

Burnout

A study to determine if Correctional Officers at Tasmania's Risdon Prison Complex are suffering from Burnout.

By Bruce A Sutton

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Executive Summary

Objective: Burnout has been typically described as a mental health problem that has three key components – personal accomplishment, emotional exhaustion and depersonalisation. Burnout has also been described as a stress related illness which can manifest itself physically with typical stress responses leading to serious health and safety concerns. High levels of absenteeism can go unrecognised as Burnout, and be categorised as ‘regular’ sick leave. Undiagnosed Burnout cannot be treated in the correct manner so the problem only continues and can worsen. Burnout not only affects the sufferer but also has financial impacts on the employer. The work load for sufferer’s colleagues is increased both by extra shifts and picking up the slack during everyday tasks. This report was designed to identify if such a problem exists in the Tasmania Prison Service with Burnout given the high levels of absenteeism highlighted by an unpublished paper written by the author in 2009 on the health effects of working in a prison. From these findings recommendations will be made in an attempt reduce the incidence of these stressors in the workplace.

Methods: 19 Correctional Officers working within the Risdon Prison Complex completed and returned the surveys. The survey contained an information sheet, a questionnaire that was to gain general information about the respondents and two Maslach Burnout Inventory surveys. It should be noted that this is a relatively small sample group.

Results: As a group a large proportion of respondents scored ‘high’ in the Depersonalisation, Cynicism and Personal Accomplishment subscales. Professional Efficacy, Exhaustion and Emotional Exhaustion subscales returned scores that were evenly spread across the categories of low moderate and high. There were 4 of respondents who would be diagnosed with Burnout this equates to 21% and 7 respondents subjects or 37% who are almost at the point where Burnout would be diagnosed. Individual results also indicated the majority of respondents are beginning to indicate signs of suffering Burnout with high scores in Depersonalisation, Personal Accomplishment and Emotional Exhaustion and the other subscales from the general survey. High levels of alcohol use above recommended guidelines were reported but

there was no self reported illicit drug use. A number of respondents indicated using prescribed anti-depressants.

Conclusions: Because of the relatively small sample group this study should be viewed as exploratory. High levels of burnout exist amongst this group of Correctional Officers. In addition it was found that a large percentage of the sample group are at high risk of burnout. Within this sample group, it is common for alcohol to be consumed at levels above National Health and Medical Research Council Guidelines. Through a comparison of scores between these Correctional Officers and the demographic norm measured with the Maslach Burnout Inventory, this study has identified a worrying contrast with risk scores for the sample group consistently higher than the identified norm.

Introduction

The purpose of the intended research is to measure burnout in Correctional Officers, and to disclose any findings to the Tasmania Prison Service in a report, and the University of Tasmania for assessment and publication. If it is identified that burnout is high amongst the test group, the recommendations made should assist in reducing this level of burnout in Correctional Officers.

Burnout can be described as a process that occurs over a period of time that involves the implementation of specific self coping strategies. These strategies actually perpetuate the negative effects of the Burnout syndrome.

Burnout usually involves the adoption of a set of negative attitudes and behaviours causing the Correctional Officer to treat prisoners with detachment and in a mechanical manner. These negative attitudes and behaviours involve a depersonalisation component which is considered to be a defensive coping mechanism. This means the Correctional Officer will create a psychological distance in an attempt to protect themselves against the stressful social environment at work. This psychological distance has a flow on affect in the personal lives of staff.

Previous work I have completed highlights Burnout is likely to play a significant role in staff absenteeism. This in turn impacts on the departmental budget as with minimum staffing levels set, to cover absent staff replacement - staff must be called in and paid overtime rates that are double the normal hourly wage. An interview with a Correctional Manager from Risdon Prison Complex, for an unpublished paper, highlighted problems in a correctional officer's personal life are a significant factor in absenteeism. Absenteeism has been identified in many jurisdictions as a problem in a corrections setting specifically with Correctional Officers. The following is from previous work on Burnout (unpublished).

An international study on job stress and burnout identified that absenteeism is very high amongst Correctional Officers. For example, in New York the absenteeism rate for Correctional Officers is 300 percent higher than the average rate of all other

employed residents of that state. In the Netherlands, the rate is almost double that of the countries national average. The Dutch Ministry of Justice has identified half of the Correctional Officers on disablement pensions are due to stress related mental health problems. This absenteeism figure is 25 percent higher than the average the rest of Holland country.

It has been identified in America that the rate of psychosomatic disease is higher among Correctional Officers than other comparable professions such as Police Officers. Psychosomatic describes a physical illness that is caused by mental factors such as stress, or the effects related to such illnesses (Schaufeli &Peeters).

The issue of Burnout and why it is a concern

Burnout is a psychosomatic condition that usually manifests in people who work in human service type roles. It has been recognised and tested in health care workers and educators extensively. (Maslach, Jackson & Leiter 1996) A widely accepted definition of burnout is “a three dimensional syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that occurs among individuals who work with people in some helping capacity. (Maslach, 1982, p. 3.)” (Goddard, O’Brien 2004:1) As a side note I came to be interested in the topic of Burnout, and its effects, through researching what affects working in prisons has on staff.

MBI – Maslach Burnout Inventory

MBI-GS - Maslach Burnout Inventory General Survey

MBI-HSS - Maslach Burnout Inventory Human Services Survey

NHMRC – National Health and Medical Research Council

SE – Standard Error

SD – Standard Deviation

Burnout

The following paragraph and quotation is from previous work completed on Burnout (unpublished). Burnout is a term that is often used to describe a process which occurs over a period of time involving the implementation of specific self coping strategies. These strategies actually perpetuate the negative effects of this syndrome. Burnout usually involves the adaption of a set of negative attitudes and behaviours causing the Correctional Officer to treat prisoners with detachment and in a mechanical manner. They also involve a depersonalisation component and this is considered to be a defensive coping mechanism – this means that the Correctional Officer will create a psychological distance in an attempt to protect themselves against the stressful social environment at work. Stress is actually increased by this process because it lessens the relationship experience with inmates and aggravates any interpersonal problems. Burnout has been typically described as having four stages; enthusiasm, stagnation, frustration and apathy. It is described as matching the typical career path in

corrections and is stated below in this poignant quote that describes new correctional officers and their transition to employment. (Schaufeli and Peeters 2000)

“Watching their entrance into the prison can be quite an experience. The hope on their faces, the positive anxiety of their motivated gait – at first, its all there. Then slowly and almost methodically, the smiles wane, the expectations atrophy, and the desires to perform in a positive fashion succumb to escapist fantasy and verbally acknowledged scepticism (Wicks, 1980, p.1).” (Schaufeli and Peeters 2000:22)

