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Stress and Wellness Among Correctional Officers in the State of Oregon

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Walden University
2023

Abstract

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MPhil, Walden University, 2021

BS, California State University, 1996

Dissertation Submitted in Partial Fulfillment

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Abstract

It remained unknown if the effects of the employee wellness policy implemented in
Oregon in 2018 were reducing stress and improving the health of correctional officers
which if it does may benefit the local communities to help enhance social stability. The
purpose of this study was to explore the effects of the employee wellness policy, as
implemented in the state of Oregon in 2018, in reducing stress and improving the health
of correctional officers. This study was guided by the perceived organizational support
theory, which holds that employees develop existential views about how much their
employer values their contributions and is concerned about their well-being. The study
sought to better understand how correctional officers view organizational support for
helping employees improve their overall health, how they view their wellness program
for lowering stress, and suggestions for enhancing the effectiveness of the current
employee wellness program from their perspective. Using a qualitative case study
design, 9 full-time correctional officers with a minimum of 5 years of relevant experience
at three of the Oregon Department of Correctios' prisons were interviewed. Through
conducting thematic analysis, the results revealed that few participants reported the
availability of efforts to motivate correctional officers to engage in wellness programs for
a healthy lifestyle, including eating and exercising. However, they did not perceive such
efforts as meaningful support. Future studies should be conducted in different
geographical locations other than Oregon (US) to enhance the transferability of findings
to populations in other locations. The findings may benefit correctional officers in the
state of Oregon, promoting positive social change by improving overall well-being.

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Dedication

This research project is dedicated to the memories of Jeremy Malloy, Correctional Officer, from the Metropolitan Detention Center in Brooklyn, NY, and Jeffrey Rex, an Associate Warden at the United States Penitentiary, Atwater, CA.

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Chapter 1: Introduction to the Study

Introduction

Stress and workplace burnout are prevalent among correctional officers, which can lead to other health symptoms (Adlakha, 2019; Regehr et al., 2019; Useche et al., 2019). According to the statistics, the prevalence rate of post-traumatic stress disorder (PTSD), depression, and anxiety disorders in correctional officers was 31%, twice the rate of the general population in the United States (Regehr et al., 2019). As a vulnerable occupational group, correctional officers typically work under adverse conditions (Useche et al., 2019). Their stress, burnout, and health issues can be attributed to their specific duties, long hours, personal safety, work-life balance, alcohol consumption, physical exercise, low perceived social support, and social valuing of their roles, and poor sleep quality due to rotating shifts (Copenhaver & Tewksbury, 2018; Palo & Das, 2020; Regehr et al., 2019; Useche et al., 2019).

Research findings suggest workplace wellness initiatives, occupational health and safety interventions, and related policies and procedures may help alleviate burnout and health issues among correctional officers (Adlakha, 2019; Hall et al., 2017; Lowenstyen et al., 2019; Marabito & Berry, 2018; Palo & Das, 2020; Passey et al., 2018). The focus of this study was on the effects of the employee wellness policy implemented in the state of Oregon in 2018 to reduce stress and improve the health of correctional officers.

Chapter 1 includes an introduction to the study. Chapter 1 also includes the background, the problem statement, the purpose of the study, and the research questions. This chapter also includes the conceptual framework for the study, the nature of the

study, the definitions, the assumptions, the scope and delimitations, the limitations, the

significance, and a summary.

Background

Correctional officers are exposed to violence, direct threat to themselves, and

workplace injury at rates much higher than other occupational groups (Klinoff, 2017;

Regehr et al., 2019). Klinoff (2017) indicated that the psychological stressors of

correctional officers vary by degree and intensity, which could lead to compromised job

performance and burnout. Ferdik and Smith (2017) highlighted three distinct dangers

confronting correctional officers, which included work-related, institutional-related, and

psycho-social related dangers. The work-related dangers are from the exposure to

communicable diseases, prison gangs, and the potential for riots. In contrast, the

institutional-based dangers are tied to low pay, extended hours, and insufficient staffing

and resources. Lastly, the psycho-social dangers are associated with the impact of family

conflicts on correctional officers.

Focusing on the population of correctional officers, Copenhaver and Tewksbury

(2018) indicated that several factors, such as specific duties, long hours, personal safety,

and work-life balance, could cause stress in the workplace. Regehr et al. (2019)

confirmed that the literature had noted evidence of high PTSD, depression, and anxiety

when compared to other occupational groups and the general population. Regehr et al.

