**Effects of stress among Correctional Officers.**

**Written By**

**Alaba Olanipekun**

**2097533**

**Under the supervision of**

**Dr. Ethan Marshall**

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***Abstract***

*This researcher paper focused on the influence of stress on correctional officers. It examined the relationship that exist between physiological symptoms of correctional officers and stress. Eighteen correctional facilities were investigated with 514 correctional officers. Regression statistical analysis was used to established the relationship that exist between physiological symptoms and stress. The finding suggested that correctional officers stress can be predicted by physiological symptoms displayed by correctional officers. It was established that there is a positive relationship between the physiological symptoms and stress among correctional officers.*

**Introduction**

It is on record that the United States of America has the highest rate of incarceration in the world with 629 people in every 100,000. With a population of 331.9million, this implies there will be many prison/jail facilities requiring the attention of correctional officers to take care of over 2million offenders. Correctional officers are in charge of overseeing individuals who have been arrested and are awaiting trial or who have been sentenced to serve time in jail or prison. It is their responsible to take custody, supervise, ensure safety, and regulation of prisoners.

Talking about correctional officers, the Texas Department of Criminal Justice, Executive Director Bryan Collier stated that “correctional officers staffing continues to be the agency’s number one priority”. This statement was used to justified correctional officers’ salary increased by 15 percent in April 1, 2022. Apart from the salary increase which cut cross all unit. Some unit are regarded as “special unit”, any correctional officers who agreed to work in such facilities get a bonus payment of almost $5,000. Quite a large some of fund is being spent on recruiting and training correctional officers before being assigned to a unit.

The job of correctional officer comes with great access to opportunities to develop skills and career advancement opportunities. With these benefits enjoyed by correctional officers, one will expect that the agency will have more than enough staff to work with, but the opposite is the case. For example, Kansas and West Virginia have recently issued state of emergency declarations in response to understaffed institution. In an article published by the National Institute of Justice (2019) the correctional officer vacancy rate was said to be approaching 50 percent. “And in some state prisons, annual correctional officer turnover rates as high as 55%”.

Retaining the existing correctional officers is a big problem with the agency. Retention in correctional agency has been studied and discussed for decades but, seems to defile solution. There is clear evidence that the problem is growing. While potential causes of staffing shortfalls will continue to be investigated by researchers, it is obvious that turnover rates in some regions are at a crisis level. As a result of the prevalence shortage of staff in the correctional agency. The current staff are overburden with the daily routing of the agency. Some correctional officers are made to work beyond their regular scheduled compulsorily, adding to the stress of these correctional officers. Stress is defined by the World Health Organization as “any type of change that causes physical, emotional or psychological strain. Stress is your body's response to anything that requires attention or action. Everyone experiences stress to some degree. The way you respond to stress, however, make a big difference to your overall well-being.” The mainstay of correctional agency is its workforce. The correctional agency depends on qualified, trained and dedicated staff to effectively and professionally operate. But today, correctional administrators, particularly those running prisons and jails, are contending with severe workforce challenges that directly impact mission performance. This researcher paper therefore focuses on the influence of stress on correctional officers. It examined the relationship that exist between physiological symptoms of correctional officers and stress.

**Literature Review**

Current studies have examined the prevalence of stress among the correctional officers. Jaegers, Matthieu, Werth, Ahmad, Barnidge, and Vaughn (2020) studied four jail facilities to predict the prevalence of depression in jail facilities officers. With six independent variables (age, ethnicity, gender, musculoskeletal back disorder, global physical health and mental health, and psychological well-being.) regressed against dependent variable depression. It was discovered that prevalence of depression exists amidst jail officers and that was higher than other health indicators. Some of the studies has delved into why stress is prevalence among these officers. Lavender and Todak (2021) investigated the impact of facility and shift variables on correctional officer’s stress. The study adopted correctional officers working in Washington state to evaluate organizational factors affecting the health and wellness of correctional officers. They find out that organizational variables shift, weekly hours and facility type does not impact correctional officer’s health.