Workplace stress has been the subject of many studies because of its harmful effects on mental and physical health. Specifically, workers suffering from workplace stress have reported having behavioural and emotional problems. These problems manifest into conditions such as depression, anxiety, burnout and even alcohol and drug abuse in some cases. As an addendum, employees who suffer from stress can contribute to certain organisational problems such as dissatisfaction, staff turn over, high absenteeism, increase in work place accidents and a decrease in work performance. Studies conducted within prison environments have identified that work stress has significant links to mental health issues, physical health issues like heart disease, hypertension, ulcers, asthma and bronchitis. (Senol-Durak, Durak and Gencoz 2006)

“The impact of burnout on service providers’ mood and their social behaviour has direct implications for their capacity to maintain the therapeutic relationship which provides the basis of much human service work. Lowenstein (1991) found that among teachers burnout was related to feelings of hopelessness, irritability, and impatience, as well as alcohol and drug abuse. Behavioural problems include absenteeism, increased turnover, overreliance on rules, decreased job performance, and increased use of alcohol and drugs. Service providers may withdraw from service recipients, and even enact verbal or physical abuse towards them (Kahill, 1988).”(Maslach, Jackson & Leiter 1996:38)

Maslach identifies that a large number of human service professions have high potential for Burnout including, but not limited to Police Officers, Nurses, Social Workers and Mental Health Workers. “Understanding the process and consequences

of burnout extends our understanding of people” (Maslach, Jackson & Leiter 1996:41) and what can be done to minimise damage to people working in these fields.

Alcohol Use

“For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.”
(NHMRC 2009)

Alcohol is the most consumed drug in Australia. Nine out of ten adults have tried it, six out of ten use it once per week, and one in ten of these people drink alcohol daily and Australia was ranked 17th in the world in terms of alcohol consumption in 1991. (Roach Anleu 2006) The 2007 National Drug Strategy Household Survey (AIHW 2008) indicated the majority of Australian adults have tried alcohol, and many continue to drink throughout life.

- About 8 per cent drink daily
- About 41 percent drink weekly

This survey also examined alcohol consumption patterns among the Australian workforce which indicated 44 per cent drank above the NHMRC 2001 guideline levels at least occasionally (Berry et al 2007). This level of consumption was more prevalent among particular occupational groups. These groups included Young workers, workers in blue-collar occupations, and workers employed in the hospitality, agriculture, manufacturing, construction, and retail industries.

Correctional Officers fit in this group as blue-collar workers and prior to starting work as Prison Officers many have previous life experience in the above mentioned occupational groups. This trend is seen locally, nationally and internationally.

“Other than those with previous experience of working in prisons, those joining the Prison Service as officers come from a variety of backgrounds and occupations that are too numerous to list here (see Arnold 2006): from bus driver to graphic designer; sales manager to builder; estate agent to tailor; financial

services adviser to milkman; student to secretary; professional footballer to butcher; Royal Navy to landscape gardener; and shop keeper to engineer.”(Arnold et al in Jewkes 2007:472)

“People use alcohol for a wide range of reasons and in different social and cultural contexts. They may drink for sociability, cultural participation, and religious observance or as a result of peer influence. They may also drink for pleasure, relaxation, mood alteration, and boredom, habit, to overcome inhibitions, to escape or forget or to ‘drown sorrows’”. (NHMRC 2009)

Anleu Roach says that in 2001 82.5% of Australians had drunk alcohol in the past 12 months. Of these people fewer than 8.5% had drunk alcohol at levels above the NHMRC guidelines which are:

NHMRC guidelines one and two are probably most relevant to Correctional Officers. It is stated in guideline one that “For healthy men and women, drinking no more than two standard drinks on any day reduces the risk of the lifetime risk of harm from alcohol related disease or injury”. The second guideline states for the same affect on healthy men and women no more than four standard (alcoholic) drinks should be consumed in one session. This is said to reduce the risk of alcohol related injury from that occasion. This guideline goes on to say each ‘drinking occasion’ adds to the lifetime risk from alcohol related harm. Therefore, binge drinking increases the risk of physical injury and the more alcohol consumed the greater the risk. This occurs in addition to the long term health complications alcohol consumption causes. In addition to the previously mentioned guidelines, two alcohol free days per week are also recommended.

The NHMRC lists the following diseases as the common cumulative effects of alcohol. These diseases may cause death or adverse effects that reduce the quality of life.

- *Cardiovascular Disease* – Raised blood pressure is common as is an increased risk of arrhythmias, shortness of breath, some types of cardiac failure, haemorrhagic stroke and other circulatory problems.

- *Diabetes* – Alcohol can adversely affect the management and control of diabetes.
- *Excess weight and Obesity* – Alcohol adds kilojoules in excess of the normal diet. In addition to this alcohol can increase appetite and alter the metabolism of fat and carbohydrate. The amount and how often alcohol is consumed in combination with genetic factors all work together to possibly cause an individual to gain weight.
- *Cancers* – Some studies have shown alcohol may increase the risk of some cancers such as cancers of the larynx, the oral cavity, the pharynx, oesophagus, liver, colorectum and female breast.
- *Liver Diseases* – Cirrhosis is most commonly caused by excess alcohol consumption.
- *Mental Health Conditions* – Growing evidence exists to point towards excess alcohol consumption increasing the risk of conditions such as depression and anxiety. In patients already diagnosed and undergoing medicinal treatment for these conditions, alcohol may lessen the efficacy of these medications.

Stress

Definition of stress

“The non specific response of the body to any demand made upon it.” (Hans Selye in Maglione-Garves unknown)

“Any event in which environmental demands, internal demands, or both tax or exceed the adaptive resources of an individual, social system, or tissue system.” (Richard Lazarus Maglione-Garves unknown)

Cortisol is a chemical substance produced by the adrenal glands on top of the kidneys. Some cortisol in the blood stream is essential to life. Cortisol is involved in essential processes such as normal brain, immune, muscle and blood sugar function and blood circulation.

Although stress is not the only reason cortisol is released into the blood stream, it could be described as the ‘stress hormone’. It is secreted at higher levels during the body’s ‘flight or fight’ response to stress and is responsible for several stress related changes in the body. This flight or fight response causes certain changes in the body to prepare us for the stressful event we are anticipating. Some of these effects include:

- A quick burst of energy for survival reasons
- Heightened memory functions
- A burst of increased immunity
- Lower sensitivity to pain
- Help maintain homeostasis (stability of internal systems) in the body

After the stressful situation has passed, cortisol levels drop back down and cortisol performs the essential functions as previously mentioned. In situations of high continual stress the body maintains this stress response rather than switching off the excess production of cortisol. High cortisol can cause increased fatigue, decreased energy, irritability, impaired memory, depressed mood, decreased libido, insomnia, anxiety, impaired concentration, crying, restlessness, social withdrawal, and feelings of hopelessness.

