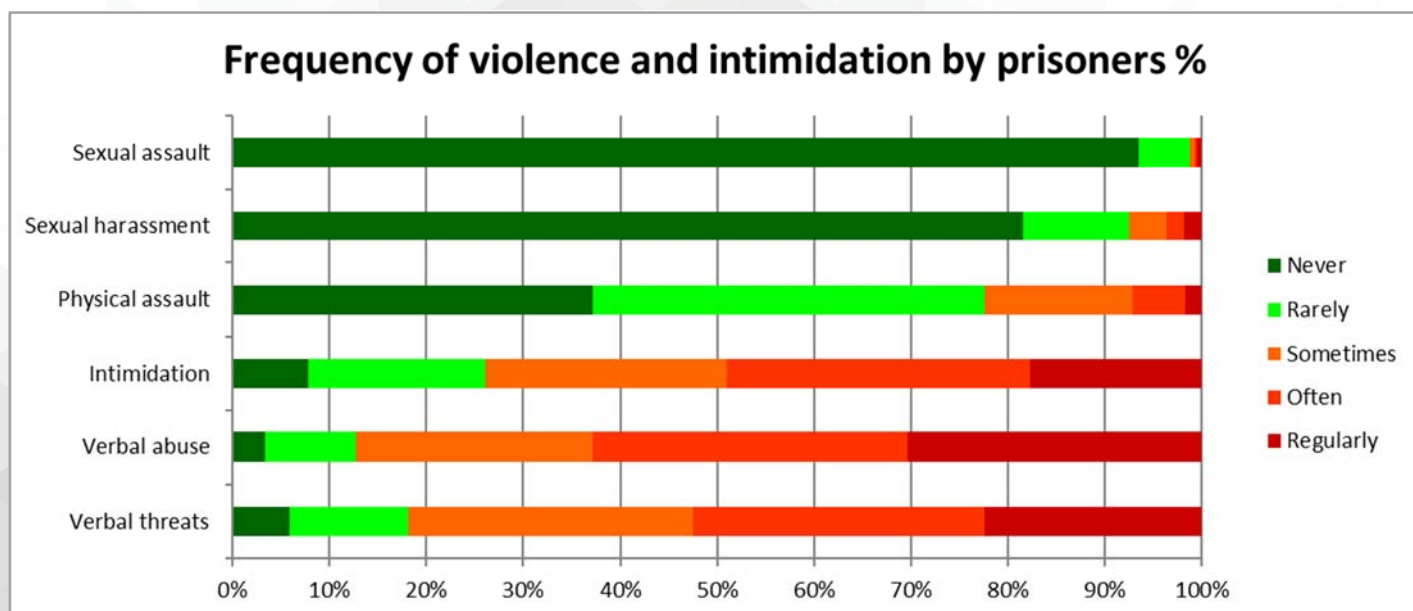
Safety at work

Intimidation and violence

The 2014 survey found that members were regularly subjected to intimidation and violence by prisoners. This survey revisited this issue and included two other measures: a) perceptions of safety at work; and b) the need for vigilance. In light of the serious concerns about increasing psychoactive drug use in prisons and the negative impact on staff, questions about the use of such substances were also included.

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 (63%) indicated that they experienced verbal abuse from prisoners either “often” (33%) or “regularly” (30%); more than half (52%) received verbal threats either “often” (30%) or “regularly” (22%), and 48% were subjected to intimidatory behaviours either “often” (31%) or “regularly” (17%). Only just over a third of members (37%) reported “never” or “almost never” experiencing physical assault, whereas more than two out of ten experienced this at least “sometimes” (i.e. once or twice a month). The behaviours that were reported least frequently were sexual assault and harassment.

The pattern of responses was similar to the 2014 survey, but the proportion of respondents who reported experiencing intimidation, verbal threats and abuse on a regular basis had increased.



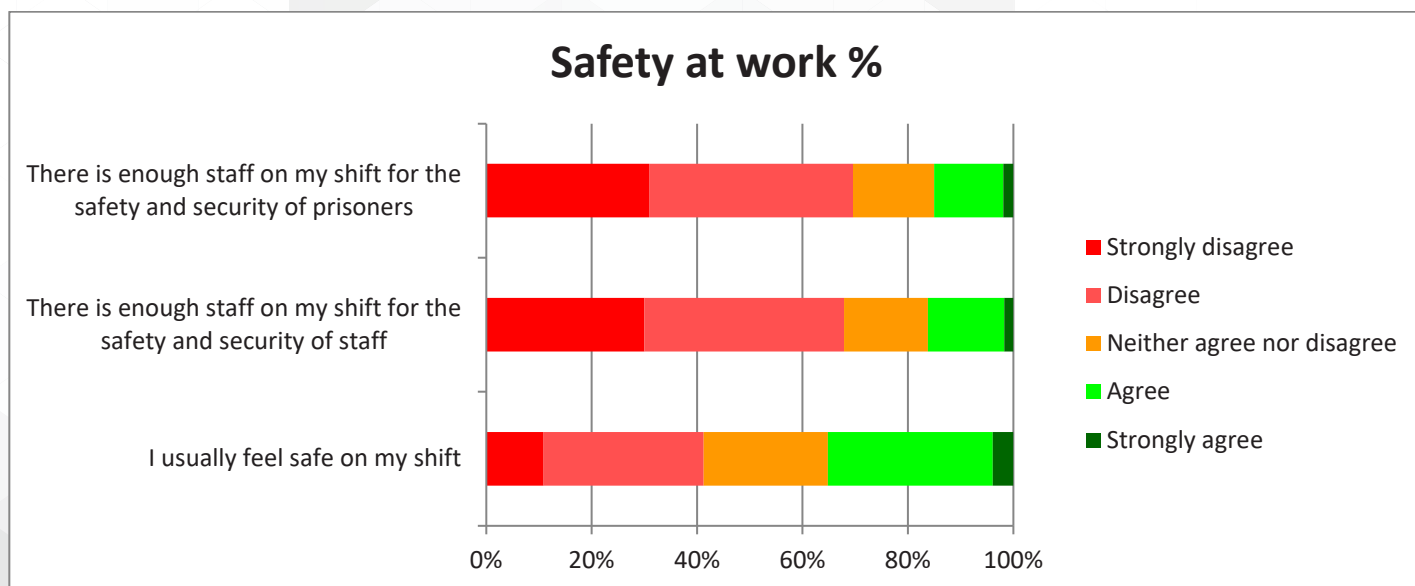
Members were asked whether they had been physically assaulted by a prisoner at any time during their career. More than half (57%) reported that they had experienced assault, with more than half of these (58%) occurring over the last two years. Respondents described most attacks as “minor” (41%) or “moderate” (44%), but a considerable proportion (15%) were considered “serious”. More than four respondents out of ten (42%) who had been assaulted by a prisoner had taken time off work to recover. Thirty percent took up to five days’ sick leave, 38% between five and 20 days, 23% between 21 days and 100 days, and

9% took more than 101 days. Respondents who had experienced assault were asked to what extent their employer had supported them through the incident and its aftermath. Few (6%) felt “extremely well supported”, 27% “fairly well supported”, 38% “little supported” and 29% “not at all supported”.