(2019) also indicated that PTSD was most strongly associated with physical violence and

injury encountered on the job. On the other hand, depression and anxiety were most

strongly associated with low levels of perceived support from the organization, low job

satisfaction, and low-perceived social valuing of the roles these officers perform (Regehr et al., 2019). Useche et al. (2019) highlighted that correctional employees typically work under adverse conditions, which might enhance the occurrence of different negative psychological states. Useche et al. also found significant differences in the burnout profiles of correctional officers when comparing their frequencies of alcohol consumption, physical exercise, and perceived social support of officers. Further, Palo and Das (2020) suggested that 11% of rotating shift workers endured poor sleep quality.

The workplace burnout of correctional officers has resulted in serious consequences (Castiglione et al., 2017; Shanock et al., 2019). Kim et al. (2016) found that workplace burnout of correctional officers led to lower job output and increased sick leave. Castiglione et al. (2017) also demonstrated that burnout decreased job satisfaction with a sample of correctional officers.

Organizational support is a key player in the well-being of correctional officers. Kim et al. (2016) concluded that the supportive treatment provided by an organization that employees perceived as being effective in day-to-day operations positively influenced perceived organizational support (POS). Sabharwal et al. (2016) argued that the more expenditures agencies place on wellness programs, the more likely the participation rates would increase. Marabito and Berry (2018) revealed that employee engagement was higher in firms collaborating with wellness-minded employees. Fink et al. (2020) found that 63% of the sample staff participated in a wellness-incentivized program due to their organization offering them a reward. Income also had a major impact on employees' beliefs about whether employers should play an active role in

improving their employee's health (Fink et al., 2020). Unfortunately, researchers proved

that organizations might not provide sufficient support to correctional officers (Fink et

al., 2020; Kim et al., 2016; Marabito & Berry, 2018; Passey et al., 2018; Sabharwal et al.,

2016). However, Passey et al. (2018) illustrated that although managers supported

wellness programs, they faced challenges related to employees' workloads and

scheduling inflexibility. Only half of the managers above them supported these initiatives

(Passey et al., 2018).

     Moreover, workplace wellness initiatives, occupational health and safety

interventions, and related policies and procedures may help mitigate burnout and health

issues among correctional officers (Adlakha, 2019; Hall et al., 2017; Lowenstyen et al.,

2019; Marabito & Berry, 2018; Palo & Das, 2020; Passey et al., 2018). Copenhaver and

Tewksbury (2018) highlighted that policy plays a significant role in the willingness of

correctional officers to seek professional assistance. Passey et al. (2018) found that

providing training, targeted messaging, formal expectations, and encouragement would

increase participation. Holt-Lunstad (2018) proposed that organizations place the same

level of effort to foster social connectedness as to providing workplace wellness

programs.

     More recently, Adlakha (2019) argued that promoting health and wellness

through physical activity policies and incentives could help reduce employee burnout.

Adlakha also suggested that building a strong foundation of evidence-based policies and

procedures regarding wellness initiatives might significantly reduce employee burnout.

Lowenstyen et al. (2019) proved that workplace wellness programs that evolved over

time might support long-term participation. Further, Useche et al. (2019) highlighted the importance of strengthening occupational programs to reduce the impact of hazardous working conditions that contributed to the development of burnout and the rise of different mid and long-term health complaints among correctional workers. However, evidence exists that workforce characteristics and access to healthcare can influence participation in wellness programs (Hall et al., 2017).

Researchers who have investigated workplace burnout, health issues of correctional officers, the corresponding interventions, and policies have highlighted important directions for future research. Klinoff (2017) recommended that future researchers study interventions to protect against correctional officer burnout. Ferdik and Smith (2017) recommended furthering the study on psycho-social dangers experienced by correctional officers because little was known about the impact of family conflict on correctional officers. Regehr et al. (2019) recommended future research on occupational health and safety interventions for correctional officers.

U.S. government agencies have implemented workplace wellness programs for more than 25 years to help reduce the rising cost of employee healthcare (Sabharwal et al., 2016). However, few attempts have been made to address the effects of the employee wellness policy implemented in Oregon in 2018 in reducing stress and improving the health of correctional officers. To address this gap in research and further the work highlighted by Klinoff (2017), Ferdik and Smith (2017), and Regehr et al. (2019), the focus of this study was the employee wellness policy implemented in Oregon in 2018.