If a person is constantly under stress their cortisol level can remain elevated for too long. Over a period of months or years for example, the individual may begin to feel the effects of this stress and associated elevated cortisol level because of the negative impact on their overall health. This is referred to as chronic stress. In this situation excessive cortisol can be damaging as it can cause:

- High blood sugar levels – Type 2 Diabetes

- Muscle wasting
- Decreased bone density
- Impaired cognitive performance
- Lowered immunity and inflammatory responses in the body such as slowed wound healing
- Thin wrinkled skin
- Fluid retention
- Hypertension
- Suppressed thyroid function
- Increased abdominal fat - which is associated with a greater range of health problems than fat deposited in other areas of the body. Some of the health problems associated with increased stomach fat are heart attacks, strokes, high ‘bad’ cholesterol levels (LDL) and lower ‘good’ cholesterol levels (HDL), which can lead to other health problems.

To maintain healthy controlled cortisol levels, the body’s relaxation response should be activated after the flight or fight reaction occurs. If this relaxation response does not occur the body moves into this chronic stress state. Steps can be taken to avoid this state:

- Eat at regular intervals throughout the day
- Sleep at least 8 hours every night
- Avoid alcohol and stimulants such as caffeine or energy drinks
- Stimulants also disrupt sleeping patterns
- Utilise stress reduction techniques at peak cortisol times
- Take frequent breaks from work
- Exercise
- Avoid chronic noise stress

“Under normal circumstances the body produces more cortisol in the morning than in the evening. This gives the body the energy needed to begin the day. In the evening cortisol levels should drop by approximately 90%” (Maglione-Garves unknown). A saliva test is available and is commonly used in medicine and research to examine the

cortisol levels of people experiencing stress. These levels are usually monitored four times daily to give an overall picture of the cortisol fluctuation for the day. Chronic stress can cause constant levels in more severe cases or alter cortisol patterns. A change in pattern might result in cortisol levels not decreasing at night time making sleep difficult or levels increase sharply too early in the morning causing the person affected to wake early also disturbing sleep. A constantly high level of cortisol also complicates sleep. An incorrect diagnosis of this sleep disturbance may result in the individual being prescribed sleeping tablets to assist with sleep rather than attempting to fix or manage the causative issue leading to the sleep problem.

Cortisol directly affects fat storage and weight gain in stressed individuals. Higher levels of particular enzymes in deep fat cells surrounding the abdomen may lead to obesity due to greater amounts of cortisol being produced in this tissue. (Maglione-Garves et al unknown) It has also been suggested that cortisol directly influences food consumption by binding to receptors in the brain. This can stimulate an individual to eat food that is high in fat and/or sugar. Cortisol also indirectly influences appetite by regulating other chemicals that are released during stress.

Chronic stress can contribute to several harmful physiological events. When body tissues are exposed to high levels of cortisol for extended periods of time, some cellular and tissue alterations may occur. High levels of cortisol can cause fat stores and excess circulating fat to be relocated and deposited deep in the abdomen, if unchecked, can develop into obesity. “Individuals with a high waist-to-hip ratio are at greater risk of developing cardiovascular disease, type II diabetes and cerebrovascular disease. (Maglione-Garves et al unknown)

Many types of aerobic and anaerobic exercise have been shown to be affective in reducing or managing stress. An effective regular exercise and stress management program may be a key to reducing or preventing stress-induced obesity and the associated diseases.

Methods

Participants

Participants were Correctional Officers employed by the Department of Corrections working at the Risdon Prison Complex. Correctional Officers were emailed a letter describing the research project to be undertaken and asked to reply if they wished to participate. When surveyed, 24 Correctional Officers responded to this initial request and they were sent a survey package containing a consent form, a questionnaire, an information sheet, and a MBI-GS and MBI-HSS. Nineteen completed packages were returned and used for analysis. Therefore a respondent rate of 79% was recorded.

Instruments

Burnout was measured using both the MBI-GS and the MBI-HSS. These surveys are very widely used in the field of Burnout study and are well recognised tools for the assessment of Burnout. The MBI-General Survey is a 16 point report and the MBI-Human Services Survey has 22 points to complete. The MBI-Human Services Survey consists of three subscales: Emotional Exhaustion (EE sample point: “I feel emotionally drained from my work”) Depersonalisation (DP sample point: “I treat some recipients as if they were impersonal objects”) Personal Accomplishment (PA sample point: “I have accomplished many worthwhile things in this job”). The MBI-General Survey also consists of three subscales: Exhaustion (EX sample point: “Working all day is a real strain for me”) Cynicism (CY sample point: “I have become less enthusiastic about my work”) Professional Efficacy (PE sample point: “In my opinion, I am good at my job”). Participants respond using a 7 level frequency scale ranging from never (0) to every day (6). High number scores on the EE, DP, EX, PE and CY scales and low number scores on the PA scales are signs of Burnout.

In addition to the above surveys, participants were also asked about their gender, years of service, physical health level, exercise frequency, alcohol use, illicit substance use, anti-depressant use, sleep medication use, relationship breakdowns, sick leave and knowledge of Burnout.

Procedure

A Tasmanian Social Science Human Research Ethics Committee Minimal Risk Application Form was submitted to the Human Research Ethics Committee (Tasmania) Network and approved as the preparatory phase of this project. Approval was also sought and given from the Director of Prisons Mr Graeme Barber.

Initially, a sample of 130 officers were contacted by email and asked to participate in this research project. Of this number, only 24 officers replied stating they wished to participate. As a result of this recruitment exercise the survey package, including all material for data collection, was distributed to the subjects through the internal mail system. The survey package, for the participant to complete in their own time, contained a questionnaire on demographic information, the two surveys and consent forms along with a return envelope. The subjects were contacted via email during the preparatory phase of the research project to inform them of its progress and what was required from them.

All participants were assured the information provided would remain anonymous to all with exception of the researcher. This confidential agreement has remained intact and covers both the burnout Maslach surveys and the questionnaire that accompanied the MBI surveys in the subject packs. The subjects were given the option for an alternative drop off and collection method should concerns exist in relation to confidentiality through using the prison service internal mail system. All participants were given instructions on how to fill out the forms and it was impressed upon them the importance of answering the questions honestly.

The two Maslach Burnout Inventory tests (MBI-GS and MBI-HSS) was analysed using a score card which divides scores into three subscales. Each score was recorded in addition to being rated as high, moderate or low.

