Work-life and wellbeing in UK therapeutic prison officers: A thematic analysis.

Abstract

Previous research has clearly demonstrated the positive impact of therapeutic interventions on offenders' wellbeing. Much less is known about the impact on prison staff facilitating and delivering such interventions. We employed qualitative methodology to capture a deeper understanding of the work of therapeutic prison officers. Seven prison officers working in a UK Category B therapeutic community prison were interviewed about their working lives including their own participation in therapy. Following a thematic analysis approach, key findings indicated that the physical and cultural work environment was very important to staff, the therapeutic element of their job role, whilst demanding, was both satisfying and rewarding and that working in a therapeutic prison environment provided the opportunity for personal as well as professional development. We conclude that further attention should be given to the unique nature of therapeutic prison work and the positive impact it can have upon wellbeing at work.

In discussing the origins of the Therapeutic Community Prison (TCP), Stevens (2010, p.19) writes, 'prison-based democratic therapeutic communities have evolved from their unlikely wartime psychiatric antecedents, into a well-established, internationally respected, alternative model of imprisonment and treatment'. HMP Grendon, for example, which is the only fully dedicated TCP in the United Kingdom, is divided into separate therapeutic wings, each of which operates as an autonomous therapeutic community (TC). These communities are based upon four key principles: Responsibility; Empowerment; Support; and Confrontation (Cullen, 1994). Routine procedures within the prison embody these principles on a regular basis. Chief amongst these procedures are *small therapy groups* and *feedback*. During *therapy groups*, prison officers encourage prisoners to talk, amongst other things, about their offences in order to address offending behaviour and anti-social attitudes. Following this, *feedback* informs community members about what took place in the small groups – highlighting any traumatic or sensitive issues (Wilson & McCabe, 2002). The

approach of staff within secure therapeutic settings forms an integral part of the therapeutic process and helps to facilitate respect and a sense of community.

Many studies have been conducted looking at the efficacy of therapy on offenders' psychological and emotional health and wellbeing during their time in custody. One such innovative example was the Good Vibrations project, which aimed to help develop offenders' team-working and communication skills through a series of Gamelan (Indonesian percussion) workshops. The study concluded that participating in the project had a sustained and positive emotional and psychological impact on participants (Wilson, Caulfield, & Atherton 2008). The results of this and other similar initiatives may therefore help to promote further facilitation of therapeutic activities. Whilst the benefits of therapy for offenders' wellbeing are well established in the literature (e.g., Rivlin, 2007; Wilson & McCabe, 2002) little is known about the motivational and affective experiences of prison officers working in such prisons.

The centrality of staff-prisoner relationships in aiding and maintaining the rehabilitative process is consistently acknowledged (Crewe 2009; National Offender Management Service, 2008). Yet despite this, Liebling, Price and Shefer (2011) note that prison officers are still regarded as the invisible ghosts of penality and this is especially apparent in the paucity of research examining the day-to-day experiences of the working lives of prison officers compared to that of other public uniformed professions such as police officers. Research looking at hazard exposure in police work (Collins & Gibbs, 2003; Houdmont, Kerr, & Randall, 2012) has found policing to be a stressful occupation; this is despite police officers having much less prolonged contact with potentially troubled individuals. The relationship between offenders and prison officers is often a more sustained one, in that prison officers spend a continuous amount of time with the same prisoners in their care, many of whom have suffered personal traumas.

Research that has focused on the broad nature prison work gives a clear picture that this is a stressful occupation, which can result in burnout and poor work-life balance. In particular, it has been found that excessive job demand negatively affects prison officers' mental health status (see Kinman, Clements, & Hart, 2017; Schaufeli & Peeters, 2000) leading to symptoms of emotional exhaustion and burnout. Similarly, a study conducted by Johnson and colleagues (2005) looking at the experience of work-related stress across occupations found poorer psychological health among prison officers than most other occupations (including: nursing, firefighters and veterinary surgeons). The harmful consequences of burnout are wide-ranging for both organizations and employees. There is evidence that prison officers who are more 'burned out' report poorer physical and psychological health problems, less job satisfaction and commitment, (Griffin, Hogan, Lambert, Tucker-Gail, & Baker, 2009; Lambert, Barton-Bellessa, & Hogan, 2015).

In recent years, a new construct called the *psychosocial safety climate* has been developed by Dollard and Bakker (2010, p. 580), which is defined as 'organisational practices and procedures for the protection of worker psychological health and safety'. Examples of stressors inherent within the psychosocial work environment relate to the design, organisation and management of work (Cox & Griffiths, 2002). A qualitative study conducted by Nurse, Woodcock and Ormsby (2003) looking at the influence of environmental factors on the mental health of prison staff found that prison culture, organisation and staff shortages cause high staff stress level, resulting in staff sickness, which in turn caused greater stress for remaining staff. More recently, another study conducted by Kinman, Clements and Hart (2016) examined the wellbeing of UK prison officers using the Health and Safety Executive (HSE) Stress Indicator Tool, which is widely used in the UK to assess key areas of psychosocial hazard in the workplace. Respondents reported lower levels of wellbeing for all hazard categories and mental health and job satisfaction were poorer among prison officers than other emergency and security services in the UK.