Problem Statement

There was a problem with correctional officers experiencing a higher prevalence of workplace burnout, PTSD, depression, and anxiety than other occupational groups and the general population (Adlakha, 2019; Regehr et al., 2019; Useche et al., 2019). Statistics indicate that the prevalence rate of PTSD, depression, and anxiety disorders in correctional officers was 31%, twice the rate of the general population in the United States (Regehr et al., 2019). Workplace burnout of correctional officers can result in serious consequences, such as psychological and physical health symptoms, low job performance, and increased absenteeism (Castiglione et al., 2017; Shanock et al., 2019). The general problem was that organizations had not provided sufficient support to help improve the well-being and reduce the levels of stress and job performance of correctional officers (Fink et al., 2020; Kim et al., 2016; Marabito & Berry, 2018; Passey et al., 2018; Sabharwal et al., 2016). The specific problem was that it remained unknown if the effects of the employee wellness policy implemented in Oregon in 2018 were reducing stress and improving the health of correctional officers (Ferdik & Smith, 2017; Klinoff, 2017; Regehr et al., 2019; Sabharwal et al., 2016).

Purpose of the Study

The purpose of this qualitative case study was to explore the effects of the employee wellness policy implemented in the state of Oregon in 2018 in reducing stress and improving the health of correctional officers. This policy aimed to support healthy lifestyles to improve productivity and morale while reducing sick leave usage and workplace injuries. The target population of interest included 15 correctional officers at

three of the Oregon Department of Corrections prisons in Oregon, the United States. The inclusion criteria included participants being (a) full-time correctional officers and (b) having a minimum of 5 years of relevant experience.

Research Questions

The overarching research question that guided this study was as follows:

RQ: What are the effects of the employee wellness policy implemented in the state of Oregon in 2018 in reducing stress and improving the health of correctional officers?

The following subquestions were developed to address the overarching research question:

SQ1. What are the perceptions of correctional officers about the organizational support for employees to improve their overall health?

SQ2. How do correctional officers in the state of Oregon perceive their wellness policy for reducing stress?

SQ3. What are the recommendations for improving the effectiveness of the current employee wellness policy in the state of Oregon from the perspectives of correctional officers?

Conceptual Framework for the Study

The conceptual framework for the study was the POS theory (see Eisenberger et al., 1986). This model presents evidence that (a) employees in an organization form existential beliefs concerning the extent to which the agency values their contributions and cares about their well-being; (b) such POS reduces absenteeism; and (c) the

relationship between POS and usage of sick leave is greater for employees with a strong ideology exchange than those with a weaker one (Eisenberger et al., 1986). According to the POS theory, POS can increase the employee's affective attachment to the organization, as well as their expectation that greater effort toward meeting organizational goals will be rewarded (Eisenberger et al., 1986).

In the corrections profession, when the organization has enlisted representatives to illustrate and convey the spread of POS, the organization needs to be sincere in its messaging and policies and give credibility to the employees' contributions, which can lead to increased employee performance and less leave usage (Shanock et al., 2019). Creating sustained cultural norms for organizations to take an active role in the health and well-being of correctional officers may decrease absenteeism, and increase productivity, which may in turn lead to decreased workplace injuries and insurance utilization and premiums (Eisenberger et al., 1986; Shanock et al., 2019). Therefore, Eisenberger et al.'s (1986) POS theory aligned with the current study because the theory applied to studying organizational support, and its impact on employees helped address the study's purpose.

Nature of the Study

The nature of this study was a qualitative case study. A qualitative method allows researchers to explore phenomena and ask "how" and "why" questions (Yin, 2014). As such, a qualitative research method can facilitate open-ended explorations of phenomena and allow a researcher to identify themes not anticipated (Yin, 2014). Besides, a qualitative method provides a platform for inductive theorizing (Bansal et al., 2018). The process of inductive theorizing based on qualitative data can facilitate exploring new or

understudied empirical contexts (Bansal et al., 2018). Therefore, a qualitative research method was appropriate for conducting this study because it allowed for consideration of research phenomenon's context, and the study participants' perceptions of their contextual influences (see Yin, 2014).

