Identifying health promotion needs among prison staff in three English prisons: results from a qualitative study

Abstract

Prisons are seen as a (temporary) home and community for offenders, yet they also have a dual role as a workplace for prison staff. This paper explores how the 'healthy settings' philosophy, commonly used in schools, applies in the prison environment. The paper explores the concept of the health promoting prison from the perspective of prison staff using semi-structured interviews in three English prisons. Data were analysed using Attride-Stirling's thematic network approach. The findings indicate that working in a prison can be highly stressful and can impact negatively on physical and mental health. Staff perceived that the focus of health promotion efforts was in many cases exclusively focussed on prisoners and many suggested that prison staff needs were being overlooked. The paper argues that the theory and practice of a health promoting prison has developed rapidly in recent years but still lags behind developments in other organisations. The paper suggests that health promotion policy and practice in prison settings may need to be reconfigured to ensure that the needs of all those who live and work there are recognised.

Background and context

The concept of a health promoting prison is widely considered as a contradiction in terms, but has gained increased attention from policy makers and public health practitioners. Although prisons are considered as hierarchical, disempowering and penalising places (Whitehead, 2006) they are seen as legitimate sites to tackle health inequalities. Though clear ideological

incompatibilities exist between the principles of health promotion and imprisonment, there is political will, both on national and international levels, to regard the prison as a setting for health. Nevertheless, the health promoting prison has lacked critical debate and in contrast to other settings (e.g. schools), there has been a shortage of analysis into the challenges associated with the concept and practice. It is the intention of this paper to add to the theory and practice of health promoting prisons, focussing on the views of prison staff in three English prisons. The paper argues that although considerable strides have been made in developing the practice of a health promoting prison, the needs of staff within the setting are overlooked.

It is important to clarify some of the terminology used throughout this paper. The notion of the health promoting prison emerged from the overarching concept of 'healthy settings' (discussed in detail later). The term 'healthy settings' is used regularly in the literature, but readers should be aware that other terms ('health setting', 'health-promoting settings', 'settings for health', 'settings for health promotion', 'the settings approach' and 'the settings based approach') are used interchangeably in the discourse. In addition, the term 'prison staff' is used within the paper to describe individuals working in prison establishments. It is recognised that corresponding terms, such as correctional officer and corrections officer, are used in other parts of the world.

With its roots in the Ottawa Charter (WHO, 1986), the healthy settings philosophy sees health being promoted in a whole systems and ecological way (Dooris et al., 2007). The settings approach challenges a reductionist focus on single health issues towards an holistic vision of health which is determined by an interaction of environmental, organisational and personal factors within the places that people live their lives (Dooris, 2009). Hancock (1999)

argues that the approach is a successful strategy to emerge from the Ottawa Charter; however, early critique suggested that *"legitimate sites of practice"* (Green, Poland, & Rootman, 2000, p. 25) were only considered for intervention. Commentators proposed that this could exacerbate health inequalities by failing to consider groups who are found 'outside' of these places (Dooris & Hunter, 2007). In response, the settings approach has evolved and this has stimulated practice in other places, including prisons.

The notion that prisons are 'health promoting' is an agenda that has momentum, particularly in England and Wales. The strides made in this regard have been recognised globally, especially in the United States, where penal health reformers are attempting to replicate successful policy initiatives (Weinstein, 2010). In England and Wales, there have been key health strategy documents and prison policy (Department of Health, 2002; HM Prison Service, 2003) and this has cemented England and Wales as being at the forefront of health promotion and public health policy developments in prison. Reflected in this documentation is the requirement not only to consider the needs of prisoners, but also the health and well-being of staff. One document (Department of Health, 2002) suggests that prisons should enhance the life chances of all who live and *work* there. This focus on staff is particularly important as evidence shows that staff are often vulnerable to ill health and stress (Bögemann, 2007; Liebling, Price, & Schefer, 2011). However, the extent to which current policy and practice has focussed on those that *work* within prison is contestable. Other settings, such as the health promoting school include the health of teaching staff. Many schools have developed a 'look after the staff first' approach which addresses the health of employees (Kolbe et al., 2005). Yet, in work in prisons the focus has been almost exclusively on prisoners (Woodall, 2010).

The aim of this paper then is to examine the prison as a setting for health promotion through exploring the views of prison staff. The paper considers what staff perceive as the key issues in the development of the health promoting prison and whether their needs are fully considered. The findings from the paper have been taken from a wider study which examined the concept of a health promoting prison with prisoners and staff.