The work of modern day prison officers is no longer confined to traditional custodial 'turnkey' tasks. Officers are now more increasingly being called upon to actively engage in prisoner rehabilitation, including addressing offending behaviour and promoting pro-social attitudes. The emphasis on rehabilitation and peacekeeping is particularly synonymous with prison officers working in a therapeutic setting. The next section discusses the unique role of officers in these institutions.

Understanding the Therapeutic Prison Officer Role

Democratic therapeutic communities developed for custodial settings are intended to help their members understand and lessen or overcome their social, psychological, and emotional problems (Stevens, 2010). The principal ethos of any secure establishment is to maintain the safety of all those placed in custody. Within mainstream establishments the officer's role is primarily focused around custodial duties (e.g. supervision of prisoners, security checks, control and restraint). Whilst day-to-day, they assist in creating a safe and secure environment where pro-social behaviour and rehabilitation are encouraged; officers have no formal therapeutic job responsibilities such as leading and facilitating therapy sessions. However in secure therapeutic communities, the officer's role encompasses both that of a custodian and a treatment provider. As part of their role, alongside their custodial duties, therapeutic prison officers are required to facilitate therapy groups, and in doing so, they are potentially exposed to extreme emotions, distorted cognitions and graphic details of horrific crimes.

Although prisons such as HMP Grendon operate as a therapeutic community (TC), their primary identity is that of a prison, and as such, it could be said that the two philosophies of custody and therapy may appear to be incompatible. For example, any trust, openness and mutual respect established during therapy groups could later be negated as a result of the staff conducting necessary security-related duties such as cell and/or bodily

searches. In discussing the issue of maintaining order and control in a TC, Genders and Player (1995, p.120) wrote, 'at face value, the prison and the therapeutic community appear to be highly incongruous cohabitees'. Moreover, subsequent research has found that role conflict can occur working in this dual capacity (Castle, 2008; McManus, 2010). Role conflict has also been found in mainstream prisons between treatment and custodial staff; in terms of nurses' relationships with prison officers, there is felt to be a professional divide in terms of underpinning philosophies of practice (Walsh, 2009). Therapeutic prison work is distinctive and requires subtle use of power through enduring and challenging relationships, which has lasting effects on the recipients. The dual role of providing treatment and being a custodian is highly skillful work, which requires further exploration as work such as this contributes significantly to offenders' quality of life and to a prison's overall moral performance.

As some previous research has concluded that prison work can be stressful and potentially damaging to an officers' occupational wellbeing (e.g. Walker, Jackson, Egan & Tonkin, 2015), this paper sets out to explore the experiences of prison officers working in a dual role capacity and to understand how this role impacts upon their wellbeing.

Method

The research proposal for the present study followed the process for consideration of research applications made to HM Prison Service, and ethical approval was subsequently granted from the HM Prison Service.

Participants

Prison officers working in a UK TCP were invited to take part in the study. A total of 24 out of 96 officers expressed an interest in being interviewed and after a follow-up period, 7 officers were still available for interview. All interviewees were male. The mean age was 49 years ($SD = 9.8$, range 30-57). The amount of years spent working at the TCP ranged from 2.5-22 years.

Semi-Structured Interview

A semi-structured interview format was used to elicit information from prison officers about their therapeutic job role. As the interviews progressed, this ability to 'modify one's line of enquiry [and] follow up interesting responses and investigating underlying motives' (Robson, 1993, p. 229) was an evolving feature of this study. While all participants were asked the same series of specific questions, each interview was characterized by personal anecdotes, which were followed up with further questions, thereby giving rise to slight variations in the interview schedule. This was viewed as a positive addition to the data collection process as it allowed for a variety of responses, promoting a greater and richer spread of information.

All the questions were open-ended, designed to encourage disclosure of personal experiences and views and to avoid rigidity. In an attempt to help the participants relax and to develop rapport, the interview commenced with a series of introductory questions about their occupational background, what they enjoyed about their job and what qualities they thought

were required in order to carry out the prison officer role. The interview schedule included questions about the occupational background of the prison officers, as well as aspects of their working life, such as the dual role of encompassing both custodial and caring duties and the role of social support from colleagues (for example).

Procedure and Analysis

All interviews were conducted off site at a place of the interviewees' choosing. Interviews lasted between 30 and 80 minutes and were audio recorded and transcribed verbatim. Meadows and Dodendorf (1999) note that transcribing can often have difficulties capturing the spoken word in text form because of sentence structure. All participants were given the opportunity subsequently to read and amend the transcripts post-interview. No amendments were made. One researcher, who had significant experience of prison work, conducted all of the interviews.

The verbatim transcripts were analysed using thematic analysis (TA), described by Braun and Clarke (2006, p.6) as 'a method for identifying, analysing, and reporting patterns (themes) within data'. A second independent researcher also coded a portion of the data and after a review of the joint coding it was deemed that there was a sufficient level of agreement between researchers in the identification of codes. Thematic analysis has previously been utilized in other occupational health research, where it was shown to be a useful means by which to identify themes in qualitative data (Leka et al., 2011; Payne, Jones & Harris 2013).