The research design for this study was a case study qualitative design. A case study qualitative research design is used to explore a phenomenon in its natural state to obtain information relevant to the description of the given phenomenon (Siedlecki, 2020). Case study qualitative research seeks to further enrich the knowledge domain of the subject matter with a rich description of its phenomenon (Bradshaw et al., 2017). The case study qualitative design facilitates researchers to obtain information directly from the participants' experiences about a phenomenon (Bradshaw et al., 2017). This qualitative study aimed to explore the effects of the employee wellness policy implemented in Oregon in 2018 in reducing stress and improving the health of correctional officers. Therefore, a qualitative case study was appropriate for addressing this study's purpose and understanding correctional officers' perspectives on the policy's effectiveness in reducing stress and improving overall health.

The data collection instruments were interviews. I interviewed 15 correctional officers who met the inclusion criteria. The target research site was at three of the Oregon Department of Corrections' prisons. An interview protocol was followed for conducting the data collection.

Definitions

Burnout: Burnout is an occupational phenomenon according to the International Classification of Diseases (Adlakha, 2019). Burnout constitutes a high-risk phenomenon that may affect people's physical health, mental health, and welfare, especially in vulnerable occupational groups (Useche et al., 2019).

Correctional officers: Correctional officers respond to emergencies and crises in correctional settings (Klinoff, 2017).

Post-traumatic stress disorder (PTSD): PTSD is a condition of persistent mental and emotional stress occurring because of injury or severe psychological shock (Regehr et al., 2019).

Stress: Stress is a feeling of emotional or physical tension (Adlakha, 2019).

Wellness: Wellness is being in good health, especially as an actively pursued goal (Hall et al., 2017).

Assumptions

Assumptions are those conclusions considered true or plausible by researchers and the audience of the given research (Wolgemuth et al., 2017). In research, these self-evident assumptions are accounted as truths that come to the research realm pre-loaded; a researcher's awareness of their pre-loaded nature protects the research from faltering away from its pursuit of truth (Wolgemuth et al., 2017). The following assumptions were made in this study.

A methodological assumption for a qualitative case study research design was appropriate for this research. The rationale for this assumption was that the qualitative

case study research design was ideal for enriching the knowledge domain of the subject

matter with a rich description of its phenomenon (see Bradshaw et al., 2017). The

theoretical assumption of this study was that the use of Eisenberger et al.'s (1986) POS

theory was appropriate for this study. The rationale for this assumption was that the POS

theory had been widely applied to researching organizational support and its impact on

employees (e.g., Eisenberger et al., 1986; Shanock et al., 2019).

The topic-specific assumption of this study entailed collecting the perspectives

about the employee wellness policy implemented in Oregon in 2018 to provide insights

for this study. This assumption was made because Useche et al. (2019) highlighted the

importance of strengthening occupational programs to reduce the impact of hazardous

working conditions that contributed to the development of burnout and the different mid-

and long-term health complaints among correctional workers. Lastly, an assumption was

made that the study participants would provide an honest opinion, and that the prepared

interview questions would be adequate to obtain the participants' perceptions.

<h2 style="text-align:center">Scope and Delimitations</h2>

Delimitations are restrictions over which a researcher can exercise control

(Theofanidis & Fountouki, 2019). A reseacher purposefully sets delimitations to

safeguard the integrity of the research (Theofanidis & Fountouki, 2019). For this study, I

identified the following delimitations.

The selection of a qualitative case study delimited the study. All data were

qualitative, as I relied on texts and narratives to generate the needed data for this study.

The consequence of this scope and delimitation was that no statistical findings were

reported. All findings were based on the themes generated from the thematic data analysis. Moreover, this study was delimited to correctional officers from Oregon, a state within the United States. This delimitation resulted in transferability and generalizability being only intended within the same sample and geographic groups.

Limitations

Limitations are restrictions imposed on research that are outside the realm of control of the researcher (Theofanidis & Fountouki, 2019). Possible limitations and barriers included that the chosen agency might not have agreed to the research project and difficulties in recruiting participants. To mitigate these barriers, I illustrated the possibility for the social change implications of the current study, which might positively affect the corrections profession. Another limitation was associated with using interviews as instruments for data collection. One consequence of this limitation was that I could have judged the nature, personality, and attitude of the study participant only on the basis of the provided answers (see Maharjan, 2018). I followed interview protocols to ensure that undue judgments were not incorporated into the findings. Lastly, a limitation was associated with selecting a qualitative case study, indicating no statistical findings were reported.