Methodology

The study was conducted in three prisons in England. The prisons were classified as 'category-C training establishments' and held category-C prisoners who are defined as:

> *"Prisoners who cannot be trusted in open conditions but who do not have the ability*
>
> *or resources to make a determined escape attempt."* (Leech & Cheney, 2002, p.283)

Access to the prisons were negotiated through senior governors after the aims of the study had been presented and ethical approval for the research was given.

Although physically accessing the prison allowed the research to get underway, the process of acquiring social acceptability from the staff was fundamental if any meaningful data were to be collected. Meetings were held with prison governors before 'formal' data collection and these meetings offered insight into each prison's unique historical and political climate. The actual data collection strategy comprised of semi-structured interviews with prison staff. This method can provide opportunities to uncover personal perspectives, enabling the researcher to appreciate context and experiences (Smith & Wincup, 2000). An additional advantage of using semi-structured interviews was that it allowed the interview to be completed within an agreed time frame (no longer than 30 minutes) – this was a pre-requisite imposed by senior personnel in the institutions so that the impact on staff duties was minimal.

The recruitment of prison staff for research can often be more problematic than accessing prisoners themselves. Crawley and Sparks (2005) reported the difficulties in arranging interviews with prison staff and suggested that the regime, time constraints and low staffing levels inhibit the process. Prison staff were originally recruited into the study using Crawley and Sparks' (2005) 'wherever/whenever' approach to prison based recruitment. This is an unstructured approach to participant recruitment that relies on the availability of staff at a given time. Although this approach is open to criticism, it reflects the need to be flexible when researching within organisations such as prisons. Whilst the sampling approach originally generated seven interviews, these participants were mainly prison staff from healthcare departments who had less frequent contact time with prisoners. Though the interviews were insightful, it was felt that in order to truly understand the prison setting a broader range of staff involvement was required. As a result of the failure of the initial sampling, a more systematic sampling approach was later adopted after consultation with senior members of the prison. The aim was to generate 'maximum variation' (Sandelowski, 1995) of professional backgrounds within the prison. A sampling framework was subsequently designed to draw staff from various prison departments; this was devised with assistance from the primary gatekeeper in the prisons. The framework identified individuals with diverse roles within the setting so that further illumination of the prison as a 'whole' institution could be achieved. In total, 19 prison staff were interviewed during a 3 month period. Those participating in the interviews had various job roles, including: prison officer, prison management or governor, occupational health worker, catering staff, chaplain, health care worker and resettlement co-ordinator.

The execution of data collection was similar across the research sites, only small variations (e.g. the physical location for the conduct of interviews) were noted. Two prison governors did not permit recording equipment in their establishments due to security concerns. This is not uncommon in prison-based research and has been noted elsewhere (Schlosser, 2008). Where audio recording was prohibited during interviews, elements raised by participants were noted in the form of key words and phrases and written up in detail after the interview.

Data analysis

The use of thematic networks (Attride-Stirling, 2001), was adopted as a way of organising the analysis. Thematic network analysis builds on key features which are predominant in other forms of qualitative data analysis, but is unique in that the aim of the analysis is to construct web-like matrices. Thematic networks systematically organise initial codes into basic themes. Themes often emerged from the data itself (inductive) or from prior theoretical understandings of the area under study. Although researcher judgement is crucial to determining thematic categories, Ryan and Bernard (2003) have proposed techniques for arriving at a theme. Repetition of key issues in the raw data, for example, is one of the simplest forms of theme identification. Once basic themes are identified they are grouped to form organising themes and then an overarching global theme is produced which succinctly encapsulates aspects of the data. NVivo 7 software was used to aid the analysis.

Results

Throughout this section quotations are used for illustrative purposes and to support the interpretation and findings. Only in instances where quotations and notes have identified participants have they been edited.

Prison staff's health: the impact of the setting

Paradoxically, staff suggested that the prison environment could simultaneously function as an 'unhealthy' and 'healthy' workplace. Occupational stress (discussed in detail below) was reported to be the most influential factor that contributed to an unhealthy work environment. Most staff regarded this as being symptomatic to their occupation and a number openly discussed colleagues that had taken long-term absence due to the demanding work environment. Though less prominent in the interviews, prison staff also discussed the positive aspects of their work, including the support and cohesion they felt as a member of a uniformed occupation and the unity and camaraderie that had been developed between colleagues. Further issues explaining the paradoxical nature of prison life follow.