Results and Discussion

Officers discussed several aspects of how their work, although challenging, had a positive impact on their occupational wellbeing. Examples included feeling rewarded for their therapeutic work in terms of job satisfaction and benefitting from a strong culture of

peer support at work. Three main themes are presented, each reflecting different aspects of the participants' experiences as a therapeutic prison officer: the work environment; therapeutic job role; and occupational reward. Each main theme contained sub-themes as presented below.

Theme 1: The Work Environment

Most participants expressed that being a prison officer at a TCP was different compared to their experiences of working in other mainstream prisons. All of the officers that were interviewed had worked in at least one other mainstream prison environment. The *work environment* encompasses some of the descriptions given by the officers detailing these differences including: culture, staff/prisoner relationships and peer support. Participants felt that the main thing that set therapeutic prison working apart from mainstream prisons was the working relationships that exist between officers and prisoners.

Culture. All participants reported that the TCP was a physically safe environment to work in, with instances of cell take-outs and control and restraint (C&R) teams rarely used,

> You get kitted up sometimes but it's very rare. The majority of the time the guys [prisoners] will walk anyway, they won't get what we class as 'wrapped up'. You know, they won't get involved, talking is used (Officer F)

HMP Grendon (for example) is one of ten secure establishments in the South Central region of England, and the Ministry of Justice (2016) Safety in Custody statistics revealed that between 2000 and 2015 there were only seven assaults on staff at the prison. This is extremely low in comparison to the other nine establishments in the region who collectively recorded 233 assaults on staff in 2015 alone. Participants who made the point that C&R episodes were rare, were also clear in highlighting that this was a very different experience from other prisons,

> I have been involved in two [C&R episodes] and only witnessed one or two and that's

in my whole time there, so very few and far between. And I think you know that's

why this place really differs probably from a lot of other prisons, it really is a real last

resort (Officer E)

The comparatively low incidence of C&R usage was explained both in terms of the working

ethos of the TCP and of the personal attributes and strengths of the staff,

If you can move people without anybody getting hurt then surely that's the best

outcome and that's generally the kind of attitude here. I know some prisons are like,

'let's get kitted up and splatter him'. (Officer E)

Well thankfully because I think of the professionalism of the staff, the great

interpersonal skills of the staff here, we very fortunately have very few C&R incidents

(Officer D)

Participants reported that maintaining the therapeutic ethos whilst upholding security

often required them to be more tolerant and accepting of certain behaviours that, in a

mainstream prison environment, would be more likely to result in formal adjudications. One

participant, who identified himself as a 'discipline officer' joined the TCP from a mainstream

Category B prison, and recalled the difficulty adjusting to the workplace culture,

It was difficult, sometimes someone would come in effing and blinding in the office

and first thing I'm looking for is the alarm bell. Early days I sat there in disbelief, and

one other officer said.. "go on and we'll talk about it in the groups".. and this was my

learning curve, that there is an alarm bell but we won't use it (Officer G)

These quotes are a clear demonstration that TCP prison staff challenge disruptive

behaviour therapeutically. The benefits of a therapeutic relationship between prisoner and

prison officer may be that information can be gleaned about an incident before it happens and

this has statistically proven to be an effective form of control. This outcome is similar to that

found by Douglas and Caulfield (2014) who looked specifically at *control* in officers working

at HMP Grendon. All participants held the view that aspects of control differ between HMP

Grendon and the main prison estate, explaining that they used control through talking, as opposed to a reliance on physical and/or procedural control.

Within TCPs, there is still a requirement to maintain safety, which can lead to some complexity around accommodating for, but also managing prisoners. In certain situations, this meant having a degree of flexibility in their approach to disruptive behaviour and dealing with prisoners in a more open and meaningful way,

I think you'd have to be as genuine as you possibly can and whereas you might hold back with some things in ordinary prisons, you have to be willing to be able to explain yourself a bit easier within this sort of setting (Officer F)

Working within a democratic therapeutic community and being 'genuine' is clearly aligned with the characteristics of working in a caring profession rather than 'traditional' prison work. Pogrebin (1978) noted that viewing the prisoner as a person in need of treatment and also as someone who has violated the law can put the officer in an uncomfortable position.

However, it was expressed by most participants that being tolerant is made easier by expecting, that in a prison environment, individuals may get angry and 'act out'. So, with this expectation in mind, disruptive behaviour can be accommodated for without compromising relationship boundaries or safety.

Staff/prisoner relationships. Participants were clear about the key difference between TCPs and other mainstream prisons, which was the nature of the working relationships that officers develop with prisoners. In mainstream prisons, it was felt that there is a 'them and us' position between staff and prisoners where close relationships are not expected to be formed. However, in doing therapeutic prison work, , there is a requirement and an expectation to closely interact with prisoners. Most participants stated that forming close working relationships with prisoners was sometimes a challenging thing to do, with one participant describing his role as 'specialist',

There's been several staff that have come here from other mainstream prisons who

just can't do it, either because they really dislike prisoners and they think they should

be basically banged up 24 hours a day.. they're a lock 'em up and throw away the key

job (Officer C)

The above comment highlights that there may be a certain set of qualities that are

needed in order to work therapeutically with offenders, which may be different to those

required in a mainstream prison. Kent-Wilkinson (1996, p. 25) conducted a study in a

Canadian maximum-security unit and wrote, 'in some cases where the criminal offence is so

horrific some professionals believe that respect for the offender is not deserved'. Working in

a TCP setting without understanding and accepting the need for rehabilitation would create

cognitive dissonance within prison staff and this is evidenced by the comment below,

[…] and I think sometimes it's difficult to get past the offences enough to actually do

the work and I can understand that cos you hear some pretty horrible things when

you're on groups (Officer C continued)

Interestingly, one participant made the point that prisoners who had spent time in

mainstream prisons could also experience difficulty adjusting to the culture of a TCP and

forming closer relationships with uniformed staff,

They'd stand there and you'd say 'come in' and they say 'I can't' and they go away.