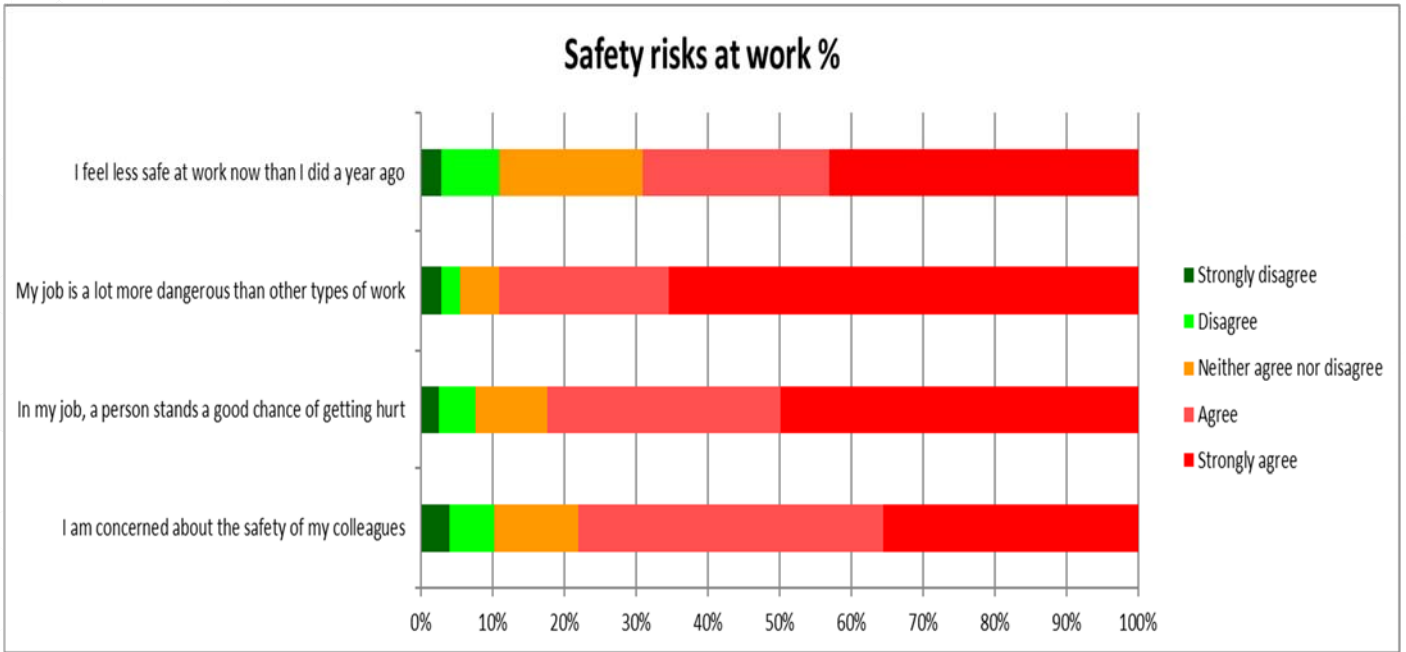
The proportion of members who reported experiencing assault had increased considerably since the 2014 survey (from 30% to 57%). The same proportion of the sample as the earlier survey had taken time off to work to recover (32%), but the number of days taken off sick had increased. Approximately one-third of respondents who had experienced assault felt “extremely well supported” and “fairly well supported” in both surveys. Nonetheless, a higher proportion of staff in the 2020 survey felt “not all supported” than in 2014 (29% and 24% respectively).

Safety and risk at work

Members were asked to indicate their level of agreement with several statements about safety and risk at work. The questions about safety were assessed on a five-point scale where 1 = “strongly disagree” and 5 = “strongly agree”. As can be seen below, a high proportion of members believed that staffing levels were insufficient to ensure the safety and security of the prisoners and themselves. Only around 15% of respondents “agreed” or “strongly agreed” with these statements, whereas approximately seven in every ten “disagreed” or “strongly disagreed”.

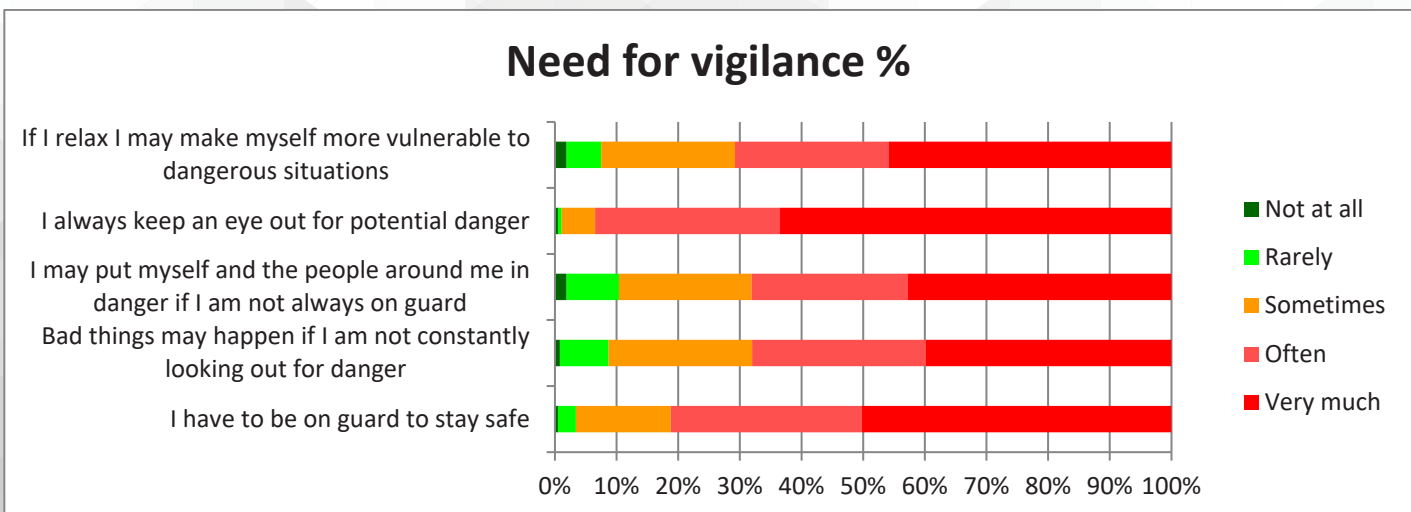


The serious safety concerns of members were also highlighted by their responses to the questions below. More than eight out of ten (82%) “agreed” or “strongly agreed” that people doing their job stand a good chance of getting hurt, and that their job was a lot more dangerous than other types of work (89%). Of particular concern was the finding that nearly seven respondents out of ten (69%) felt less safe at work than they did a year ago.



Need for vigilance at work

Being alert and on guard at work is a fundamental aspect of security-related jobs. Lapses of attention can compromise safety, and staff may be required to respond rapidly to life-threatening situations. Nonetheless, some jobs carry a risk of being “hypervigilant”, which is an extreme and continuous sense of alertness where people continually scan the environment for potential danger. Although vigilance is crucial for most people working for the employing bodies, hypervigilance can lead to health problems, difficulties switching off from work, impaired sleep and exhaustion¹⁴. Members reported experiencing high levels of work-related hypervigilance (mean = 4.18 on a 5-point scale, where 1 = “not at all” to 5 = “very much”). More than eight out of ten (81%) felt they had to stay on guard to remain safe on a regular basis, with half of the sample indicating that this was “very much” the case. Around seven respondents in ten indicated that they may put themselves and others in danger if they were not always vigilant (68%) and that relaxing their level of vigilance would make them vulnerable to danger (71%).



Comments

“When you experience violence on a daily basis, whether it is verbal, intimidation or physical, it has a detrimental effect, which you are not always aware of. It affects your physical and mental wellbeing and people often turn to alcohol or prescription drugs to mask the problem.”

“I was involved in a major incident a few years ago when colleagues nearly died after being attacked. I received counselling afterwards, but the stress still builds up and remains for months. I need more help as I believe I have PTSD.”

“I can’t talk to my family about work issues as it would be too upsetting for them. My work is all about self-harm, violence and death. They would worry too much about me if I told them the truth.”

“I feel less confident as we now have younger, poorly trained staff who are finding it difficult to cope with the type of violent prisoners we now have in the system.”

Psychoactive drug use

This survey included several questions about members’ perceptions of the use of psychoactive substances (PS) by prisoners and their personal exposure to them. Most respondents (86%) reported that PS were a serious problem where they work and that their use had increased. A high proportion of members appear to be personally exposed to PS in their workplace on a regular basis, with two-thirds of the sample (66%) being exposed at least “sometimes” (once or twice a month), whereas 22% of these were exposed “often” (once or twice a week) and 18% “regularly” (once a day or more).

Comments

Respondents were invited to comment on their exposure to PS. Staff are exposed via several mechanisms, such as testing impregnated mail or inhaling second-hand smoke while entering cells, patrolling the landings or restraining prisoners. Members described the symptoms they experienced, such as nausea, dizziness, agitation and headaches, but some reactions were serious and required hospitalisation. Exposure can affect staff mentally as well as physically, leading to confusion, memory loss, depression and anxiety, anger and hallucinations. Dealing with prisoners who are suffering the ill effects of substances also places staff at risk, as prisoners can become violent or require urgent medical attention. Being exposed to PS also seems to be a fairly common cause of sickness absence, and the need to provide prisoners with additional support also impacts on staffing levels.

“Most wings are affected; some staff have to be sent home in a taxi as they are not fit to drive.”

“Where I work, the exposure to PS has more than trebled in the last two years, with numerous staff needing to be taken to hospital A&E for observation and then home. This is having an impact on staffing levels and increased sickness absence through second-hand exposure, which then has a knock-on effect through increased stress for staff on duty.”

“I was seriously exposed to PS several years ago and suffered from breathlessness, heart palpitations and high blood pressure. On several occasions, I have witnessed staff suffer severe reactions to PS, which has sadly led to a number of them resigning due to the mental effect this had on them.”