Results

Questionnaire

The questionnaire results enabled the participants to be divided into two groups. Those Correctional Officers employed for less than 6 years and those employed for longer than or equal to 6 years. This revealed 64% of participants were from the greater than 6 years group and 36% were employed for this lesser amount of time. Of the 19 respondents, 2 were female contributing to 11% of the total number of subjects surveyed. This number is appropriate for the purposes of this study as only 8.4% of Correctional Officers working at the Risdon Prison Complex are female. Relationship breakdown during time of employment as a Correctional Officer was reported by 42% of subjects, however only 25% of these participants related this breakdown to work related issues. The results obtained from the questionnaire show 89% drink alcohol with 37% of all respondents surveyed consuming alcohol at above the recommended National Guidelines. When asked if exercise was a regular part of their routine 63% answered positively and 68% described their physical health as good. In answering the question related to the use of illicit substances in the past 12 months, all subjects answered negatively and as a result no individual substances were listed. Sixteen percent of the participants revealed they are currently using anti-depressant medication, 6% stated they use anxiolytic medication and 12% take medication to help them sleep, with one subject revealing they take their partner's sleeping tablets. Interestingly two respondents chose not to answer one or two of these medication questions but all respondents answered the question relating to anti-depressants use. All respondents offered opinions as to what is contributing to the high levels of sick leave and all had suggestions as to how this may be reduced. All respondents completing the questionnaire recognised the condition of burnout but none were able to accurately define burnout.

TABLE 1: Mean Burnout Scores and Time of Employment within the Prison System,
Risdon Prison, 2009

Sample	Mean Burnout Scores					Burnout classification		
	n	Mean	Range	SD	SE	High	Moderate	Low
Professional Efficacy								
Total Officers	19	26.83	14 to 33	5.36	1.23	37%	42%	21%
<6 years service	7	25	14 to 32	5.7	2.16	43%	14%	43%
>6 years service	12	26.83	15 TO 33	5.03	1.45	42%	50%	8%
Exhaustion								
Total Officers	19	13.5	4 to 25	6.24	1.43	26%	58%	16%
<6 years service	7	12	4 to 23	5.89	2.23	14%	57%	29%
>6 years service	12	18.33	4 to 25	6.3	1.82	25%	50%	25%
Cynicism								
Total Officers	19	29	3 to 29	8.51	1.95	53%	26%	21%
<6 years service	7	12	3 to 27	7.7	2.91	57%	14%	29%
>6 years service	12	16.16	4 TO 28	8.5	2.45	58%	34%	8%
Personal Accomplishment								
Total Officers	19	27.78	13 to 34	5.66	1.29	74%	16%	10%
<6 years service	7	21	13 to 29	5.05	1.91	86%	0%	14%
>6 years service	12	26.83	11 TO 34	6.41	1.85	67%	25%	8%
Emotional Exhaustion								
Total Officers	19	19.42	2 to 47	11.09	2.54	21%	53%	26%
<6 years service	7	10	2 to 35	10.68	4.05	14%	29%	57%
>6 years service	12	22.25	9 TO 47	10.31	2.97	25%	50%	25%
Depersonalisation								
Total Officers	19	16.74	4 to 28	5.78	1.32	74%	21%	5%
<6 years service	7	17	13 to 28	4.29	1.62	100%	0%	0%
> 6 years service	12	15.75	4 TO 28	6.36	1.83	58%	33%	9%

Maslach Burnout Inventory

(See Table 1)

To assess the results of the MBI surveys completed by Correctional Officers of Risdon Prison Complex, individual's scores for each of the MBI subscales were compared to the available demographic normative values outlined in the MBI test manual. Each MBI survey does not produce a single score for burnout. Instead it gives three separate scores, one for each element of Burnout – Emotional Exhaustion (where a high score indicates high Burnout), Depersonalisation (where a high score indicates high Burnout) and Personal Accomplishment (where a low score indicates high Burnout). For the second survey, the MBI- GS, the three elements are also used in a similar way – Exhaustion, Cynicism and Professional Efficacy (where a high score indicates high levels Burnout)..

Emotional Exhaustion

(See Table 1)

The demographic norm for emotional exhaustion is listed as 19.86 for males and 20.99 for females. The average score for the whole sample surveyed in this report was 19.42 with a SD of 11.09. These results may lead to a conclusion of little or low burnout. However, interestingly there appears to be a great difference in results on this scale for respondents employed by the service for over 6 years. The average for this group is 22.25 placing these respondents at a much higher level of emotional exhaustion than those Correctional Officers employed for less than 6 years where the average was much lower at 10. High scores for emotional exhaustion are considered to be scores 27 and above. 21% of the total sample surveyed had high levels of emotional exhaustion.

Depersonalisation

(See Table 1)

Ninety five percent of respondents have scores above the demographic norm of 7.43. This exceedingly high level of depersonalisation was strongly represented among the respondents with less than 6 years experience in corrections with 100% of these respondents falling into the high score level, while 58% of officers with greater than 6 years correctional history fell into this high category. (The standard error of this

result was 1.32 placing it below the suggested 1.96 for 95% accuracy for this sample)
Overall 77% of subjects reported a high level of depersonalisation which is of strong significance for Burnout.

Personal Accomplishment

(See Table 1)

Remembering low scores on personal accomplishment reflect increased levels of burnout. The scale for the MBI surveys in relation to Personal Accomplishment is interpreted in the opposite direction from Emotional Exhaustion and Depersonalisation so a low numeric score equals a high risk. In this study, 31% of new staff and 42% of older staff scored in the high risk category for burnout. The demographic norm for this scale is 36.29. The average score for participants in this project was 27.78 and this number falls in the high risk category for burnout of 31 and below. This 27.78 score is a lower number than the demographic norm and suggests these Correctional Officers are at higher risk of burnout than the majority of the population. Overall, 90% of the sample group had high to moderate results in the personal accomplishment scale, indicating high burnout risk.

Exhaustion

(See Table 1)

The MBI-GS uses different questions to explore the same issues as Emotional Exhaustion in the MBI-HSS. The results for these subgroups are comparable with 14% of officers with less than 6 years service and 25% of officers with greater than 6 years service falling into the high risk category of Burnout for both Emotional Exhaustion and Exhaustion.

Professional Efficacy

(See Table 1)

The average Professional Efficacy score for this sample group was 26.83 putting the majority of subjects into the moderate group for risk of Burnout. There was no significant difference in scores between those employed for longer versus those employed for less than 6 years.

Cynicism

(See Table 1)

The participants reported an average cynicism score of 29 placing the majority (53%) of respondents in the high risk category for burnout. There was no significant difference in this result for those employed for less than 6 years or over 6 years.

Correctional officers have their say

It is important for the individuals who took the time to participate in this research project to be heard, it is also important to avoid a feeling that this report has been sanitised and therefore a little bland (Travers 2005). This section of the report is given to the Correctional Officers – their descriptions of the issues they believe lead to high absenteeism and what they believe could improve things in their workplace. The study is completely anonymous; individuals will be able to identify their own words but not others. The integrity of confidentiality will remain because of this, these are their opinions:

Q. What do you think are the contributing to the high levels of sick leave of correctional officers?

A. "Poor rosters, lack of respect for work mates, team based units, 12 hour shifts, lack of support by senior non uniformed officers."

A. "The Tasmania Prison Service sick leave policy, also the fact that managers are not managing staff that misuse sick leave."