It's like there's a brick wall there, our domain and their domain (Officer A)

To overcome these barriers, participants felt that it was important to spend time with

the men playing pool or having a chat as this helped to foster trust. Morse et al. (1992)

suggest that a genuine concern for patients, with concomitant feelings of compassion and

empathy, can be a motivating force to developing therapeutic relationships in forensic

hospital settings.

Some TCPs are designed to allow for a higher staff-prisoner ratio, enabling officers

more time to get to know the prisoners in their care on a more personal level, something

which may not be possible in a more highly populated, understaffed prison. Working in a smaller prison is also beneficial for promoting interpersonal relationships between staff members,

> I remember when I was at [Prison X], which is a big prison in London there was […] you know there was people there that didn't even know the others that worked there, it was that vast. There is a very personal touch about X (Officer F)

> Forming close links with immediate colleagues can lead to a greater sense of camaraderie and a stronger peer support network (e.g. Crawley & Crawley, 2007). Overall there was a general opinion that strong relationships can and do occur within the TCP, making it a safe, friendly environment for staff and prisoners alike. In researching the social climate at HMP Grendon Newberry (2010) also found that the 'Grendon' environment is perceived as safer and relationships between staff and prisoners are more positive than in other prisons. Participants described feeling supported with work-related matters, having trust in their colleagues and feeling safe,

> It's a brilliant tight staff group and I think it's a fact and it's one the things that makes coming to work a pleasure, because if you've got a good staff group to work with, no matter what the day brings, you can all have a bit of a laugh and get a bit of banter and that helps during your day and that's the main thing (Officer E)

Theme 2: Therapeutic job role

Therapeutic job role encompasses descriptions participants gave about the 'human' element of their role in working therapeutically with offenders. This included a discussion of the interpersonal skills that officers felt were necessary for therapeutic prison work. Most participants described the complexities around aiming to be empathic and identifying with the prisoners as real people but also maintaining a professional distance. Previously Crawley (2004b, p.217) described a 'fear of moral contamination' in those who had prolonged contact with violent offenders, including listening to graphic details of their crimes. However, most

participants in this study discussed positive changes within themselves as a result of their therapeutic work.

Skills required for the job. Crawley et al. (2007, p.141) note that, 'prison officers work in an occupation that has been thought to require the traditional male qualities of dominance, authoritativeness, and aggressiveness'. As already discussed, therapeutic prison officers require a unique set of skills in order to work therapeutically with prisoners. Some officers had described that many prison staff used to be recruited from military backgrounds and how, over the years, things had moved away from a traditional disciplinary service to focusing more on welfare work and rehabilitation,

> You know rather than kind of like big beefy guys who're just going to hammer someone into the ground, there's a lot more emphasis on interpersonal skills and personality (Officer C)

Zimmer (1986, p.3) wrote that more traditional female qualities are thought to be not merely unnecessary but actually 'detrimental' to prison work. However, when participants were asked about what personal qualities they thought were necessary to effectively carry out their role, they all described less traditionally masculine skills such as patience, caring and understanding. Other research (e.g. Liebling & Price, 1998; Woodall, 2007) also reported the value of female prison staff and 'feminine' skills in relation to staff-prisoner relationships. Part of the officers' responsibilities is to encourage the therapeutic relationship and to form a rapport with prisoners. In speaking about nurse-patient relationships, McQueen (2000, p.730) writes, 'since almost everyone engages in interpersonal social interaction it is easy for this to be overlooked as a skill and for such skills to be disregarded for their therapeutic value'. If good interpersonal skills have a bearing on the quality of care that the officers can provide in a therapeutic setting, then this is something that needs to be explicitly recognised for all new prison officers within the wider prison service. One participant summed up the actual

complexity of and qualities needed for the role, which directly reflects the delicacy in striking a balance between custody and care,

> Someone who is a good listener, someone who can give good advice, someone who can be sympathetic but at the same time quite firm, because obviously it's a TC prison, you need to have your boundaries as well cos it's fairly difficult as we're prison officers but also therapeutic, so you have to have the strictness of a prison officer, alongside the sympathetic calmness of a therapist (Officer G)

Empathy. During a group therapy session, officers encourage prisoners to talk about their offences in order to address their offending behaviour and anti-social attitudes. As a result of this, officers frequently listen to the details of crimes, some of which were described as "shocking" and "horrific". Most participants felt that the ability to try to understand prisoners' actions was essential to the therapeutic process,

> It's trying to get to the understanding isn't it and the understanding makes the difference. So if you can understand what it is and a lot of them relate to childhood then you can see where it's come from. They're damaged people, right from small, so yeah, you don't lose sight of it, you work with it (Officer A)