Researchers have also examined the predictors of stress among the correctional officers. Evaluating the predictors of occupational stress and general stress among jail correctional officers with a sample of only one state, Castle and Martin (2006) adopted stressors identified in previous literature on prison correctional officers and occupational stress. The study revealed that occupational stress is predicted by organizational strengths, perceived danger, role problem, job satisfaction, gender and salary while general stress is predicted by experience and training.

Early researchers have assessed the impact of stress. Examining the perceived physical health, psychological distress, and social support among prison officers in United Kingdom. Harvey (2014) used a cross- sectional design and correlation and multiple regression analyses. The study discovered poor perceived physical health and high level of psychological distress amidst prison officers. It established a negative correlation between physical health and psychological distress. Although social support from within the prison seems to moderate the relationship between perceived physical health and psychological distress. In a recent research, Lambert, Hogan, Barton, and Elechi (2009) examined the impact of job stress, job involvement, and organizational commitment on staff attitudes toward the rehabilitation or punishment of inmate. The study employed ordinary least square regression to determine the impacts of job stress, job involvement, job satisfaction and organizational commitment while controlling for the shared effects of the personal characteristics, on support for rehabilitation and support for punishment. They find out that job stress and job satisfaction did not have a significant effect on correctional staff attitudes towards either punishment or rehabilitation but job involvement and organizational commitment does. This study

Although previous research has indicated that a relationship between stress and correctional officer, researchers have yet to test whether a meaningful threshold exists beyond which physiological symptoms becomes predictive of stress among correctional officers. The current study addressed this gap in the research by conducting a threshold analysis using physiological symptoms as predictors of stress among correctional officers, to determine whether meaningful cut points can be established. In this study, the following is hypothesized: Hypothesis 1: Increased physiological symptoms will be significantly related to a higher stress among correctional officers.

**Methods**

**Sample**

Eighteen correctional facilities were investigated with 514 correctional officers. The sample is about correctional officers. The focus is on correctional officer stress. Table 1 and 2 provide the descriptive statistics of the sample.