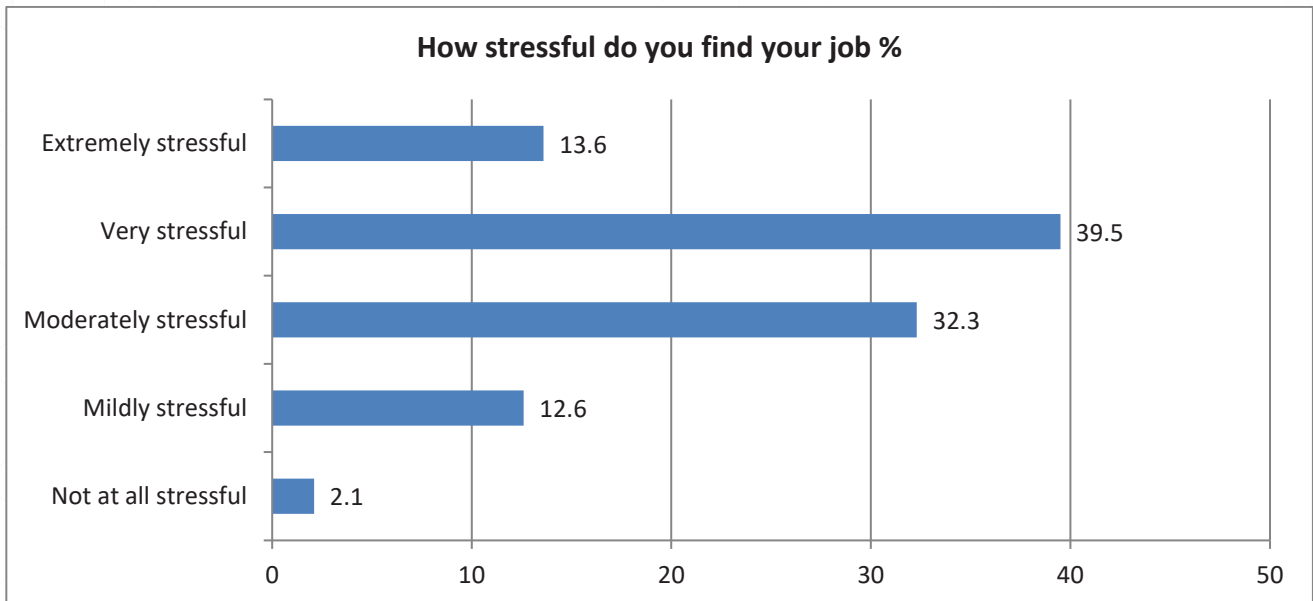
“Working in the vicinity of PS has affected me adversely several times. This has resulted in me feeling disorientated, unable to identify a safe destination and feeling out of control when

supposed to be operationally in charge of the establishment. The effects were only temporary but would have been very serious if an incident had occurred at the time.”

Stress, health and wellbeing

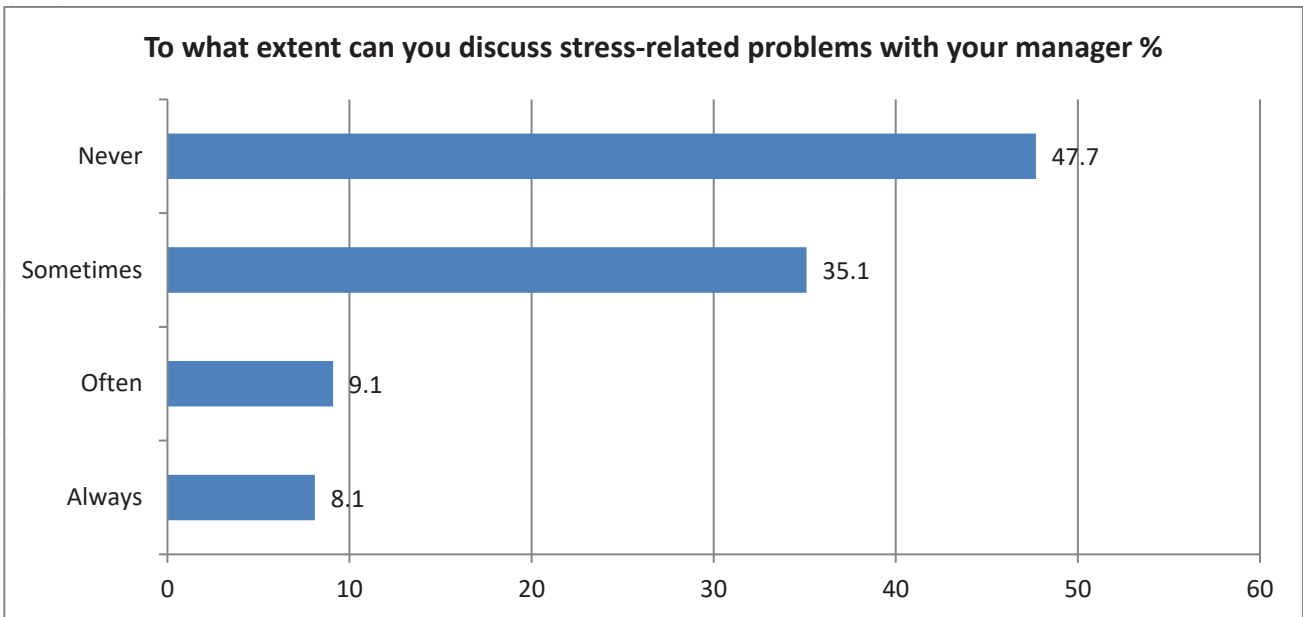
Work stress and stress-related illness

Members were asked to rate how stressful they find their job. As can be seen below, 85% indicated that they experienced at least “moderate” levels of stress, with 40% of these finding their job “very stressful” and 14% “extremely stressful”. Only 2% reported never experiencing work-related stress. These findings are similar to the 2014 survey.

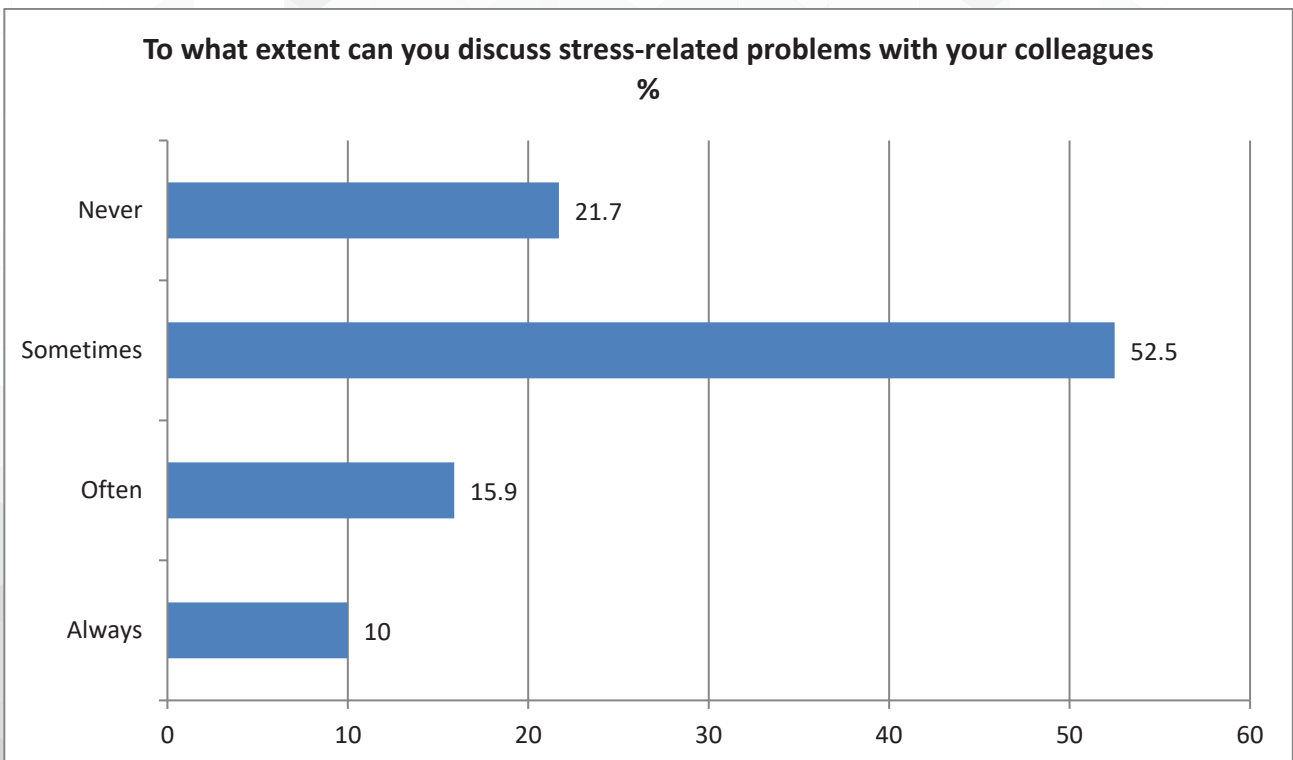


More than one-third of members (38%) reported that their doctor had diagnosed them with a stress-related illness since they had been working for the employing bodies, and a further 7% were “unsure”. This is a similar proportion to the 2014 survey. The earlier survey found that disclosing work-related stress was heavily stigmatised in the sector and staff who experienced stress-related illness were often discriminated against. The current findings suggest that the situation may have worsened. In 2014, 62% of respondents indicated that people in their organisation would be “unlikely” or “very unlikely” to disclose that they were suffering from stress-related illness. Seventy percent of respondents to the current survey reported that people would be “unlikely” (47%) or “very unlikely” (23%) to report such illness, while a further 12% were “unsure”.