Significance

This study may advance knowledge and contribute to the scholarship of workplace health and safety and workplace wellness initiatives for correctional officers. Klinoff (2017) recommended that future researchers study interventions to protect against correctional officer burnout. Ferdik and Smith (2017) recommended furthering the study

on psycho-social dangers experienced by correctional officers. Also, Regehr et al. (2019) recommended future research on occupational health and safety interventions for correctional officers. Moreover, few attempts were made to address the effects of the employee wellness policy implemented in Oregon in 2018 in reducing stress and improving the health of correctional officers. To address these gaps in research and continuing the work referenced by Klinoff (2017), Ferdik and Smith (2017), and Regehr et al. (2019), this study will enrich the research literature, and the findings can benefit the scholars in the field of workplace health and workplace wellness initiatives and interventions.

This study may also make practical implications and promote positive social changes. Klinoff (2017) highlighted that by identifying specific individual characteristics that increased resilience and protected correctional officers against job burnout, more efficacious approaches could be identified to enhance stress reduction and management. Regehr et al. (2019) proposed developing occupational health and safety interventions for supporting correctional officers. Adlakha (2019) proposed that building a strong foundation of evidence-based policies and procedures regarding wellness initiatives might significantly reduce employee burnout. As such, the findings of this study may benefit correctional officers in the state of Oregon. In turn, improving the potential workplace burnout and overall well-being of correctional officers may benefit the local communities and help enhance social stability. Therefore, this study may help promote positive social change.

Summary

Chapter 1 included an introduction to the study, as well as the background, problem statement, purpose of the study, research questions, conceptual, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and a summary. The specific problem was that it was unknown the effects of the employee wellness policy implemented in the state of Oregon in 2018 in reducing stress and improving the health of correctional officers (Ferdik & Smith, 2017; Klinoff, 2017; Regehr et al., 2019; Sabharwal et al., 2016). The purpose of this qualitative study was to explore the effects of the employee wellness policy implemented in the state of Oregon in 2018 in reducing stress and improving the health of correctional officers. One overarching research question and three sub questions were developed to address the research problem. The conceptual framework for the study was the POS theory (e.g., Eisenberger et al., 1986). This qualitative study may advance knowledge and contribute to the scholarship of workplace health and safety and workplace wellness initiatives for correctional officers. This study may also make practical implications and promote positive social changes.

Chapter 2: Literature Review

Introduction

The topic of this current study was to explore worker wellness policy in reducing stress and improving the health of correctional officers. POS theory was used as a foundation for the research. The POS sends a message to workers that they will be rewarded for increased efforts (Baran et al., 2012; Eisenberger et al., 1986; Eisenberger & Stinglhamber, 2011).

Mental health problems have consistently been related to violence in the workplace (Rudkjoebing et al., 2020). Additionally, a high rate of workplace stress from adverse incidents is experienced by prison officers (Butler et al., 2019; Lambert et al., 2018). Correctional officer stress can lead to several adverse effects, such as unsafe practices, poor job performance, higher staff turnover, and higher absenteeism (Clements et al., 2020; Trounson et al., 2019). PTSD is at a particularly high rate in this population (Jaegers et al., 2019; Regehr et al., 2019), as is suicide (Milner et al., 2017) and alcohol use (Shepherd et al., 2019). Research has identified strategies to foster worker well-being, such as adding improvements to work organization and the way jobs are structured; creating greater autonomy, control over job tasks, and flexibility; accessing health care coverage; and improving the physical work environment, which are only some of the methods that have been shown to work (Kossek et al., 2018; Maestas et al., 2018).

This literature review presents research related to worker wellness policy in reducing stress and improving the health of correctional officers. The first section is about POS, its development, concepts, and studies utilizing the theory. As the population

of this current study was correctional officers, a summary of their training, education, and work was presented. One intervention that has proven effective is trauma-informed care, which is explained. Stress, post-traumatic stress disorder (PTSD), and the mental health of correctional officers are also noted. What those concepts are and how work stress has been shown to affect the mental health of correctional officers are explained. PTSD is discussed as a common disorder that often develops due to traumatic experiences. Further, the different perspectives of well-being are discussed in connection with correctional officers' stressful, often traumatic work environments. Lastly, the COVID-19 pandemic and how the dramatic changes implemented to stop the spread are discussed, as several of these changes should be made permanent, according to some researchers. The chapter ends with a summary of the material covered in this literature review.