Some participants did admit that there were times when being empathic was difficult. One participant explained that he thought more about the prisoner's offence and their victim(s) when the individual was being disruptive; complaining about trivial issues, such as food portions at meal times,

> And you think how dare you! Your victim would love to be sat here eating a sausage. And those times you go back to the offence and think – how dare you actually say that. But you can't let that interfere with the work you're doing (Officer E)

 The above comment is a very 'human' and natural response and Crawley (2004a, p.424) notes, 'the ways in which prison officers feel about the work they do and how they feel about prisoners can have significant implications. A failure to display the 'right'

emotions is to risk acquisition of a deviant identity – someone who is either not 'one of us' or not up to the job'. This presents a real challenge of the job – having to set aside personal emotion so that therapeutic work can take place. TCP prison officers do attend weekly sensitivity meetings and also have access to feedback sessions and supervision with a member of clinical staff, but there was mixed opinions about its value. Some interviewees felt that it was a safe place to share anything that was difficult to absorb after groups and others felt that it was *'watered down'* [Officer B] and that uniformed staff attendance at these meetings is generally low.

Personal growth. All but one of the participants who were interviewed believed that they had changed and 'grown' as a person since working in a TCP.
Their personal growth and self-fulfillment was based on the key development of interpersonal skills, including a greater capacity for listening, understanding and compassion.

I've seen things in myself that I didn't recognise before. It's been hard but I am changed for the better. I think I am less judgmental of people and more understanding, whereas if I wasn't doing this work, I wouldn't have the same view I don't think (Officer C)

This quote suggests that therapeutic prison work may have a positive impact on officers' emotional intelligence. Another participant expressed how, as a result of his work, he questioned the manner in which he related to people,

I think I've become a bit more open towards people. I used to be more closed off before I worked here. I think that tends to be working in therapy, you see the prisoners and you work with them during therapy and you wonder.. hang on a minute, how do I come across to people and you take that with you sometimes, I am now better with communicating with people (Officer D)

The above participant describes his role as 'working in therapy' and not as a prison officer and this may be a natural outcome of their job as much time is spent helping prisoners

to focus upon their interpersonal relatedness and as a natural consequence officers may examine their own mode of relating. It also highlights that therapeutic prison work can have an influence on officers' actions and behaviours outside of the job. Finzi-Dottan and Kormosh (2016) also report a similar finding amongst social workers; their results indicated that high compassion and professional self-esteem contributed to the participants' marital quality.

Theme 3: Occupational reward

All participants described feeling a deep sense of satisfaction from their therapeutic engagement with offenders. *Occupational reward* describes how valuable and effective therapeutic work can be for the wellbeing of staff and prisoners alike. This finding also demonstrates the professionalism of the staff and their strongly held beliefs in the therapeutic process, which is integral for the overall success of the establishment in terms of duty of care.

Appreciation. Genders and Player (1995) wrote that the success of the working practices at institutions such as HMP Grendon largely hinged upon the extent to which the prison officers believed in the therapeutic process that they were being asked to work towards. The manner in which participants describe and discuss the satisfaction that they get from their work clearly highlights their strong belief in the benefit of the therapeutic process for prisoners. Indeed, it is difficult to conceive of institutions such as HMP Grendon succeeding if the staff who worked there did not uphold such convictions. Successful therapeutic processes require genuine compassionate care which would be difficult to manifest if it were not based on a true belief in the principles of intervention and rehabilitation. However it is clear this is not always an easy path for officers. One participant in the present study did admit to some reservations about the therapeutic process, but he found that observing a change in behaviour and seeing progress in the prisoners gave his job purpose and meaning,

I cared that this one individual that I saw progress through to the end. I can turn

around and say I don't give a toss but at the end of the day you turn around and see

somebody like that who progresses and you think, that's one that's got through, that

was something I'd personally worked on and I own a bit of that (Officer G)

This belief and ownership, which is integral to the therapeutic process, can filter down

into how much effort is expended by the officers into making the therapeutic regime 'work'.

All of the officers that were interviewed felt that the purpose of their work was to assist in the

rehabilitation of offenders. When talking about their work, all of the officers spoke about

their job role with a strong sense of pride. This was summed up in the following comment,

I actually think that I'm lucky to work in a prison like X. It's an interesting place to

work. We house and contain some of the most dangerous and damaged people in the

prison system, no question about that whatsoever and I think we do it really really

well (Officer E)

All of the officers described a powerful sense of reward and fulfillment in seeing a

change in offenders' behaviour. This was seen to be a direct result of the therapeutic work

conducted with the prisoners, which also happens to embody Rule One of the Prison Rules

published by the Home Office in 1964, 'to hold [securely] those people admitted to custody

and to encourage and assist them to lead a good and useful life',

I think about the work we do […] the way I look at it is, if you're going to have these

people in custody you know, you need to try and do something with them.. even if just

one of them goes and gets released and doesn't commit anymore crime, that's a

victory (Officer C)

I'd see people change. That was very rewarding when you would see people's

behavior and attitudes change.. eh it's so much more positive than just locking

somebody behind a door. That's where the reward is..you're actually doing something

to make a difference. There's a huge amount of satisfaction from that sort of work