Respondents were also asked to indicate the extent to which they felt able to discuss stress-related problems with a) their line manager; and b) their colleagues. Such questions can assess the extent to which stress is stigmatised in organisations. 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 nearly half (48%) were “never” able to do so. The proportion of the sample that reported feeling able to discuss stress with their manager “often” or “always” has increased slightly since 2014 (from 13% to 17%).



Overall, members felt more able to discuss any work-related stress they experience with their colleagues. As can be seen below, almost three-quarters of the sample (74%) believed they could do this at least “sometimes”. The proportion of respondents who reported feeling able to discuss stress with their colleagues “often” or “always” has increased very slightly since 2014 (from 24% to 26%).



Members were asked to provide details of the support that they believed was available to help them manage work-related stress. Options were “yes”, “no” or “unsure”. Most (87%) felt able to access support from occupational health services, although more than one respondent in every ten (11%) was unsure. A greater lack of awareness, however, was found regarding the availability of stress management training; although 19% reported that

such training was available to them, 25% reported that it was not, whereas over half (56%) were unsure. These findings are very similar to 2014, suggesting that recommendations made to improve the provision and employees' awareness of support services were not addressed. Members' awareness of a stress helpline or confidential counselling service has improved somewhat in the last six years, from 43% being aware and 45% unsure to 60% being aware and 31% unsure.

Mental health and burnout

The General Health Questionnaire (GHQ-12) assessed the mental health of the sample. This is widely used in studies of work-related stress in different occupational groups¹⁵. The GHQ-12 examines the presence of symptoms such as feeling under strain and the ability to overcome difficulties, as well as the ability to concentrate and make decisions. Each of the questions has a "better/healthier than usual", a "same as usual", a "worse than usual" and a "much worse than usual" option. As in 2014, this survey used the GHQ-12 to identify "caseness" levels of mental ill-health among members (i.e. where some degree of medical intervention is recommended). The findings revealed that the overall level of mental health amongst POA members remains poor.

Some examples from the findings are provided below:

- *"Have you felt constantly under strain?"* Four out of ten respondents indicated that they did not feel under strain, or no more than usual, but six out of ten felt so "rather more than usual" (36%) or "much more than usual" (24%).
- *Have you been feeling unhappy and depressed?* Nearly half of the sample (47%) indicated that they did not feel this way, or "no more than usual", but nearly three out of ten respondents (27%) reported feeling unhappy and depressed "rather more than usual" and 26% "much more than usual".
- *"Have you been able to concentrate on whatever you are doing?"* Forty-four percent of the sample indicated that they were able to concentrate as usual, but more than half reported having difficulties "rather more than usual" (35%) or "much more than usual" (21%).
- *"Have you felt capable of making decisions about things?"* Almost two-thirds of the sample (65%) felt able to make decisions, but 35% indicated that they felt "rather less" decisive (22%) or "much less" decisive (13%) than usual.

A high rate of mental health problems was found in this survey. Sixty-nine percent of the sample scored at the threshold point of four or above. This suggests that nearly seven out of ten members need some degree of intervention to improve their wellbeing. In the 2014 survey, a similar proportion (72%) of the sample scored at the threshold point. The long-term mental health of POA members still gives considerable cause for concern. The caseness rate found amongst members should be compared to other occupational groups within the UK that are generally considered "highly stressed": for example, local authority workers (42%), social workers (37%) and a police force (47%)¹⁶.

People employed in "human service" professions, such as within prisons and similar bodies, are at particular risk of burnout: 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 working with prisoners), 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 cause emotional exhaustion, which, in turn, can reduce feelings of doing a worthwhile job. The scale used in this survey measured the frequency with which people experience feelings associated with burnout on a scale ranging from 0 = “never” to 6 = “every day”. The findings include the following:

- The overall level of emotional exhaustion was high. Sixty-seven percent of the sample reported feeling emotionally drained from their work at least “once a week”, with 26% of members feeling this way “a few times a week” and 32% “every day”. The proportion who reported feeling emotionally drained “every day” had increased slightly from 28% in 2014.
- The extent of depersonalisation/cynicism found in this survey was also high. More than six out of ten members (63%) reported feeling de-sensitised to prisoners’ needs at least “once a week”, with 41% feeling this way “every day”. The overall level of depersonalisation had increased since 2014, when around half of the sample (49%) reported feeling de-sensitised to prisoners’ needs at least “once a week” and almost one-third (32%) “every day”.
- Feelings of personal accomplishment were moderate, but less than half of the sample (47%) reported feeling that they have a positive influence on prisoners’ lives at least “once a week”, and only 16% indicated they felt this way “every day”. The overall level of personal accomplishment had reduced slightly since 2014, where 52% of the sample reported such feelings at least “once a week” and 20% “every day”.

Comments

“The job of a prison officer can wear you down. I suffer from anxiety and stress. It kind of sneaks up on you until you realise you have it!”

“I was put on anti-depressants by my GP due to work stress. My line manager promised me counselling, but it has never happened. In fact, I was disciplined for taking a week off with stress and depression.”

“I had a period of sickness a few years ago related to anxiety, depression and stress, which was certainly a direct result of the job. The anxiety still manifests itself from time to time and makes me feel unwell. I mention it to my managers but very little is done.”

“I have been a prison officer for 35 years and have been diagnosed with Trauma Induced Reactive Depression. There is no cure.”

“I have wasted 20 years of my working life doing a job nobody appreciates. I've ruined my physical and mental health and I'm in the process of destroying my relationship due to work-related stress. I think I have PTSD, but I'm too afraid to see my GP because once I'm labelled at work there's no going back.”

Sickness absence and “presenteeism”

Fifty-eight percent of the sample reported taking some sick leave over the previous 12 months. An average of 23 days was taken, with 75% of staff who had been off sick taking six days or more and 29% at least 20 days. This is a considerable increase from the 2014 survey, where an average of 16 days sick leave was taken in the previous year. One-third of respondents who had taken sick leave reported that at least some of these days were due to stress-related illness. This proportion is lower than the 40% who reported time off for stress-related illness in 2014.

The 2014 survey concluded that relying on the extent of sickness absence considerably underestimated the extent of ill-health amongst members. A considerable majority (84%) of the 2014 sample indicated that they continued to work when they were unwell at least “sometimes”, with more than half (53%) “always” doing so. The most common reasons provided by members 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 commented on punitive sickness absence policies at their workplace; many disclosed that it was common for managers, and sometimes governors, to ring staff who were off sick to ask when they were coming back to work.

The current survey aimed to provide a more in-depth examination of the causes of presenteeism among POA members and its implications for their wellbeing, safety and performance. It revisited the extent to which members worked while sick and used a scale developed from the 2014 findings to examine the reasons for presenteeism more systematically. The scale was piloted with a sample of 60 POA members in late 2019.

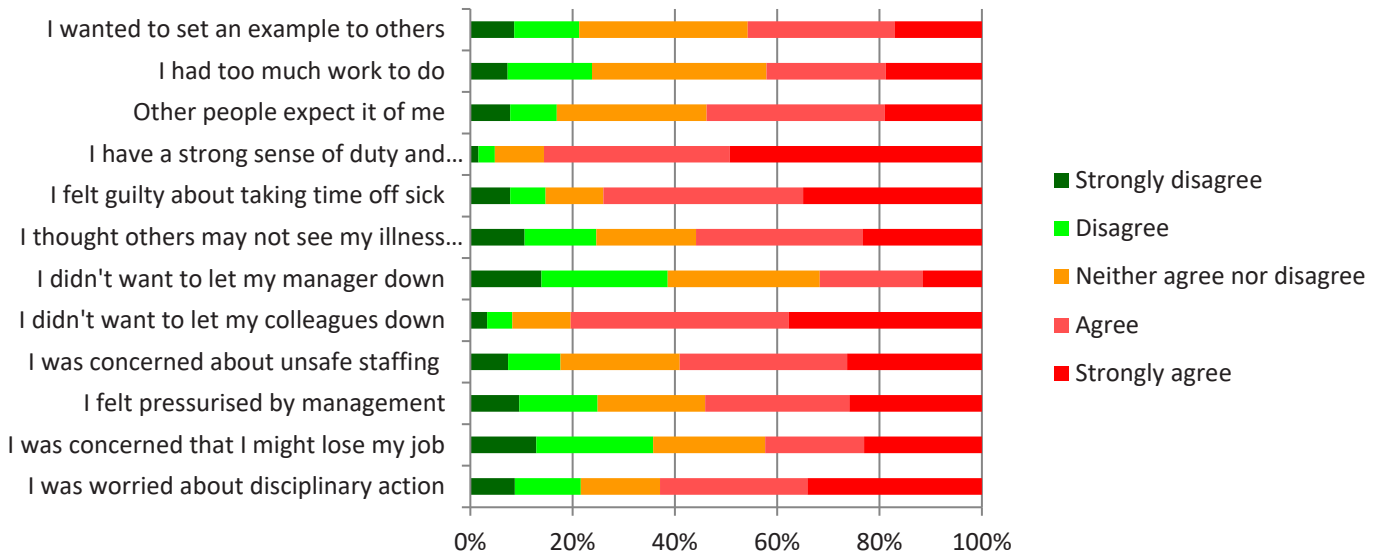
The findings of this survey show that members continue to work while sick on a regular basis and that the pressure to do so seems to have increased. Ninety-two percent (compared with 84% in 2014) reported working during illness at least “sometimes”, with more than four out of ten (43%) “always” doing so. Reasons why members might work while sick were assessed on a five-point scale, where 1 = “strongly disagree” and 5 = “strongly agree”. A high level of agreement to each statement was found, highlighting their relevance to members. The five most commonly endorsed reasons for working while sick were the following:

- “I have a strong sense of duty and professionalism”
- “I didn’t want to let my colleagues down”
- “I felt guilty about taking time off sick”
- “I was worried about being subjected to disciplinary action”
- “I was concerned that staffing levels would be unsafe”

The reasons for working while sick that were the least strongly endorsed by members related to workload, being concerned about losing their job, and not wanting to let their manager down.

The chart below shows the level of agreement with each potential reason for presenteeism.

Reasons for presenteeism %



Comments

"Going off sick is not worth the hassle and the added stress. You could be off sick with stress and given disciplinary action, that actually adds to the stress you are under."

"No one is encouraged to stay off work, so illness is spread around the establishment. I have had three doses of illness in a month and this is getting me down."

"If I am unwell, unless I am completely wiped out, then I will come to work. If I am later incapacitated and have to take time off, then two periods of sickness can lead to disciplinary procedures ... so I just come in and share my bugs with everyone else."

"I work while sick because I am scared of being sacked for inefficiency due to the rigorous implementation of sick procedures."

"The Senior Management Team look down on staff who take time off sick with colds or flu-like symptoms."

"I should take time off, but I have an irrational sense of loyalty to my employer."

"I don't go off sick as I am getting on and I feel I may be targeted for dismissal due to perceptions about my age and my ability to do the job."

"If I take time off sick, maybe someone else cannot have the day off they really need."

Work-life balance, sleep and recovery

The survey examined three aspects of work-life conflict¹⁶ among members:

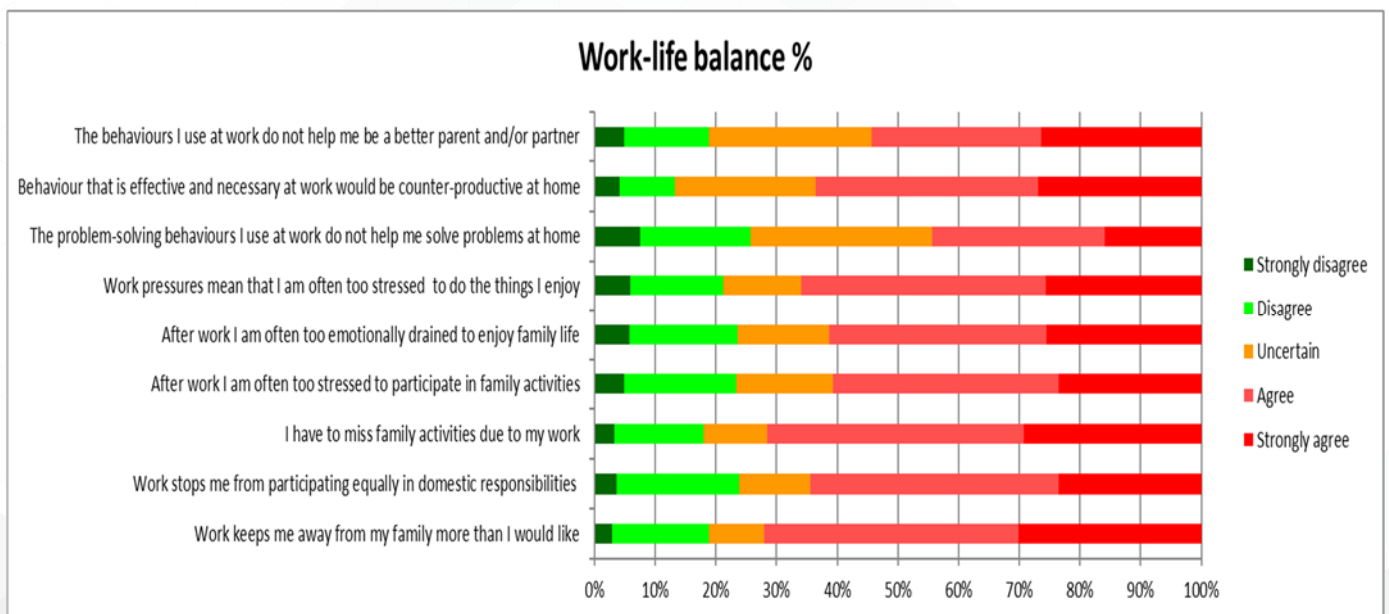
- Time-based conflict: when the time spent in one role limits that available for other activities (e.g. working long hours will reduce opportunities to spend time with family, or to relax and socialise).
- Strain-based conflict: when unpleasant emotional reactions to work "spill over" into personal life. Working in emotionally demanding or threatening situations

(commonplace for POA members) can lead to people feeling emotionally exhausted, anxious, distracted or irritable outside work.

- Behaviour-based conflict: conduct that is expected in one role is incompatible, or even counterproductive, in another. This is generally more common in jobs that involve taking responsibility for others, and where staff have to deal with uncooperative, hostile or aggressive people (commonplace for POA members).

The three types of work-life 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. More than six out of ten respondents (65%) “agreed” or “strongly agreed” that the time they spend at work stops them from participating in family and/or leisure activities.
- Strain-based conflict. More than six out of every ten respondents (62%) agreed or strongly agreed that they frequently felt too emotionally drained after work to enjoy their family life.
- Behaviour-based conflict. Just under three-quarters of the sample (74%) considered that the problem-solving behaviours they use in their job were unhelpful in their personal life.