**Table 1. Descriptive Statistics for sample N=514**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Physiological symptoms** | Never | Almost never | Sometimes | Fairly often | Very often | Mean |
| Unable to control the important things in life | 18.1 | 25.3 | 39.7 | 12.3 | 4.7 | 1.6 |
| Nervous and stressed | 1.9 | 17.2 | 47.8 | 23 | 10.1 | 2.22 |
| Difficulties were piling up | 19.9 | 34.1 | 28.7 | 11.9 | 5.5 | 1.49 |
| Could not get going | 22.6 | 29 | 32.9 | 12.1 | 3.5 | 1.45 |
| Felt so downhearted | 35.8 | 31.9 | 22.4 | 7.2 | 2.7 | 1.09 |
| Felt confident about your ability | 2.9 | 3.9 | 16.7 | 39.7 | 36.8 | 3.04 |
| Felt that things were going your way | 1.9 | 10.7 | 38.5 | 39.1 | 9.7 | 2.44 |
| Could not cope with all things | 19.5 | 41.1 | 27.8 | 9.5 | 1.9 | 1.35 |
| Felt you were on top of things | 0.6 | 5.7 | 28.8 | 49.7 | 15.3 | 2.73 |
| Able to control irritations in your life | 2.7 | 9.4 | 32.8 | 42 | 13.1 | 2.53 |
| Felt your "batteries" are "dead" | 17.8 | 26.8 | 35.2 | 13.7 | 6.6 | 1.65 |
| Felt emotionally numb | 24.4 | 28.5 | 25 | 15.2 | 7 | 1.52 |
| Felt anxious, worried or upset | 5.7 | 23.6 | 41.9 | 20.9 | 8 | 2.02 |
| Felt indifferent to inmates and their problems | 13.5 | 20.6 | 32 | 21 | 12.9 | 1.99 |
| Felt bothered by the things usually do not | 15.4 | 34.4 | 38.1 | 9.2 | 2.9 | 1.5 |
| Could not shake off the blues | 28.1 | 37 | 23.8 | 8.8 | 2.3 | 1.2 |
| Upset because of unexpected happenings | 6.1 | 27.5 | 49.8 | 13.3 | 3.3 | 1.8 |
| Felt sad | 8.4 | 34.8 | 42.4 | 11.1 | 3.3 | 1.66 |
| Uninterested in things you used to enjoy | 21.8 | 35.9 | 26.7 | 11.1 | 4.5 | 1.41 |
| Felt working with people all day is really a strain | 30.3 | 30.7 | 26.8 | 9 | 3.1 | 1.24 |
| Unable to be sensitive to the need of coworkers | 25.5 | 38.2 | 27.8 | 6.9 | 1.6 | 1.21 |
| Used up at the end of workday | 7.4 | 16.8 | 36 | 23 | 16 | 2.23 |
| Less sympathetic to other officers at work | 20.7 | 35.7 | 30.4 | 11.1 | 2.1 | 1.38 |
| Unable to be sensitive to the needs of inmates | 13.9 | 17.6 | 33.9 | 20.4 | 14.1 | 2.03 |
| Angered because things were outside your control | 5.5 | 22.1 | 47.3 | 16.6 | 8.6 | 2.01 |
| Indifferent to other officers and their problems | 20.1 | 34.9 | 37.4 | 6.2 | 1.4 | 1.34 |
| Less concerned about what supervisor thinks about you | 22.5 | 27 | 28.3 | 13.9 | 8.4 | 1.59 |
| More stress when working directly with inmate | 20.7 | 30.1 | 30.5 | 13.1 | 5.5 | 1.52 |
| Felt distance from others around you | 15.2 | 31.1 | 35.2 | 13.7 | 4.9 | 1.62 |
| Emotionally drained from work | 13.6 | 22 | 36.3 | 17.9 | 10.1 | 1.89 |
| Felt depressed | 23.2 | 34.5 | 26.3 | 10.5 | 5.5 | 1.41 |
| Flt fatigued in the morning | 7.8 | 28 | 37.6 | 18.1 | 13.5 | 2.06 |
| Burn out from work | 7.4 | 19.3 | 40.5 | 19.5 | 13.3 | 2.12 |
| Felt at the end of your rope | 37.3 | 29.3 | 18.9 | 9.4 | 5.1 | 1.16 |

**Stress**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Experienced headaches | 19.1 | 22.6 | 31 | 16.3 | 11 | 1.78 |
| Experienced stomach trouble | 31.8 | 26.3 | 25.5 | 9.6 | 7.5 | 1.36 |
| Lost interest in sex or sexual pleasure | 54.3 | 19.4 | 16.6 | 6.5 | 3.2 | 0.85 |
| Experienced trouble getting sleep | 17.9 | 16.2 | 33.1 | 17.8 | 15 | 1.96 |
| Experienced crying easily | 53.6 | 21 | 15.3 | 6.5 | 3.5 | 0.85 |
| Experienced dizziness | 55.2 | 19.8 | 16.7 | 5.5 | 2.8 | 0.81 |
| Experienced heartburn | 43.2 | 20.4 | 21.4 | 6.5 | 8.4 | 1.17 |
| Experienced pain in the neck or lower back | 19.3 | 13.2 | 32.5 | 18.9 | 16.1 | 1.99 |
| Experienced bad dreams | 39.1 | 25.3 | 21.6 | 8.1 | 5.9 | 1.16 |
| Experienced being easily startled | 38 | 29.3 | 19.3 | 9.3 | 4.1 | 1.12 |
| Experienced difficulty concentrating | 26.1 | 26.7 | 29.5 | 10.2 | 7.5 | 1.46 |