(Officer A)

These comments acknowledge the rewards that the officers gain from seeing tangible changes in behavior as a result of the effort that they put into the therapeutic work. As well as seeing a change in behavior, the officers also gained reward from being personally thanked by the prisoners for their part in their rehabilitation,

> To see someone progress and see the results and not just hear about it and be there when they go..they leave in the morning and say thank you for all that you've done, never forget this place. It means a lot to get that acknowledgement and maybe something you're doing has worked (Officer G)

> Sometimes someone gets a letter from one of the prisoners saying thank you very much for what you did for me..saying I didn't appreciate it at the time but since being away I now appreciate it more and I'm working on this, this and this.. and that's nice, it's massive as far as I'm concerned, that means everything (Officer F)

This transaction between effort put into the therapeutic groups by the officers and reward given by the prisoners in terms of gratitude can have several benefits including role justification and greater self-esteem. Judge et al. (1998) found that self-esteem and self-efficacy contributed to core self-evaluations meaning, specifically, the way in which people see themselves affects how they experience their jobs and their lives. In light of this, external validation from the prisoners on 'a job well done' could serve to increase self-efficacy and job satisfaction and help to protect officers against workplace stress, which is a positive outcome of their job role.

Practical Implications

This study provided an insight into the working lives of prison officers who engage in therapy with offenders. Woodall (2007) noted that prison staff whose objective it is to uphold the organisational regime and policy but to also show compassion and care to offenders have a contradictory and demanding role. Whilst participants in this study did describe their role as

challenging, they also described significant positive attributes associated with their therapeutic prison work. Attention should therefore be given to the unique nature of working in a secure therapeutic setting; in terms of the positive impact it can have upon occupational wellbeing (e.g. cultural work environment and job satisfaction).

At the workplace environment level, TCPs promote supportive cultural norms where both staff and prisoners can work and live in a safe and respectful manner. Alongside academic research (e.g. Newberry, 2010), safety within TCPs is routinely reflected in statistics collated by the Ministry of Justice. At a time when prisons are becoming frequently documented in the media as being 'toxic' and 'dangerous' places, it is important to highlight and acknowledge a prison system, which contributes positively to the occupational wellbeing of staff.

At the individual level, owning and developing good interpersonal skills have clearly been shown to be effective in therapeutic prison work, which should also be transferrable to mainstream staff-prisoner relationships. Valuing therapeutic work has been shown to be an important motivating element in allowing those working in secure therapeutic settings to cope with potential stressors inherent within therapy. Development of these skills could be advocated as part of all prison officer-training programmes. Training such as this could go some way to reducing and promote greater rehabilitation in the UK prison system.

Limitations

The present study does have a number of limitations, notably the small sample size. Thus the findings of this study are not generalizable to the entire prison officer population of the TCP in this study. However, the aim of the study was to explore the nature of therapeutic prison officers' working lives and qualitative research focuses on the individual's experience, meaning, and reality and as such, objective measurement is not the goal (Payne et al., 2012). It should also be acknowledged that this study presents a 'snapshot' of a TCP at one period in

time and work environment and wellbeing can fluctuate over time. Self-selection bias may also be an issue: for example, employees experiencing any occupational stress or mental ill health may not have participated in the study in case of further potential distress. Notably, this study formed part of an overall project looking at the occupational wellbeing of officers working at a TCP and high levels of self-reported mental health symptoms were found among those prison officers (Walker et al., 2015). Conversely, those who have positive views about their work may have been more likely to participate in this study. Either way, all participants were experienced prison officers and well placed to discuss the quality of their working lives at this TCP.

Conclusion

The aim of the present study was to explore the working lives of therapeutic prison officers. Whilst participants did describe their role as challenging, working in a TCP and engaging in the therapeutic relationship with prisoners was deemed to be very rewarding.

The findings of this study demonstrate that therapeutic communities are unique in their operational role in comparison to mainstream prisons. This was primarily evidenced by the working relationship that is established between officers and prisoners and officers' genuine belief in the efficacy of these relationships. As a result of this, a high level of job satisfaction was also reported suggesting that engaging in the therapeutic relationship is beneficial for staff and prisoners alike.

Indeed, many of the themes and sub-themes identified here, such as fostering good staff-prisoner relationships and cultivating safer workplace cultural norms, are applicable to mainstream prisons and thus the salience of the therapeutic relationship and the wider psychosocial work environment, indicates that future research should explore this type of prison work on officer occupational wellbeing.

This study showcases some of 'what works' when it comes to prison work, and should help to inform training for future prison officers. Ultimately, developing strong staff-prisoner relationships should have a more central role in daily prison life and this study has shown this to be beneficial for the individual officer, the prisoner, the organisation and society as a whole.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77-101. http://dx.doi.org/10.1191/11478088707qp063oa

Castle, T.L. (2008). Satisfied in the jail? Exploring the predictors of job satisfaction among jail officers. *Criminal Justice Review*, *33*, 48-63. http://dx.doi.org/10.1177/0734016808315586

Collins, P.A., & Gibbs, A.C.C. (2003). Stress in police officers: a study of the origins, prevalence and severity of stress-related symptoms within a county police force. *Occupational Medicine*, *53*, 256-264. http://dx.doi.org/10.1093/occmed/kqg061

Cox, T., & Griffiths, A. (2002). Monitoring the changing organization of work: commentary. *Social and Preventative Medicine, 47,* 354-355. http://dx.doi.org/10.1007/s00038-003-0028-z

Crawley, E.M. (2004a). Emotion and performance: Prison officers and the presentation of self in prisons. *Punishment & society*, *6*, 411-427. http://dx/doi.org/10.1177/1462474504046121

Crawley, E. (2004b). *Doing Prison Work: The Public and Private lives of Prison officers*. Cullomption: Willan.