Workplace pressures

Though stress was recognised as an occupational health hazard that could, according to one respondent, "take its toll on staff", it was regarded as a natural by-product of prison work. One long-serving prison officer blamed the ever-increasing amounts of paper work he had to complete in his daily duties alongside decreases in staff numbers and the difficulties of dealing with disruptive prisoners (who he felt should be in higher security establishments) as contributing to heightened stress levels:

> *"There's more paperwork, there's less staff, the standard of prisoner at this particular establishment is worse and I don't think they are vetted as stringently as they should be."*

Most respondents, regardless of role, described the intensity of working in the prison. The workload of staff was particularly intense for those operating in areas of the prison where

demands placed on them by prisoners were high (e.g. resettlement, reception etc.). These issues were summarised by one participant:

"I think it's a stressful environment, it has periods of intense workload for all levels of staff and it can be very stressful having prisoners in your face all day long."

Several staff argued that the 'toxic combination' of more people being sent to prison and fewer staff numbers (as a result of either sickness absence or a lack of recruitment into the service) were contributory factors that placed increased pressures on staff:

"Sometimes you can be down to the minimum staffing levels, so you are running about like a headless chicken."

Unrelenting prisoner contact could also become detrimental to mental health. Whilst interaction with prisoners formed the occupational duties of many prison staff, dealing with continual prisoner concerns could become infuriating. Threats to physical safety were also a looming stressor within the setting. Frequently containing, managing and communicating with hostile and violent individuals were reported to be both physically and psychologically demanding. The prison governors interviewed during the study, however, defended the work environment and the adverse impact this could have on staff members. They argued that the cause of stress related injuries were not primarily attributable to the working environment, but imported from other settings. They argued that, in many instances, stress was often caused by non-work related issues frequently arising in the home:

"A lot of the stress that people have isn't work related, it's bringing it in from the outside, so whether they have stress at home or domestic arrangements, it isn't actually work related stress in my opinion."

Ameliorating workplace pressure

Positive relationships between members of staff facilitated high spirits and morale and, in general, there was an intense sense of comradeship. Staff often had a strong sense of unity which was underpinned by a mutual understanding of working conditions.

Perspectives on health promotion policy and practice

Prison staffs understanding of health promotion was focussed on healthcare delivery and disease prevention rather than on multidisciplinary and holistic approaches. One prison governor alluded to a *"poverty of understanding"* in relation to the concept of a health promoting prison and claimed that few staff recognised that health promotion was more than simple health advice through print materials.

Most prison staff perceived that their occupational remit had very little to do with health promotion and that their priority had to be on maintaining security and the smooth running of the institution rather than attending to health need. Those participants working in healthcare departments suggested that health promotion activities were continually perceived as a matter for them to address; however, their argument was that by involving staff from other areas of the institution, a more effective service would be provided. Notwithstanding this, a prison nurse was unsure as to the extent to which the majority of prison staff would engage in the planning and delivery of health promotion. He predicted that staff would be dismissive of any further deployment as this would add to their already burgeoning workload.

Most staff acknowledged the need for health promotion intervention with prisoners. They recognised that most prisoners entered the institution with poor health, many with severe

mental health problems and/or addicted to substances. Nevertheless, many staff also argued that their needs as employees were being overlooked:

> *"I think when people think of health promotion in prison they think of prisoners and most of the resources goes to prisoners with staff being neglected."*

One interviewee even implied that more targeted work with staff could benefit absentee rates within the organisation:

> *"It's a neglected area which is silly because the number of staff that go off sick with stress and stress related illness from working in the prison service, you'd think they'd be doing something."*

Prison staff acknowledged the benefits of utilising the workplace as an arena for health promotion, but several were keen to emphasise that individual choice in the matter should always be recognised. Staff did not want a kind of 'health fascism' in the workplace where a certain mode of living and behaving is imposed upon them by the organisation. Prison staff wanted to feel part of the decision making process and able to make their own suggestions and viewpoints:

> *"I think it's a good idea to promote health but obviously it's down to the individual and their lifestyle outside of the jail, whether they eat healthy or whatever. Everyone's an individual…nothing that's pushed on staff, 'cos a lot of people don't like things put on them, but something where staff can actually put their own ideas forward would be good."*

A consensus emerged in that respondents claimed that senior level commitment ultimately determined how much time and resources would be dedicated to health promotion with prison staff. Some staff were also concerned about the sustainability of the programmes as this was often contingent on the interests of the governor of the institution:

"This prison is already quite forward thinking and I'm hoping that when the governor goes it will continue. That's the worrying thing. It really is dependant on the governor and if they are interested in health and well-being...It really comes from the top."