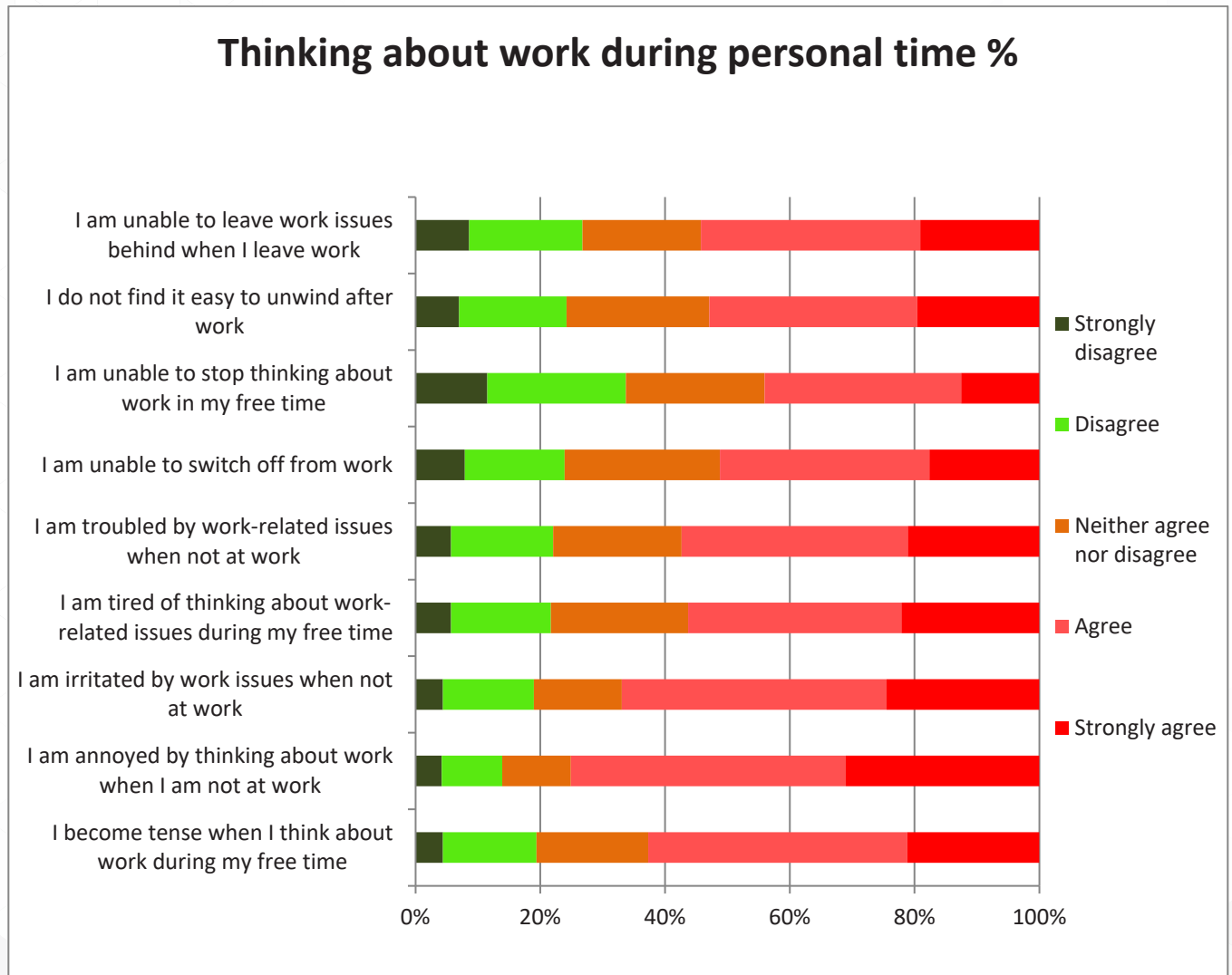


The overall level of work-life conflict and the extent of time-based and behaviour-based conflict reported by respondents to this survey were similar to 2014, but strain-based conflict had slightly increased.

The survey also considered the extent to which members ruminate about (i.e. dwell excessively on) work-related problems outside working time. As this type of rumination can lead to mental health problems and impair job performance, it is vital for staff to be able to recover properly 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.

More than half of the sample (53%) reported feeling unable to leave work-related issues behind after work and finding it difficult to unwind. Particular problems were found with

affective rumination, which is the most damaging type as it can cause emotional exhaustion. For example, three-quarters of the sample “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 ten (63%) reported feeling tense when they thought about work during their free time.



The level of work-related rumination reported by respondents to this survey is similar to 2014, but the current sample were more likely to “strongly agree” with most of the questions. This suggests that they were experiencing more difficulties switching off from work.

Many respondents to the 2014 survey reported having sleeping difficulties. This survey examined this issue more closely by assessing the amount and quality of members’ sleep. Nearly seven respondents in ten reported having trouble sleeping in general (66%) and only 9% believed that they got enough sleep. Many (68%) had trouble staying asleep at least “somewhat”, with more than half doing so either “quite a bit” or “very much”. Sixty-one percent of the sample indicated that their sleep was restless either “quite a bit” or “very much”.

Comments

“Not enough time to spend with my young family. I am often tired or get in too late and my children are in bed before I finish my shift.”

“The job has a massive effect on my work-life balance and my personal relationships. The long hours take their toll, I come in stressed and can’t be bothered to do any chores, which causes arguments.”

“Because I am constantly working with violent and aggressive prisoners, my tolerance levels have diminished hugely over time. This affects my relationship with my teenage sons who sometimes I treat as YPs. I know this is wrong, but you find yourself switching into work mode.”

“In my time as a prison officer, I have been told by numerous people, family and friends that the job has changed me as a person, for the worse. I show very little emotion, I have become more judgmental and often want to be left alone, to the detriment of my family life.”

“Due to workload, deadlines and demands, I am unable to switch off when at home. This affects my home life, sleep pattern and general wellbeing.”

“I struggle to sleep and maintain meaningful relationships with my family and friends.”

Job satisfaction and retention

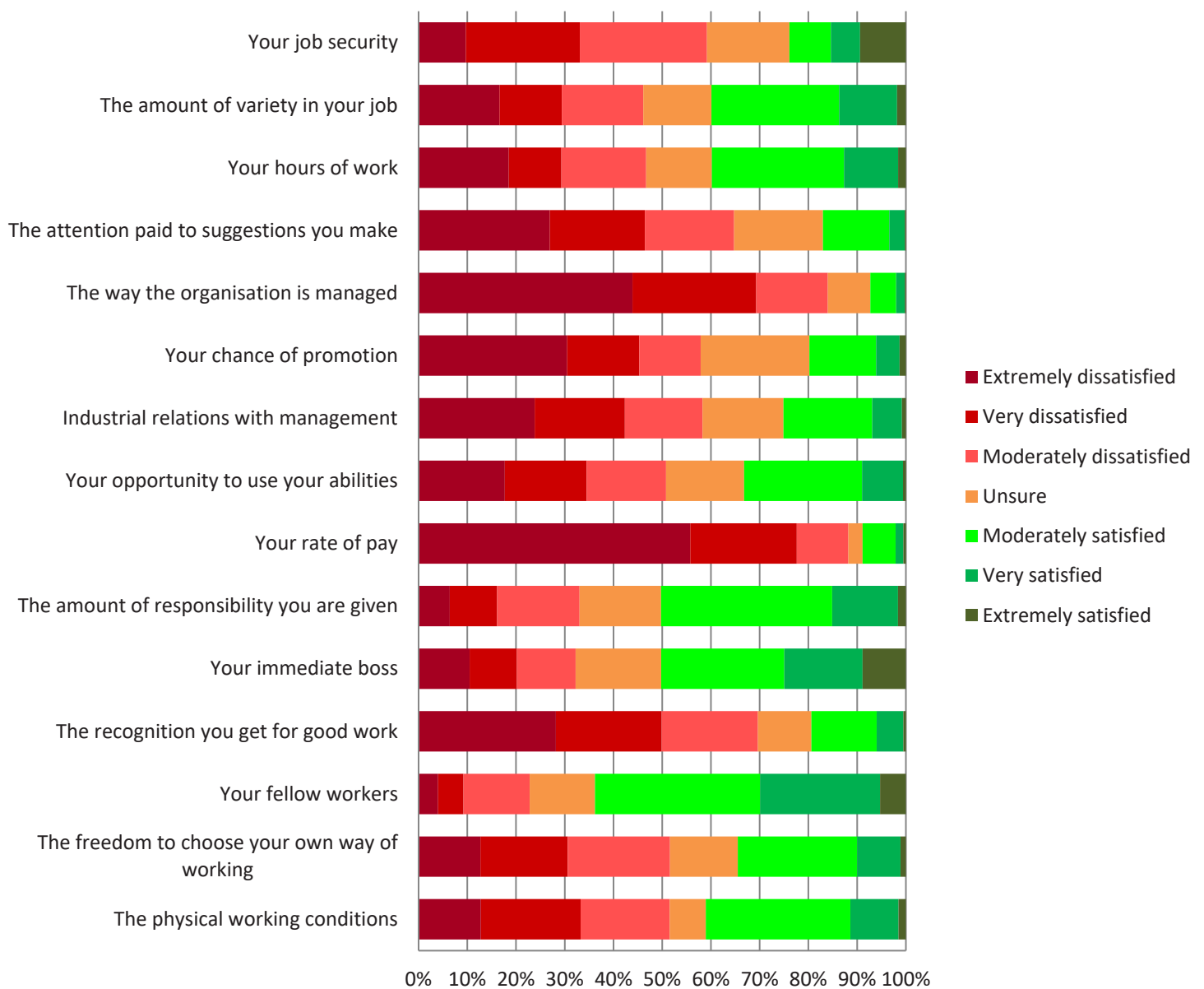
This survey included questions about the extent to which POA members feel satisfied with different aspects of their work and their intentions to continue working for the employing bodies. The overall level of job satisfaction was assessed, along with two separate aspects: intrinsic satisfaction (reactions to features of the job itself, such as the variety of tasks performed and the opportunity to use skills) and extrinsic satisfaction (aspects external to the job itself, such as pay and the physical working environment). Both aspects of work were rated on a seven-point scale, with 1 = “extremely dissatisfied” and 7 = “extremely satisfied”.

The overall level of job satisfaction reported by POA members was fairly low; 37% expressed moderate dissatisfaction, 14% were very dissatisfied and 11% extremely dissatisfied. Only two respondents in every hundred reported that they were extremely satisfied with their job in general. By far the highest level of satisfaction experienced by respondents was with fellow workers: only 9% expressed dissatisfied with this. Moderate satisfaction was also found with line managers and the amount of responsibility given. As can be seen in the chart below, however, satisfaction with other aspects of the job was poor, with the lowest ratings given to extrinsic factors (such as chance of promotion and industrial relations with management) and some intrinsic features (such as recognition for good work and attention to suggestions made). Nonetheless, the potential source of satisfaction that was rated the lowest was pay, where only 9% of the sample were at least “moderately” satisfied and more than half (56%) “extremely” dissatisfied. The second lowest source of satisfaction related to the way that the organisation is managed. Only 7% of respondents were at least “moderately” satisfied with this aspect of their work, with nearly seven in ten (69%) being either “very” or “extremely” dissatisfied.