Crawley, E., & Crawley, P. (2007). Understanding prison officers: Culture, cohesion and conflict, in: J. Bennett, B. Crewe and A. Wahidin (Eds.), *Understanding Prison Staff,* Cullompton: Willan.

Crewe, B. (2009). *The Prisoner Society: Power, Adaptation and Social Life in an English Prison*. Oxford: Clarendon Press.

Cullen, E.C. (1994). Grendon: A Therapeutic Prison that works, *Therapeutic Communities, 15*, 301-311. Retrieved from PsycNET database.

Dollard, M.F., & Bakker, A.B. (2010). Psychosocial safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organizational Psychology, 83*, 579-599. http://dx.doi.org/10.1348/096317909X470690

Dollard, M.F., & Winefield, A.H. (1994). Organizational response to recommendations based on a study of stress among correctional officers. *International Journal of Stress Management, 1*, 81-101. http://dx.doi.org/10.1007/BF01857284

Dollard, M.F., & Winefield, A.H. (1998). A test of the demand–control/support model of work stress in correctional officers. *Journal of Occupational Health Psychology, 3*,243-264. http://dx.doi.org/10.1037/1076-8998.3.3.243

Douglas, S., & Caulfield, L. (2014). Relinquishing control? An exploration of staff working in a Therapeutic Community Prison. *Prison Service Journal, 123,* 24-30. Retrieved from the Centre for Crime and Justice Studies.

Finzi-Dottan, R., & Kormosh, M.B. (2016). Social workers in Israel: Compassion, Fatigue, and Spillover into Married Life. *Journal of Social Science Research, 42*, 703-717. http://dx.doi.org/10.1080/01488376.2016.1147515

Genders, E. and Player, E. (1995) *Grendon: A study of a therapeutic prison*. Oxford: Oxford University Press.

Ghaddar, A., Ronda, E., Nolasco, A., Álvares, N., & Mateo, I. (2011). Exposure to

    psychosocial risks at work in prisons: does contact with inmates matter? A pilot study

    among prison workers in Spain. *Stress and Health*, *27*, 170-176.

    http://dx.doi.org/10.1002/smi.1322

Griffin, M. L., Hogan, N. L., Lambert, E. G., Tucker-Gail, K. A., & Baker, D. N. (2010). Job

    involvement, job stress, job satisfaction, and organizational commitment and the

    burnout of correctional staff. *Criminal Justice and behavior*, *37*(2), 239-255.

    https://doi.org/10.1177/0093854809351682

Houdmont, J., Kerr, R., & Randall, R. (2012). Organisational psychosocial hazard exposures

    in UK policing: Management Standards Indicator Tool reference values. *Policing: An*

    International Journal of Police Strategies & Management, *35*, 182-197.

    http://dx.doi.org/10.1108/13639511211215522

Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The

    experience of work-related stress across occupations. *Journal of Managerial*

    Psychology, *20*, 178-187. http://dx.doi.org/10.1108/02683940510579803

Judge, T.A., Locke, E.A., Durham, C.C., & Kluger, A.N. (1998). Dispositional effects on job

    and life satisfaction: the role of core evaluations. *Journal of Applied Psychology*, *83*,

    17-34. Retrieved from PsycNET database.

Kent-Wilkinson, A. (1993). After the crime, before the trial'. *The Canadian Nurse*, *89*, 23-26.

    Retrieved from the Europe PMC database.

Kinman, G., Clements, A.J, & Hart, J. (2017). Job demands, resources and mental health in

UK prison officers. *Occupational Medicine*, kqx091,

https://dx.doi.org/10/1093/occmed/kqx091

Kinman, G., Clements, A.J, & Hart, J. (2016). Work-related wellbeing in UK prison officers:

a benchmarking approach. *International Journal of Workplace Health Management*, *9*,

290-307. http://dx.doi.org/10.1108/IJWHM-09-2015-0054

Lambert, E.G., Barton-Bellessa, S.M., & Hogan, N.L. (2015). The Consequences of

Emotional Burnout Among Correctional Staff. *Sage Open, 2*, 1-5. http://dx.doi.org/

10.1177/2158244015590444

Leka, S., Jain, A., Iavicoli, S., Vartia, M., & Ertel, M. (2011). The role of policy for the

management of psychosocial risks at the workplace in the European Union. *Safety

Science*, *49*, 558-564. http://dx.doi.org/10.1016/j.ssci.2010.02.002

Liebling A., & Price D. (1998). Staff–prisoner relationships. A review of the literature.