Discussion

This paper intended to explore the concept of health promotion in prison from the perspective of prison staff in three English prisons. The data, albeit derived from a relatively small scale study, suggests that prison staff face many stressors in their daily duties and that their needs, as prison employees, are often overlooked. The findings suggests that policy and practice may need to be reconfigured to ensure that the concept of a health promoting prison continues to remain focussed on all those that live and work within the organisation.

In England and Wales, the prison service is a major employer and staff are vital to the running of any prison; yet, evidence derived from this study indicates that they are often vulnerable to stress in the workplace. Published statistics support the qualitative data presented here as prison staff numbers have not kept pace with the rapidly expanding prison population. In England and Wales for example, recruitment of full time prison officers grew by 9% between 2000 and 2006, however the prison population increased during the same period by 24% (The Howard League of Penal Reform, 2009). This seems inconceivable given that staff are working with a population with complex, multifaceted health and social problems. In summary, many prisoners are the 'product of profound social breakdown' and require more intensive support from staff (The Centre for Social Justice, 2009).

The implication of stress in the workplace is profound. Staff return to their community and their families where often the stressful role of working in a prison can 'spill' into home and family life (Crawley, 2005). In contrast, many private businesses have recognised that their employees are their most valuable asset and progressive companies are implementing policy to support their health and well-being (Kolbe et al., 2005). Interventions in prison settings focussing on staff have received comparatively minor attention in the research literature (Schaufeli & Peeters, 2000). This is surprising given the amount of literature published on stress and burnout. However, if prisons are to support a healthy settings approach and be more progressive institutions, then the health needs of prison staff must be fully considered alongside that of prisoners (Greenwood, Amor, Boswell, Joliffe, & Middleton, 1999). This would, therefore, include both individually targeted interventions (e.g. coping with stress) as well as changing the overall fabric of the setting (e.g. policy changes to the environment) in consultation with employees.

There was also evidence that the concept of a health promoting prison was being misunderstood as simply concerning the exchange of health information via print materials. This strongly resonates with Whitelaw et al.'s (2001) *"passive model"* of settings based health promotion which, rather simply, defines the problem (e.g. poor health) as resting with the individual, while the setting simply functions as a neutral vehicle that offers favourable circumstances to undertake individually focussed health activities (e.g. health education). This may be, in part, to the practical challenges that inhibit the development of the health promoting prison rather than a misunderstanding of the underpinning conceptual framework. For example, health promotion, like in other organisations, remains under resourced and an activity on the periphery of the organisation's priorities (Caraher et al., 2002). Some prison audits, for example, have indicated that limits on staff numbers have been insufficient to

provide a complete health promotion service (de Viggiani, Orme, Salmon, Powell, & Bridle, 2004). Health promotion, at the moment, therefore, is simply not regarded as a core part of a prison's business.

Staff working closely with offenders often view health promotion as constituting additional work or something which is perceived as being outside their professional remit (Bird, Hayton, Caraher, McGough, & Tobutt, 1999; Caraher et al., 2002). Bird et al. (1999) found that mental health promotion was not seen as being a core duty of prison staff. Ideas about the role of prison staff are changing rapidly with many commentators and organisations outlining what they feel is the role of the modern day prison officer (see for example, The Howard League of Penal Reform, 2009). As an example of this, Caraher et al. (2002, p.227) have advocated for health promotion work to be part of the work of every member of prison staff. Whilst this is a laudable goal, it may be too idealistic and potentially underplays the role conflict many staff will face in terms of being security focussed and dedicated to health promoting principles. For this issue to be rectified, a focus on better staff training, recruitment, support and remuneration will ultimately be needed.

Conclusion

If the concept of the health promoting prison is to be fully realised then greater consideration needs to be provided to prison staff. Workplace interventions in the prison setting have been shown not only to improve staff well-being, but it has been argued that they save money by reducing overtime costs, improve staff performance and increase institutional safety (Finn, 2000). Current evidence indicates that peer support interventions for prison staff show some promise (Bayne, 2004), as to do forms of stress management training (Owen, 2006).

However, the data presented here suggests that prison staff want to be involved in the design of workplace interventions and not merely passive observers.

This paper concludes that it is axiomatic that for prisoners to be rehabilitated and released into the community as law abiding, healthy citizens, prison staff need to feel valued and in good physical, mental and psychosocial health (Bögemann, 2007). The health promoting prison has gradually developed over the past decade, but it still lags behind policy and practice in other settings like schools. The renewed calls to 're-energise' health promotion practice in the prison setting (Douglas, Plugge, & Fitzpatrick, 2009) are welcomed and it is hoped that this paper will go some way to contributing to this.

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