A. "The amount of in fighting between officers – officers, officers – management, management – unions, it is hardly ever between officers – inmates, however it sometimes is"

A. "Working an unfair roster, no respect for management, lack of support from management. Sick of constantly being fucked over by management"

A. "Culture, stress from inmate contact."

A. "Rosters and abuse of sick leave entitlements."

A. "The random nature of rosters"

A. *“Poor roster design, non family friendly work practices, need for ‘mental health days’. An uncompromising and aggressive management style.”*

A. *“Poor rosters, poor communication between management and staff, friction between work units, inadequate resourcing of case management, ongoing security issues.”*

A. *“Staff unhappy at work due to low morale, stressed, not wanting to come to work.”*

A. *“Poor morale, bad rostering – officers not having quality time at home, or being able to engage socially. Genuine sickness caused by contracting illness from the environment e.g. inmates. Officer safety - I don’t think the prison is as safe to work in as it was.”*

A. *“Opening of the new prison – roster would be a high cause of sick leave. No variety in work, five ten hour shifts to many in a row.”*

A. *“Poor rotation in workplace rosters. Abuse of sick leave by 20% of staff, creating more pressure on others to do overtime. Others want to collect pay but not perform the role.”*

A. *“Poor work environment, lack of leadership. Mundane, menial tasks, not challenging tasks.”*

A. *“Better work life environment with the help of a good roster – less division between staff and management”*

A. *“Mixture of factors – shift work – nightshift messes your body up. Too many days on etc. stressful interactions with inmates.”*

A. *“In part the current roster – but I believe that because there appears to be no consequence brought to the individuals responsible”*

A. *“Being given large amount of hours therefore taking advantage of this. Also being placed in one area for a large amount of time”*

A. *“Long shifts – lack of productivity”*

Q. *What do you think could help reduce sick leave?*

A. *“Fairer roster- improved moral by management understanding staff working with us and not against us on every issue we have – rosters, uniform sick leave.”*

A. *“Better work life environment with the help of a good roster – less division between staff and management”*

A. *“Staff discussions / performance reviews. Individual assessment (health) by departmental doctors. Better staff rotation.”*

A. *“A family friendly and fair roster. E.g. I have not spent x-mas with my family for six years. Better morale – Govt. actually funding this prison to enable it to function properly plus to increase security”*

A. *“Better rosters, fairness and equity in distribution of work load (re case management) creation of one work unit, better management/leadership, inquiry into procurement process/design and management of RPC construction and development process.”*

A. *“A roster with a pattern”*

A. *“Rotation of staff culture shift”*

A. *“If all parties could talk more and come to a viable agreement before having to go to the union.”*

A. *“Eight or ten hour rosters that evenly spread duties, sack those who are openly abusing sick leave.”*

A. “Manage staff that misuse their sick leave, look at the way sick leave is given and taken from staff.”

A. “Better rosters and reimbursement of sick leave entitlements”

A. “Family friendly roster, compassionate management”

A. “Lift morale; make it a better place to work.”

A. “Go back to an eight hour roster – shorter rotation roster.”

A. “More respect – make staff accountable.”

A. “Better rosters better rotation of staff – officers have been at RPC for three years with minimal inmate contact others have had the whole three years in max or medium.”

Lower numbers than expected replied to a request for volunteers with only 19 out of the original 130 officers requested to participate completing the required sample kit. This low result may be linked to the high cynicism levels detected among the test subjects. As this study investigated a sample group of the Correctional Officers, it can be assumed similar traits exists for other Correctional Officers employed at the Risdon Prison Complex not involved in the study. Therefore this high rate of cynicism can be assumed to affect the wider community of the Correctional Officers at Risdon Prison Complex as well as those surveyed. If the cynicism reported by test subjects is uniform for other employees, 53% experience high risk levels of cynicism and 26% experience moderate risk levels for burnout. These figures could be even higher as the low numbers surveyed could suggest people are too cynical to participate.

Another suggestion for the low response rate involves a proportion of Correctional Officers at this facility currently experiencing burnout. In the condition of Burnout

all three elements of Depersonalisation, Emotional Exhaustion and Personal Accomplishment record high levels. This would prevent a subject from even wanting to participate as they would have developed a lack of motivation due to the adopted set of negative attitudes and behaviours. The request to participate in a survey may have been met with responses such as ‘What will this do for me?’ and ‘What is the point?’ The very nature of the illness would prevent these Correctional Officers from participating. The volte-face of this could in fact be that Correctional Officers are happy in their jobs and did not feel that need to be involved because they are content, which would mean that only the unhappy staff responded.

As neither of the MBI surveys target Correctional Officers specifically, the decision was made to utilise both available surveys. It could be argued that the MBI General Survey was suitable for Correctional Officers but their work focus is mainly on working with prisoners and detainees and the rehabilitation of these people. It is for this reason they can be clustered with other ‘human service’ workers such as Police and therefore the MBI-Human Services Survey was also considered to be suitable. The utilisations of both surveys provided a cross reference for similar answer subscales to ensure answers were true to form and not biased. The use of both tests also has the additional benefit of the slightly different subscales contributing more information overall.

The consolidation of the data from the questionnaire has highlighted the need to redesign any future questionnaires to focus more accurately on issues and remove any ambiguities. E.g. *‘how would you describe your drinking (answer) Moderate’*. This answer gives a subjective account of the respondents drinking – but what is moderate? More accurate feedback would be returned if questions were asked in a different format. For example;

A standard drink contains 10 grams of alcohol or ethanol an average can or ‘stubbie’ contains 1.5 standard drinks. How many standard drinks would you have in one session? (insert number)

How many times per week would you do this? (insert number)

How many alcohol 'free' days do you have a week?(insert number)

Do you ever drink more than four standard drinks in one session? (insert number)

If yes how often?

The questions in relation to exercise present the same opportunity for subjectivity and would return more data if redesigned for future testing. A question should also be included on how the subject rates job satisfaction; a scale from zero to six would be preferable with zero being none and six representing the highest levels of job satisfaction. This would provide an overall feeling for the subject's feeling of job satisfaction, and give a good cross reference to the subscale in the MBI's that address a subject's feelings of professional efficacy and personal accomplishment.

At the initial stages of this project subjects were advised the study was to be on burnout. According to Maslach et al 'Avoidance of sensitisation to Burnout it is important to minimise the possibility of people altering results due to their personal beliefs and expectations. It is recommended discussions in relation to Burnout should occur after testing is complete (Maslach, Jackson & Leiter 1996). In contrast to this, the information sheet given to respondents before the survey, contained information about the survey, Burnout and its effects in a correctional environment in order to encourage participation. This was felt important as this particular group of participants being Correctional Officers, are notoriously suspicious especially of researchers, academics and even co-workers. This suspicious nature could jeopardise this research project if not managed correctly. Even with this information being given to participants prior to sampling it is unclear if it was read. This was evident in the answering of the Burnout section of the questionnaire. None of the test subjects were able to provide an accurate answer to the clinical definition of Burnout, even though this information was included on the information sheet found in the sample kit given to all participants. As a result, providing participants with this information is not thought to have altered the results obtained.