The pattern of sources of satisfaction and dissatisfaction reported by members was similar to the 2014 survey, where most satisfying aspects of work were fellow workers, line management and the amount of responsibility given. The lowest-rated aspects of satisfaction were also similar: i.e. the way the organisation is managed, rate of pay, chance of promotion and recognition for good work. Levels of intrinsic and extrinsic satisfaction have increased slightly since 2014 but remain lower than many other professions.

- The mean level of overall job satisfaction was 3.45 (3.10 in 2014), 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)¹⁷.
- In terms of intrinsic job satisfaction, the mean score found in this survey was 3.31 (3.05 in 2014). The lowest published scores that could be found are from a police force (3.88) and hospitality workers (3.89)¹⁷.
- The mean score for extrinsic job satisfaction was 3.39 (3.28 in 2014), which should be compared with the lowest published scores from logistics and consultancy workers (3.52) and manufacturing employees (3.68)¹⁷.

Job satisfaction %



Another marker of job satisfaction is retention, which continues to be a problem in the employing bodies. The level of continuance commitment (i.e. how much employees wish to stay at their organisation) was examined in this survey. Also included were questions to examine members' opinions on the recruitment and retention of staff in general. These issues were assessed using a five-point scale ranging from 1 = "strongly disagree" to 5 = "strongly agree".

- More than six respondents in ten (65%) agreed that they often thought about leaving their job, with 37% agreeing "strongly". Nearly half of the sample (46%) indicated that they planned to look for another job in the near future. Sixty-four percent "strongly agreed" that, if they could choose again, they would choose a different job. These findings were similar to the 2014 survey, but the proportion of the sample who expressed strong intentions to leave had increased slightly.
- Eighty-two percent of respondents agreed that recruiting new staff was a problem in their organisation, with more than six out of ten (63%) "strongly" agreeing. Retention rates were also considered to be poor, whereby 72% of respondents "strongly" agreed that this was a problem in their organisation.

Comments

"I enjoy my job and get a lot of satisfaction from it. This improves my wellbeing."

"I have always loved my job and felt proud to serve as a Prison Officer since I joined nearly 20 years ago. I haven't felt like that for the past 2-3 years now and each month it gets worse. I am seriously thinking about leaving as it is impacting on my health and family life."

"My wage is not enough and I must work more hours to get extra money to support my family. The pay is inadequate for the stress we experience and what we see and have to do every day."

"The price you pay for spending too much time with very damaged people is not covered by the salary."

"Staffing levels and recruitment need to be priorities. The standard of staff should be re-examined as many new members are not up to it, but nobody wants the job."

"The Prison Service encouraged a lot of experienced staff to leave and has not managed to replace staff who have left. The recruitment of new staff has been very haphazard."

Relationships between working conditions and wellbeing

- POA members who reported experiencing more demands at work, less control and support, poorer-quality relationships and less well-defined roles and had more negative perceptions of change tended to be more emotionally exhausted and had poorer mental health. They also had more difficulty achieving an acceptable work-life balance, were less satisfied with their job and more likely to have seriously considered leaving it.
- High job demands, poor working relationships and role ambiguity were particular risk factors for emotional exhaustion, mental health problems and retention. The strongest predictors of members' job dissatisfaction were lack of support from managers and poor change management.
- Members who experienced high job demands, low control and poorer-quality relationships at work tended to have the poorest work-life balance. The emotional

strain of their work was particularly likely to “spill over” into their personal life, which made it difficult to relax and enjoy family life and leisure. High job demands and poorer working relationships were particular risk factors for ruminating about work problems and sleep disturbances.

- Perceptions of injustice were also damaging for the wellbeing and job satisfaction of members. Lack of distributive justice (i.e. the fairness with which decisions are made in the organisation and how resources are allocated) can be particularly detrimental for mental health and work-life balance.
- POA members who reported experiencing violence and intimidation more frequently were particularly likely to be emotionally exhausted and have poor mental health, difficulties switching off from work and sleeping problems. Those who saw their working environment as less safe and who felt a greater need to be vigilant for signs of danger were at similar risk. It is also important to note that experiences of violence and intimidation and unsafe working conditions were particularly strong predictors of job dissatisfaction and leaving intentions. The negative effects of such experiences were intensified if support from employers was lacking.
- Members who indicated that the use of psychoactive substances was more widespread and disruptive in their workplace tended to see their job as more demanding and also worked longer hours. They also reported more emotional exhaustion and mental health symptoms, less job satisfaction and stronger intentions to leave.
- It should be noted that respondents who experienced more work-related stress were more likely to report that stress was heavily stigmatised in their organisation. They also felt the least able to discuss any work-related stress they experienced with their line manager or their colleagues.
- Strong relationships were also found between the psychosocial working environment and sickness absence behaviour. Members who reported more job demands, lower control, less support from managers and colleagues, poorer quality working relationships and more role ambiguity, and had more negative perceptions of change, tended to work while sick on a more regular basis. Presenteeism had a considerably stronger influence on members’ wellbeing than absenteeism, with those who worked while sick more often at greater risk of emotional exhaustion, poor mental health and work-life conflict. Both sickness absence and presenteeism were linked with personal experiences of violence and intimidation, suggesting that members may be unable to take sufficient time off work to manage the after-effects of such experiences. Presenteeism, but not absenteeism, was also strongly related to job dissatisfaction and leaving intentions.
- POA members who worked longer hours typically reported that their job was more demanding and experienced less control and support and poorer-quality working relationships. On average, the longer the hours the poorer the member’s mental health and job satisfaction. Those whose working hours were longer also tended to find it more difficult to switch off from work, experienced more sleeping problems and had a poorer work-life balance.
- Members who indicated that they struggled to take their annual leave at a time of their choosing were at greater risk of mental health problems, emotional exhaustion and work-life conflict (particularly time-based conflict). They were also more likely to have considered leaving their job.
- On average, older members saw their work as less demanding and had a stronger sense of control over key aspects of their job. Younger members and those who had worked for the Prison Service for a shorter time typically reported poorer mental

health, less job satisfaction and more work-life conflict (especially time-based conflict).

Conclusions

The findings of this survey of POA members show that psychosocial working conditions in the employing bodies in the UK continue to be poor. Although satisfaction with some key aspects of work, such as demands, control and relationships, has risen slightly since the 2014 survey, none of the benchmarks recommended by the HSE for the prevention and management of job-related stress are met. Members continue to experience difficulties managing the demands of their work, and many believe that their organisation does not allocate workload fairly, leading to overload and strain. The extent to which an employee's roles and responsibilities are clear also has a major impact on their wellbeing. Although the HSE benchmark for role was not met in this or the earlier survey, most members seem aware of what is expected of them at work and have the information to get their job done. Nonetheless, although the overall level of satisfaction with training opportunities has increased slightly since 2014, one-fifth of members continue to see this provision as very poor.

Resources such as control and support are key predictors of wellbeing and can help offset the negative effects of work demands. Nonetheless, most POA members appear to have little control over what they do at work and the speed at which they are expected to fulfil their duties. Given the demanding nature of the work, it is of some concern that around half of the sample feel unable to take a break when required. Although perceptions of manager support are slightly more favourable than in 2014, many members still struggle to obtain supportive feedback and help to cope with the emotional demands of the job. A particularly high level of dissatisfaction was expressed with the support received from employers when members are subjected to assaults by prisoners. This is discussed further below. It should be emphasised, however, that managers in the employing bodies also experience high levels of job-related stress. Under such conditions, managing their own wellbeing as well as the wellbeing of those who report to them will be particularly challenging.

Overall, POA members continue to be satisfied with the help they receive from their colleagues. Indeed, support and assistance from co-workers is considered by far the most satisfying aspect of the job. There are concerns, however, that good working relationships can have negative implications for the wellbeing of members, as loyalty to co-workers and concerns for their safety can encourage people to work while sick. Unsurprisingly, in a working environment that can be highly charged, some evidence of friction and anger between co-workers has been found. A particular concern is working with inexperienced colleagues, some of whom are considered unsuitable for the role, which makes the job more demanding and more hazardous. The unacceptably high level of bullying and harassment found in the 2014 survey does not seem to have abated, with only four members out of every ten never experiencing bullying at work.