Prison Service Journal, *120*, 3–6. Retrieved from the Centre of Crime and Justice

Studies

Liebling, A., Price, D., & Shefer G. (2011). *The Prison Officer*. Oxford: Willan Publishing.

Mc Manus, J. (2010). The Experience of Officers in a Therapeutic Prison: an Interpretative

Phenomenological Analysis. In: R. Shuker and E. Sullivan (Eds.), *Grendon and the

Emergence of Forensic Therapeutic Communities: Developments in Research and

Practice* (pp. 217-233). London: Wiley.

McQueen. A. (2000). Nurse-patient relationships and partnership in hospital care. *Journal of Clinical Nursing*, *9*, 723-731. http://dx.doi.org/10.1046/j.1365-2702.2000.00424.x

Meadows, L., & Dodendorf, D. (1999). Data management and interpretation: using computers to assist. In: B. Crabtree and W. Miller (Eds.), *Doing Qualitative Research.* (pp. 195-221). Thousand Oaks, California: Sage.

Morse, J.M., Anderson, G., Bottorff, J.L., Yonge, O., O'Brien, B., Solberg, S.M., & McIlveen, K.H. (1992). Exploring empathy: a conceptual fit for nursing practice? *The Journal of Nursing Scholarship*, *24*, 273-280. http://dx.doi.org/10.1111/j.1547-5069.1992.tb00733.x

National Offender Management Service (NOMS) (2008) Race Review 2008: Implementing Race Equality in Prisons – Five Years On. London: Ministry of Justice.

Newberry, M. (2010). A synthesis of outcome research at Grendon therapeutic community prison. *Therapeutic Communities, 31*, 356-371

Nurse, J., Woodcock, P., & Ormsby, J. (2003) Influence of environmental factors on the mental health of prison staff. *British Medical Journal, 327*, 480-482. http://dx.doi.org/10.1136/bmj.327.7413.480

Payne, N., Jones, F., & Harris, P.R. (2013). Employees' perceptions of the impact of work on health behaviours. *Journal of Health Psychology*, *18*, 887-899. http://dx.doi.org/10.1177/1359105312446772

Pogrebin, M. (1978). Role conflict among correctional officers in treatment oriented correctional institutions. *International Journal of Offender Therapy and Comparative Criminology*, *22*, 149-155. http://dx/doi.org/10.1177/0306624X7802200207

Rivlin, A. (2007). Self-harm and suicide at Grendon Therapeutic Community Prison. *Prison Service Journal, 173*, 34-38. Retrieved from the Centre for Crime and Justice Studies

Robson, C. (1993) *Real World Research, A Resource for Social Scientists & Practitioner Researchers*. UK: Blackwell Publishers.

Schaufeli, W.B., & Peeters, M.C. (2000). Job stress and burnout among correctional officers: A literature review. *International Journal of Stress Management*, *7*,19-48. http://dx.doi.org/10.1023/A:1009514731657

Schimmel, P. (1999). The psychotherapeutic management of a patient presenting with brief psychotic episodes. *Australian and New Zealand Journal of Psychiatry*, *33*, 918-925. http://dx.doi.org/10.1046/j.1440-1614.1999.00634.x

Stevens, A. (2010). Introducing Forensic Democratic Therapeutic Communities. In: R. Shuker and E. Sullivan (Eds.), *Grendon and the Emergence of Forensic Therapeutic Communities: Developments in Research and Practice* (pp. 7-25). London: Wiley.

Triplett, R., Mullings, J.L., & Scarborough, K.E. (1996). Work-related stress and coping among correctional officers: Implications from organizational literature. *Journal of Criminal Justice*, *24*, 291-308. http://dx.doi.org/10.1016/0047-2352(96)00018-9

Walker, E. J., Jackson, C. A., Egan, H. H., & Tonkin, M. (2015) Workability and mental wellbeing among therapeutic prison officers. *Occupational Medicine*, *65*, 549-551. http://dx.doi.org/10.1093/occmed/kqv084

Walsh, E. (2009). The emotional labor of nurses in her Majesty's (HM) prison service. *Journal of Forensic Nursing, 5*, 143-152. http://dx.doi.org/10.1111/j.1939-3938.2009.01047.x

Whiteley, S. (2004). The evolution of the therapeutic community. *Psychiatric Quarterly*, *75*, 233-248. http://dx.doi.org/10.1023/B:PSAQ.0000031794.82674.e8

Wilson, D., Caulfield, L.S., & Atherton, S., (2008) Promoting Positive Change: Assessing the Long Term Psychological, Emotional and Behavioural Effects of the Good Vibrations. (Report for the Firebird Trust). *Birmingham: Birmingham City University.*

Wilson, D., & McCabe, S. (2002). How HMP Grendon 'works' in the words of those undergoing therapy. *The Howard Journal of Crime and Justice, 41*, 279-291. http://dx.doi.org/10.1111/1468-2311.00242

Woodall, J. (2007). Barriers to positive mental health in a Young Offenders Institution: A qualitative study. *Health Education Journal*, *66*, 132-140. http://dx.doi.org/10.1177/0017896907076752

Yalom, I.D. (2002) *The Gift of Therapy: Reflections on Being a Therapist*, London: Piatkus.

Zimmer, L.E. (1986). The Sociology of Humor and Laughter. *Current Sociology, 31,* 3.