There is no requirement for special qualifications for the examiner who delivers the MBI, however it is recommended that it is not a person who is considered to be a

superior, supervisor or with authority over the participants. It is also recommended that if the examiner is known to the participants they should be a trusted person. (Maslach, Jackson & Leiter 1996) The Authors role in the Security and Operational Support Unit at the prison should make them a trusted person to the participants. However, this role may also have caused inaccuracies in some of the answers for the questionnaire because of the investigative role this unit has within the Tasmania Prison Service. Although confidentiality was guaranteed, some Correctional Officers may have felt answering the question in relation to illicit drug use may have resulted in some type of disciplinary action and therefore did not respond truthfully.

Alcohol

In contrast to the NHMRC Guidelines, the results of this survey show a slightly increased level of alcohol consumption to be common amongst Correctional Officers. From the questionnaire designed in this research project, respondents were asked if they consumed alcohol. If the answer to this question was positive they were then asked to describe their drinking. All respondents answered this question, however two answered by saying they 'consume alcohol' with no description of the patterns involved. And two more said they did not drink alcohol. Self descriptions to the question '*How would you describe your drinking*' were varied. Some extracts from the questionnaires follow, because of confidentiality names will be excluded.

"Alcohol use: Yes Self Description: Four to Five standard drinks daily"

"Alcohol use: Yes Self Description: Depending on situation 1-4 (cans) after work – or if I am having a session 6-24 plus (cans)"

"Alcohol use: Yes Self Description: three or four once or twice a month"

"Alcohol use: Yes Self Description: A few drinks during the night two or three times a week."

"Alcohol use: Yes Self Description: binge drinker"

“Alcohol use: Yes Self Description: Casual – 1-2 stubbies most nights (average 4 nights per week), occasionally 3-4 drinks at a social gathering.”

“Alcohol use: Yes Self Description: Casual use, only drink during social activities and when in company with others.”

“Alcohol use: Yes Self Description: 1 – 2 glass wine per day”

“Alcohol use: Yes Self Description: Once per week approx 10 Beers”

Of the 17 respondents that responded positively to consuming alcohol, eight described drinking patterns that are not compliant with the safe guidelines for consuming alcohol as described by the NRMCH guidelines. These results show 89% of respondents drink alcohol and 47% of these respondents are consuming alcohol at levels above the recommended guidelines. As outlined earlier, the percentage for the general population who consumed alcohol over the past 12 months outside the recommended guidelines is 8.5 percent. The questionnaire identified that 37% of the total number of respondents surveyed are at risk from the over consumption of alcohol. This high level of alcohol consumption may be attributed to a need to escape and therefore insufficient coping skills and possible self medicating. Using alcohol to ‘drown sorrows’ is not uncommon when people are under stress. Alcohol use and mental health conditions such as depression do have a link, although the nature of the link has not been clearly defined. The NHMRC quotes a number of studies, Kushner et al 2000; Carrigan & Randall 2003; Thomas et al, which have concluded that there is considerable evidence to suggest that recurring use of alcohol to dull stress may increase anxiety levels and lead to alcohol dependence. It was also suggested by these researchers that people who drink to deal with their mental health conditions are at higher risk of becoming dependant. (NHMRC 2009)

Relationships

The symptoms of Burnout are often carried over from professional life to personal life even if the sufferer is unaware this is occurring. Depersonalisation, cynicism and emotional shut down are symptomatic of the Burnout syndrome and will affect a

sufferer's personal life. Respondents were asked if they had had a relationship breakdown since being employed as a correctional officer. Forty two percent of officers stated that they had been involved in a relationship breakdown. Twenty five percent of these officers said they attributed the breakdown to work related issues. It could be argued this percentage of relationship breakdowns attributed to work related factors would be higher, as 74 % of respondents scored in the high category of the depersonalisation subscale in the MBI-HSS and 63 % scored in the high area of the Cynicism subscale of the MBI-GS. It would be expected these traits would continue into the Correctional Officer's personal lives, and therefore relationships. These negative personality traits causing detrimental effects on these relationships also contribute to absenteeism rates, as previously mentioned in this study.

Illicit drugs

No subject stated illicit drug use within the last twelve months on the survey; this could be for a number of reasons. It could just reflect that no Correctional Officers in the sample group use illicit substances. Given the work environment it may be related to the high percentage of inmates that Correctional Officers see with illicit substance use problems and as a result, illicit drugs may be viewed quite negatively by this group. Correctional Officers are also exposed to the harm that illicit drugs cause and this could be enough to dissuade use. The high percentage of alcohol use and the high percentage of overuse may mean that alcohol is the 'drug' of choice for this sample group. It is also possible because the survey has been conducted by a work colleague, Correctional Officers were weary of reporting illicit drug use because of trust issues in the level of confidentiality that would be afforded them. They were also aware the report would be published and they may have considered the consequences to their employer should illicit substance use by Correctional Officers be made public. However, given the frankness of other responses it is more than likely that this group of Correctional Officers do not use illicit substances.

Prescription medications

The fact that respondents have stated they use anti-depressant medication is positive because it means these individuals have recognised they can approach professionals in this field for help. One in six Australian men suffer from anxiety and depression type illnesses at any given time and women are twice as likely to suffer from the same

illnesses. This equates to around 16.66 % of men in the general population who suffer from anxiety and depression, and subsequently (33.32 %) double for women. Of the Correctional Officers who responded to the survey, 16 percent said they were prescribed anti-depressants. This is comparable to the national average which would indicate the survey has been answered with a reasonable degree of honesty and this may indicate that other answers have also been honestly answered. The level of correctional officers taking medication to help them sleep is not high at only 6 percent. However, this percentage increased to 12 % when it was stated by a subject in an informal conversation that they occasionally used their partner's medication, which is not prescribed for them. This increase was quite dramatic but is reflective of the relatively low sample group.

Years of Service

This category was included to enable a split of results to determine if they differed between officers who had spent longer than six years working in a prison than those that had spent less time 'inside'. Although the number of respondents in each group was not the same, the standard error (SE) was calculated to take into account the sample group for each result. The lower the standard error the less likely a large sample group would have much impact on the results. The split did identify some interesting results in the MBI tests that will be discussed in the subscale sections.

Professional Efficacy Subscale (PE)

The professional efficacy subscale is part of the MBI-GS. It measures a subject's belief they are good at their job and function effectively as a part of the organisation. Efficacy plays a central role in motivation because people expend effort based on the benefits they are expecting from their actions. Staff are more inclined to take on an assignment if they feel they can succeed. Continuing on from this, staff that have high levels of professional efficacy are more likely to try harder for longer and put more effort in to successfully completing the task than staff with low levels of professional efficacy. Staff with low levels of efficacy will also believe assigned duties are actually more difficult than they really are. This can result in poor task planning and increased levels of stress. This subscale also reflects how a person will respond to failure. Staff with high levels of professional efficacy will attribute failure

to external factors. Conversely to this, staff with low levels will blame themselves for failures.