Wide-ranging changes have been introduced in the employing bodies over the last few years. While some change is needed to ensure continuous improvement, members' perceptions of how change has been implemented continue to be negative. It is widely recognised that giving staff a "voice" (so that they feel involved, listened to and can contribute their experience, expertise and ideas) is vital for the success of any change initiative. Nonetheless, most members feel they have little input into organisational change and are uncertain about the implications of changes that are made. This survey also

assessed members' perceptions of interactional justice, which refers to the treatment that they receive when decisions are made about their job. Although a high proportion of the sample are uncertain, many feel that they are not consulted about such decisions, that they are not given adequate justification for them and that there is little concern for their rights. Most, however, believe that their manager communicates these decisions in an honest and truthful manner. The importance of members being treated justly is highlighted, as feelings of unfairness are particularly detrimental for their wellbeing, particularly their mental health.

In line with recently published statistics, the findings indicate that intimidation and violence from prisoners is a frequent occurrence in the employing bodies, most commonly in the form of verbal abuse and threats. The proportion of respondents who reported regularly experiencing intimidation, verbal threats and abuse is higher than in 2014. More than half of the POA members who responded to this survey have experienced assault at some time in their career, many during the last two years. This is a considerable increase from the 30% who reported such an experience in the 2014 survey. The current survey found that more than half of these attacks are described as moderate or serious, with staff often needing time off to recover. Experiences of violence and intimidation have a strong influence on mental health and burnout, and frequently impair sleep and recovery processes. It should also be noted that members who have experienced violence and intimidation tend to be less satisfied with their job and wish to leave. The need for enhanced support services for employees following assault was highlighted in the 2014 survey, but unfortunately many members still feel unsupported by their employers during this challenging time.

The scale of intimidation and violence from prisoners and the serious impact on members' wellbeing highlighted the need for further insight into safety and risk. Most respondents are concerned about their own safety and that of their colleagues, and report feeling less safe at work than they did a year ago. Of particular concern is that seven respondents in every ten believe that poor staffing levels are compromising their own safety and security and that of prisoners. Unsurprisingly, members feel the need to be hypervigilant for potential danger during their shifts as a lapse of attention can have serious consequences. This has serious implications for their wellbeing as it is a major risk factor for health, the quality of sleep and recovery, and work-life balance. The inability to take breaks from work when necessary is also likely to intensify the risks of hypervigilance for members.

A considerable majority of respondents indicate that psychoactive substances (PS) are a serious problem in their place of work and that their use has increased substantially. Many members report being regularly subjected to PS at work, with nearly one in five exposed at least once a day. Members wrote about the mental and physical symptoms they experience following exposure to PS, many of which are serious. There are also major implications for staffing and retention, as well as for staff wellbeing, as widespread PS use was a key risk factor for mental health, job satisfaction, sickness absence and retention. More specific risk management strategies are clearly required to reduce the availability of PS and protect the safety and security of members.

The findings of this survey indicate that the work-life balance of POA members continues to be poor. Although the long and unsocial working hours restrict the time available to spend with family and to relax and socialise, strain-based conflict is also common and has increased since 2014. Emotional reactions to the job frequently "spill over" into members' personal life, causing tension, anxiety or irritability. The ability to switch off from such

emotionally and physically challenging work is vital to replenish energy levels and maintain the vigilance for danger needed by members. Unsurprisingly, respondents who have more difficulty switching off from work and a poorer work-life balance are at greater risk of mental health problems and burnout, and are less satisfied with their job.

The level of job satisfaction found in this survey has increased slightly since 2014 but continues to be low. As highlighted above, the strongest source of satisfaction experienced by members is with their fellow workers. Extrinsic aspects of the job, such as promotion opportunities, industrial relations and job security, are generally considered the least satisfying, but recognition for good work is also rated poorly. Pay and the way the organisation is managed have the lowest satisfaction ratings overall. This further underlines members' concerns about the unfairness of rewards discussed above, as well as their negative perceptions of support from their managers and the management of change. Retention continues to be a problem in the employing bodies. Nearly half of the sample reported that they planned to look for another job soon, whereas more than six out of ten regretted their choice of career entirely. Of some concern is that the proportion of the sample who expressed the strongest leaving intentions has increased slightly since 2014. Losing yet more valuable staff will have grave consequences for the functioning of the employing bodies, many of which are already seriously under-staffed, with a rising number of inexperienced recruits.

Reflecting the findings of the 2014 survey, only 2% of POA members who responded do not find their job stressful, whereas more than half see it as extremely or very stressful. The level of stress-related illness among members continues to be high, with more than one-third having received such a diagnosis from their GP since they started their career. The level of mental health problems reported by POA members has not improved since the 2014 survey, remaining considerably poorer than other "emotionally demanding" occupations. Members frequently disclosed, for example, that they feel under strain, are unhappy and distressed, and have difficulties concentrating. The proportion of respondents who feel emotionally drained by their job and desensitised to the needs of prisoners "every day" has increased and feelings of personal accomplishment reduced slightly since 2014. Nonetheless, almost half of the sample believe that they have a positive influence on prisoners' lives at least "sometimes".

The 2014 survey highlighted the urgent need for employers to manage work-related stress more effectively and protect the wellbeing of their staff. Nonetheless, the problems continue. Members who report experiencing more demands and less control and support, and who have poorer-quality relationships, less well-defined roles and more negative perceptions of change, are at greater risk of mental health problems and burnout, are less satisfied with their job and are more likely to be considering leaving.

Stress and mental health are often stigmatised in organisations, and this appears to be a particular problem in the employing bodies. Seven respondents out of ten indicated that people working in their organisation are "unlikely" or "very unlikely" to disclose they are experiencing a stress-related illness. Further evidence of stigma is provided by POA members' reluctance to tell their manager that they are having difficulties coping with stress, with nearly half of respondents "never" feeling able to do so. Nonetheless, reflecting members' satisfaction with relationships with colleagues discussed above, almost three-quarters feel able to discuss work-related stress with co-workers at least "sometimes". The 2014 survey highlighted a general lack of awareness of the services available to manage

work-related stress. Awareness of a stress helpline and confidential counselling seems to have increased since then, but recommendations for employers to improve the provision and knowledge of support services have not been addressed. It is likely that more support is available, but this must be better publicised and its uptake de-stigmatised. Although such services can be effective, attention is urgently needed to the structural causes of stress if improvements in wellbeing are to be made.

The overall level of sickness absence among POA members has increased slightly since the 2014 survey, but presenteeism continues to give cause for concern. More than nine out of ten respondents feel pressurised to work when unwell, at least sometimes. The current survey found that members work while sick due to a sense of duty, loyalty to colleagues, guilt about taking sick leave and fears about disciplinary action. As highlighted in the 2014 survey, the implications of working while sick in the employing bodies are serious, and action is needed to discourage such behaviour. POA members who engage in presenteeism more frequently are at greater risk of mental health problems and burnout, are less satisfied with their job and are more likely to consider leaving.

Most respondents to the 2014 survey viewed the prospect of working over the age of 60 negatively, and these concerns continue. The proportion of POA members who are currently over 60 who believe that their age “very much” affects their ability to do the job has increased considerably over time. Concerns were also expressed by younger respondents, with many indicating that working beyond 60 will compromise their job performance and personal safety. On average, however, older members saw their work as less demanding than their younger counterparts and they tended to be more psychologically healthy, more satisfied and have a better work-life balance. This is likely to be due to the “healthy worker effect”, where employees who experience serious health problems or who are particularly dissatisfied and de-motivated will have gained alternative employment or retired.

Areas of particular concern

This survey of POA members shows that the minimum standards recommended by the Health and Safety Executive for the management of employees’ work-related wellbeing are not met. The overall level of job demand within the employing bodies remains higher, job control and support from managers lower, and perceptions of change poorer than in many other occupational groups. Although there is some slight improvement in some areas since the 2014 survey, psychosocial working conditions remain problematic. The number of members who feel that they are treated unfairly also gives cause for concern.

In line with recent statistics, violence and intimidation from prisoners continues to be commonplace and a lack of support for employees who experience assault continues. Many staff feel unsafe during their shifts and are required to remain vigilant for danger. These concerns are exacerbated by short-staffing in the employing bodies and the widespread recruitment of inexperienced staff. Exposure to psychoactive substances is also a growing problem and a major cause for concern. Presenteeism continues to be widespread in the employing bodies, with potentially serious implications for the safety and security of staff and prisoners. A “healthier” sickness absence culture is urgently needed, where staff are encouraged to take time off sick if needed.

The extent of mental health problems, burnout and job dissatisfaction in the sector remains a major concern. By far the strongest source of satisfaction, however, is with colleagues,

and some staff also feel they are making a difference to prisoners' lives. The finding that the topic of work-related stress continues to be stigmatised within the employing bodies is particularly worrying, and the continuing lack of awareness of support services problematic. The recommendations of the 2014 survey remain largely unaddressed, but urgent action is needed to improve the wellbeing of members and ensure that the institutions in which they work operate safely and efficiently.

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POA - The Professional Trades Union for Prison, Correctional and Secure Psychiatric Workers

Cronin House
245 Church Street
London
N9 9HW

T: 020 8803 0255

E: general@poauk.org.uk

W: poauk.org.uk