**Table 2. Descriptive statistics for sample (N =514)**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you feel that you are under a lot of stress | Percent | Mean | Standard Deviation |
| No | 49.8 |  |  |
| Yes | 50.2 |  |  |
| Level of your stress |  |  |  |
| Increasing | 36.4 |  |  |
| Decreasing | 23.4 |  |  |
| About same | 40.1 |  |  |
| Highly stressed right now |  |  |  |
| No | 68.3 |  |  |
| Yes | 31.7 |  |  |
| Facilities: Facility 1 | 6.4 |  |  |
| Facility 2 | 1.2 |  |  |
| Facility 3 | 10.9 |  |  |
| Facility 4 | 5.8 |  |  |
| Facility 5 | 2.5 |  |  |
| Facility 6 | 8.5 |  |  |
| Facility 7 | 7.4 |  |  |
| Facility 8 | 7.6 |  |  |
| Facility 9 | 2.9 |  |  |
| Facility 11 | 5.6 |  |  |
| Facility 12 | 5.6 |  |  |
| Facility 13 | 7.6 |  |  |
| Facility 14 | 3.5 |  |  |
| Facility 16 | 3.5 |  |  |
| Facility 17 | 4.1 |  |  |
| Facility 18 | 3.9 |  |  |
| Facility 20 | 6.4 |  |  |
| Facility 21 | 6.6 |  |  |
| Stress |  | 59.33 | 18.93 |
| Physiological Symptoms |  | 9.35 | 5.13 |

**Measures**

Both independent (physiological symptoms) and dependent variable (stress) were originally measured using ordinal (Likert-type ordinal), but converted to scale.

**Analytic plan**

Regression statistical analysis was used to established the relationship that exist between physiological symptoms and stress. It is appropriate because it will provide us with information about whether physiological symptoms can be used to predict stress in correctional officers. Also the measure of both independent and dependent variables are scale.

**Table 3. Regression result for physiological symptoms (N=514)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Model 1** |  |  |  |  |
|  | b(SE) | β | t | F | Sig | R-Square |
| Physiological Symptoms | 1.564(.068) | 0.717 | 23.173 | 536.974 | <.001 | 0.514 |

The null hypothesis is that there is no relationship between the independent variable (physiological symptoms) and dependent variable (stress), therefore the slope coefficient is zero.

* + - H*0*: *B* = 0

The alternative hypothesis is that there is relationship between the independent variable (physiological symptoms) and dependent variable (*stress*), therefore the slope coefficient is not zero.

* + - H*1*: *B* ≠ 0

**Results**

The model is good because the F = 536.974 and P = .001. The variance in the dependent variable (stress) is explained by the independent variable (physiological symptoms) is greater than zero. With a R-square of .514, it implies that 51.4% of the variance in stress can be attributed to the influence of physiological symptoms. The t-test probability distribution was adopted since it can accommodate any sample size. Two–tailed test was adopted because it is non directional. The decision rule was that if tobt is either < - 1.96 or 1.96, Ho will be rejected.

The decision rule states that null will be rejected if tobt is either < - 1.96 or 1.96. Since 23.173 is greater than 1.96, the null hypothesis was rejected. The slope is statistically significant at an alpha of .05. There is a positive relationship between the physiological symptoms and stress. Having a knowledge of physiological symptoms of correctional officer can be used to predict correctional officers stress. The b unstandardized coefficient is 1.564. The independent variable (physiological symptoms) is statistically significant, because the “Sig” value (i.e., p-value = .001) for () is less than .05. The unstandardized slope for physiological symptoms is b = 1.564. This implies that for every one-unit increase in physiological symptoms produces a 1.564 increase in stress.

The beta weight is .717. It tells us the strength of the relationship. Since anything beyond + or - .40 is considered very strong, then the relationship between the physiological symptoms and stress is very strong.

**Discussion**

The finding suggest that correctional officers stress can be predicted by physiological symptoms displayed by correctional officer. This aligned with the works of Jaegers, Matthieu, Werth, Ahmad, Barnidge, and Vaughn (2020) that established the prevalence of stress among the correctional officers. To the future researchers since physiological symptoms only account for 51.4 percent of stress there is the need to find out other factors and possibly compare their impact. The findings no doubt serves as valuable source of information to the correctional agency in United States in come up with an appropriate health policy for correctional officer.

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