The average score of 26.83 for this sample group place the group in the high end of the moderate range of the professional efficacy subscale. This is the average score for both the <6's and >6's. The <6's scored the following percentages 43% high, 14% moderate and 21% low. The <6 group scored 42%, 50% and 8% respectively indicating a high majority of respondents in this group, have high to moderate confidence in their ability to function effectively for, and within, the organisation. The <6 group had a large number of Correctional Officers in the high professional efficacy category. This group also indicated the highest percentage of respondents at the low end of the PE subscale at 15 % lower than the >6 group. These Correctional Officers at the low end of this subscale, will have decreased confidence in their own abilities and the ability of their employs to operate a functional organisation. It also means that they will have decreased levels of morale.

Exhaustion Subscale (EX)

The exhaustion subscale is part of the MBI-GS and measures whether a person feels emotionally exhausted and fatigued. It ask questions such as; *I feel used up at the end of the day* and *I feel fatigued when I get up in the morning and have to face another day on the job*. It is very similar to the emotional exhaustion subscale in the MBI-HSS. The results are closely aligned and will be discussed at greater length in the explanation of the emotional exhaustion subscale which is a more detailed subscale asking 9 questions. The subscale for MBI-GS has only five.

Cynicism Subscale

The Cynicism Subscale is the last subscale in the MBI-GS and is used to measure if a person has become skeptical about their role in the organisation, have developed a pessimistic attitude or have become generally negative. Cynicism can also be manifested in a distrust of the integrity or motives of other people. The subscale levels of cynicism identified by the survey are interesting because there appears to be a relationship with this subscale and the efficacy subscale particularly when examined between the two service year groups.

Table 2.

		High	Moderate	low
<6 Years	Professional Efficacy	43%	14%	21%
>6 Years	Professional Efficacy	42%	50%	8%
<6 Years	Cynicism	57%	14%	29%
>6 Years	Cynicism	58%	34%	8%

The >6 group seem to have high levels that decline gradually in both subscales, but the <6's appear to be really affected or not at all. There are many who fall into the middle moderate category. This suggests, in some people the Burnout 'build up' occurs very quickly and in a short space of time. It is also apparent even the people who cope well in the initial years of employment eventually succumb and become cynical, losing effectivity in their role.

This phenomenon was observed on the MBI-GSS as well. It would interesting to test this in 5 year increments to discover if this phenomenon actually increases to a point in 15 to 20 years where both subscale return high and moderate score only. Test subjects where only asked to identify if they had been employed for 10 years or longer and not asked to bracket themselves in any year point after this, so this data could not be gained from this test.

Personal Achievement Subscale

The Personal Achievement Subscale is the first of three in the MBI-GSS. It asks questions like '*I feel I am positively influencing other people's lives through my work*' and '*I have accomplished many worthwhile things in this job*'. As mentioned previously, low scores on this subscale place subjects in the high risk category of Burnout. With a work focus on rehabilitation and reducing recidivism, it could easily be concluded the nature of working in a system where recidivism rates are high and return to jail rates are even higher that it becomes demoralising for staff, particularly if staff have a human service focus. The percentage rate of offenders returning to criminal justice system within two years increased from 23.5 %between 2001 and

2002 to 24 % between 2005 and 2006. The percentage rates between 2006/2007 and 2007/2008 were not available. (Department of Justice 2008) The actual re-entry into prison rates may be as high as 60 to 70 % (White and Perrone 2007). The recidivism rates are calculated to exclude anyone who does not return to prison within 2 years. It is apparent that the longer an employee stays working in corrections the less their personal accomplishment seems to be affected. The lowering of personal accomplishment could be tied in with increased levels of cynicism. Officers may take on the attitude that ‘no matter what I do, the inmates will come back’ or ‘No matter what I do, nothing changes’. It would appear officers take on a cynical outlook, however they realise this recidivistic behaviour is not their fault which appears to tie in with professional efficacy and personal accomplishment subscale.

Emotional Exhaustion Subscale

Emotional Exhaustion is the second subscale in the MBI-HSS and simply measures emotional exhaustion. This subscale returned interesting results for the total sample but also showed interesting differences between the ‘years employed’ groups. These figures also cross referenced to the exhaustion subscale in the MBI-GS.

Table.3

		High	Moderate	low
<6 Years	Emotional Exhaustion	14%	29%	57%
>6 Years	Emotional Exhaustion	25%	50%	25%
<6 Years	Exhaustion	14%	57%	29%
>6 Years	Exhaustion	25%	50%	25%

It is quite obvious the results for both subscales are similar. Given they measure a similar risk this is not surprising, but it does show that the subjects have been consistent in answering questions. It is also apparent that both the emotional exhaustion scale and the exhaustion scale are the two scales that recorded the lowest results for the high risk category. The reason for the low scores in these two subscales might be an anomaly that has occurred because of the way the questions were asked, or because of the high scores in the depersonalisation subscale. For instance, Officers

have to care enough to *'feel emotionally drained from their work'* (a question from emotional exhaustion subscale).

Depersonalisation Subscale

The respondents who are still there >6 years may have already been through Burnout as for <6 years results for Depersonalisation shows this is 100% for these respondents. This figure is supported by the low SE figure of 1.62 suggesting that if a larger sample group was used the results would be almost the same. The >6 year group returning a 58 % Depersonalisation score is not necessarily a positive one, although they returned a 42% drop in the high range of depersonalisation, there were only 9% of them in the low range. This may well suggest that these respondents have passed through this component of Burnout. This group of employees are perhaps just working for a 'pay check' and have resigned themselves to the fact that their job has not and will not give them the satisfaction they expected in the start of their career. Only 1 out of 19 respondents fell below the demographic norm.

The >6 year group has more than likely developed coping skills to deal with the stress that comes from working in a prison. This is likely due to the personal stress management strategies that the respondents have developed during the course of their employment or tools they possessed prior to working in the environment. The Correctional Officer Application Pack available to download from the Department of Justice's web site states as part of the 'ongoing training opportunities' training exists in the area of stress management (DoJ 2008) – As a side note, I completed my initial recruit training as a correctional officer in 1999, which included a stress identification and management component, and I have not to date received any continuing training in this area.

Individual results

The fact that four of the subjects have been identified through the testing as being Burnout is a concern – 21% of the sample group is reflective of the fact that you could expect the same percentage from approximately 130 staff at Risdon Prison Complex. As Burnout is a continual process, it becomes even more concerning as 37% of the remaining staff from the survey are close to being 'burnt out' this equates to a massive 68% correctional officers who work in RPC are in a danger zone in relation

to Burnout, if the sample group is reflective of the rest of the staff. Considering this, Burnout could be the single biggest contributing factor to the current high absenteeism levels. It should also be a cause of concern for the future health and wellbeing of the workforce in this environment due to the long term health issues that come from chronic stress and stress related conditions.

Conclusion

High levels of burnout exist amongst this group of Correctional Officers. In addition it was found that a large percent of the sample group are at high risk of burnout. It was also found it is common for alcohol to be consumed at levels above National Health and Medical Research Council Guidelines.

‘The extensive research on Burnout has consistently found linear relationships of workplace conditions across the full range of MBI scales’ (Maslach, Jackson and Leiter 1996:42) The correlation is due to perceptions of staff, for example, a happy and stable work environment with low levels of discontent in staff will often result in low levels of Burnout. This has very interesting implications for further study in this particular environment given that all respondents indicated that rostering issues were problems respondents attributed this to high levels of absenteeism. Therefore, correcting these issues may impact positively on the absenteeism problem. There is also a perception of lack of ‘support’ and a generally negative feeling towards management. This particular discovery would need to be investigated more thoroughly to allow a more in depth descriptions of the perceived problems.

The level of Burnout, in this group, is a concern and strategies to reduce current levels and prevent future burnout should be introduced. If it was discovered through more investigation the sample group accurately reflects the rest of the Correctional Officers at Risdon Prison Complex. It is highly probable reducing levels of Burnout would have an immediate positive effect on the Tasmania Prison Service’s overtime budget. It would also decrease staff turnover and positively impact on the long term health of staff. Measures that would be help reduce burn out include:

1. Education for Correctional Officers on Burnout, identifying it, strategies to cope with it and how to report it.
2. Provide ongoing stress management training.
3. The Tasmania Prison Service should consider employing a Psychologist whose role would be to monitor and access every Correctional Officer. Once a year Correctional

Officers would attend a mandatory consultation to assess stress levels and general mental health. They should also be required to see the Psychologist after critical incidents. An alternative to this could be contracting a Psychologist with an existing practice to conduct the assessments.

4. Training for managers on how to recognise a staff with burn out, and how to take appropriate measures to assist in sufferer's recovery.

Most of the respondents cited the current rostering system at Risdon Prison Complex was a concern for them. Currently the Department of Justice and both unions that represent the Correctional Officers are reviewing the rostering process in Risdon Prison Complex. A longitudinal study conducted before, during and after any changes to the staff roster would investigate if these changes to the roster are effective in reducing the levels of Burnout. This would judge either way the effectiveness of any changes.

The Department has a positive selection process for Correctional Officers, as outlined on the Department of Justice's website. It includes a series of tests, interviews and a psychometric testing. A rigorous testing and selection process takes place. The high levels of burnout identified in this study, may make it necessary to review the direction being taken in the area of recruit selection, specifically the type of 'personality' that is employed. Alternatively, a psychometric testing tool designed specifically to focus on how applicants deal with the types of stress that are inherent with working in a corrections environment should be used as part of the selection process. This testing could be fortified by identifying the coping skills used by long term staff that are coping with or are less affected by stress in the correctional environment.

The high levels of alcohol consumption identified by this study are of immediate and great concern. High levels of alcohol consumption have been identified as having serious and immediate detrimental physical and mental health consequences.

- Ongoing alcohol awareness training should be implemented and Correctional Officers made aware of the NHMRC guidelines for the safe consumption of alcohol.

Implementing the changes recommended in this report would go some way to ensuring the correctional environment doesn't damage correctional officers to the point of inability to function in their role, and in their personal lives. This damage should be measured both mentally and physically. This would, in turn protect the financial interests of the employer by improving retention rates, improving absenteeism (sick leave) rates, decreasing workers compensation claims due to stress related illnesses, increase morale, decrease cynicism towards management and generally improve the work environment.

Appendices

Appendix A

Table 4 – numbers of correctional officers in MBI categories

		<6 years service		
	high	moderate	low	
PE	3	1	3	
EX	1	4	2	
CY	4	1	2	
PA	6		1	
EE	1	2	4	
DP	7			
		>6 years service		
	high	moderate	low	
PE	5	6	1	
EX	3	6	3	
CY	7	4	1	
PA	8	3	1	
EE	3	6	3	
DP	7	4	1	

Appendix B

Table 5 – MBI Scores for < 6 Subjects.

		< 6 years				
	PE	EX	CY	PA	EE	DP
	25	4	4	21	10	17
	32	5	8	26	2	19
	31	10	3	13	35	28
	22	14	17	24	14	21
	23	23	27	28	10	13
	28	13	13	26	6	17
	14	13	14	29	25	20
MEAN	25	12	12	21	10	17
	14 TO	4 TO	3 TO	13 TO	2 TO	13 TO
RANGE	32	23	27	29	35	28
SD	5.7	5.89	7.7	5.05	10.68	4.29
SE	2.16	2.23	2.91	1.91	4.05	1.62

Appendix C

Table 6 - MBI Scores for > 6 Subjects

	>6 years					
	PE	EX	CY	PA	EE	DP
	24	23	25	19	34	23
	33	25	28	28	47	18
	15	14	18	29	34	23
	23	12	20	26	14	10
	30	7	7	31	9	4
	27	4	8	34	13	13
	30	14	6	32	20	12
	27	14	28	21	18	16
	32	11	9	11	21	18
	25	22	20	31	19	12
	33	13	4	32	20	12
	23	7	21	28	18	28
MEAN	26.83	18.33	16.16	26.83	22.25	15.75
RANGE	15 TO 33	4 TO 25	4 TO 28	11 TO 34	9 TO 47	4 TO 28
SD	5.03	6.3	8.5	6.41	10.31	6.36
SE	1.45	1.82	2.45	1.85	2.97	1.83

Appendix D

Table 7 – MBI scores for all subjects

	PE	EX	CY	PA	EE	DP
	33	25	29	28	47	18
	25	4	4	21	10	17
	27	14	28	21	18	16
	23	12	20	26	14	10
	32	5	8	26	2	19
	15	14	18	13	35	28
	31	10	3	41	21	18
	32	11	9	24	14	21
	22	14	17	31	9	4
	30	7	7	34	13	13
	27	4	8	28	10	13
	25	22	20	29	34	23
	33	13	4	32	20	12
	24	23	25	28	18	28
	23	23	27	26	6	17
	30	14	6	29	25	20
	23	7	21	32	20	12
	28	13	13	31	19	12
	14	13	14	29	34	17
Average	26.83	13.05	29	27.78	19.42	16.74
Median	27	33	29	28	18	17
Mode	23	14	4	28	10	17
Standard Deviation	5.36	6.24	8.51	5.66	11.09	5.78
Variance	28.76	39	72.48	32.03	122.98	33.35

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