Literature Search Strategy

The search for current 2017–2021 peer-reviewed articles was conducted in the following databases: Academic Search Complete, Gale, JSTOR, Sage Journals, and PsycNet. Researchgate.net and Google Scholar were also used to locate open-access articles. The following search terms were used to locate articles specific to this study: *corrections professionals*, *work-related stress*, *occupational stressors*, *well-being correctional officers*, *occupational trauma; posttraumatic stress disorder*, *depression*, *correctional officer*, *hiring*, *training*, *qualifications*, *correctional services*, *COVID-19*, *prison*, *community correctional services*, *staff*, *parole and probation officers*, *prisoners*,

and *occupational stressors*. Variations of these terms were used to ensure exhaustive search results.

Theoretical Foundation

The POS was used as a foundation for the current study. The theory is rooted in social exchange theory, specifying that workers reciprocate the positive treatment they have received in the workplace by developing favorable behaviors and attitudes toward the organization (Eisenberger et al., 1986; Eisenberger & Stinglhamber, 2011; Rhoades & Eisenberger, 2002). Eisenberger et al. (1986) defined POS as "employee's *beliefs* about the extent to which the organization values their contributions and cares about their well-being" (p. 501, Italics in the original). However, these beliefs could be either positive or negative, as they are their perceptions about whether the organization favors them (Stinglhamber & Caesens, 2021). Levinson (1965) explained how employees developed this belief. People project human qualities upon organizations and then relate to them as if they did have human qualities. They generalize from their emotions about people in the organization whom they see as important to the organization, in addition to extrapolating from those attitudes they bring to the organization (Levinson, 1965).

Studies have shown that workers respond to greater levels of POS by developing positive work behaviors and attitudes and experiencing greater levels of subjective well-being (Baran et al., 2012; Eisenberger & Stinglhamber, 2011; Kurtessis et al., 2015; Rhoades & Eisenberger, 2002). According to Kurtessis et al. (2015), POS (the organizational support theory) was the first theory to consider the worker's point of view in connection with the worker-organization relationship. In their literature review,

Eisenberger and Stinglhamber (2011) proposed that three main categories of POS outcomes increased (a) favorable attitudes toward organization and work, such as work engagement and affective commitment; (b) beneficial behavioral meaning performance outcomes; and (c) workers' subjective well-being, including both job satisfaction and better health.

Organizational support theory provides a theoretical framework describing how POS functions to produce each of its three positive consequences. First, organizational support theory is rooted in social exchange theory (Blau, 1964). This theory holds that because POS provides tangible and intangible resources to workers, the norm of reciprocity (Gouldner, 1960) generates a felt obligation among workers to care about the welfare of the organization and help the organization reach its goals (Eisenberger et al., 1986). This fundamental mechanism also explains how POS leads to positive workers' behaviors and attitudes. Second, organizational support theory states that POS sends a message to workers that they will be rewarded for increased effort (Baran et al., 2012; Eisenberger et al., 1986; Eisenberger & Stinglhamber, 2011). Third, POS is assumed to fulfill some socioemotional needs in the workplace, such as the need for approval, emotional support, esteem, and affiliation (Armeli et al., 1998; Baran et al., 2012; Eisenberger et al., 1986; Eisenberger & Stinglhamber, 2011; Rhoades & Eisenberger, 2002). Such fulfillment of workers' socioemotional needs adds to a self-enhancement process, thus leading to positive attitudes and greater workers' subjective well-being (Kurtessis et al., 2015).

Research has shown that POS-suggested antecedent variables influence organizational support. For example, Zhang and Yang (2018) found that these variables could be condensed into the categories of organizational environment, individual, and organizational factors. Organizational factors include organizational justice, such as procedural justice, distributive justice, information fairness, and other content, as well as organization rewards, working conditions, and organizational activities. Liu (2018) identified the organizational size and specific organizational cultural factors, such as caring for disadvantaged workers and workers' relatives. Individual factors include employee values, positive/negative feelings, work status, and other variables.

Organizational and employee relationships include leadership member exchange, person-to-organization fit, leadership style, and management communication (Liu, 2018; Zhang & Yang, 2018). Organizational fairness consists of multiple dimensions. Examples are fair distribution and procedural fairness. A sense of job security and working pressure source organization are important factors influencing the perception of fairness. Explicitly, when workers sense the organization wants to keep the current workers, they feel supported by the organization. For instance, Wang et al. (2017) suggested that psychological security positively affects workers' organizational support perception. Figure 1 contains a graphic illustration of the network of factors of POS showing their interactions.

Figure 1

Perceived Organizational Support
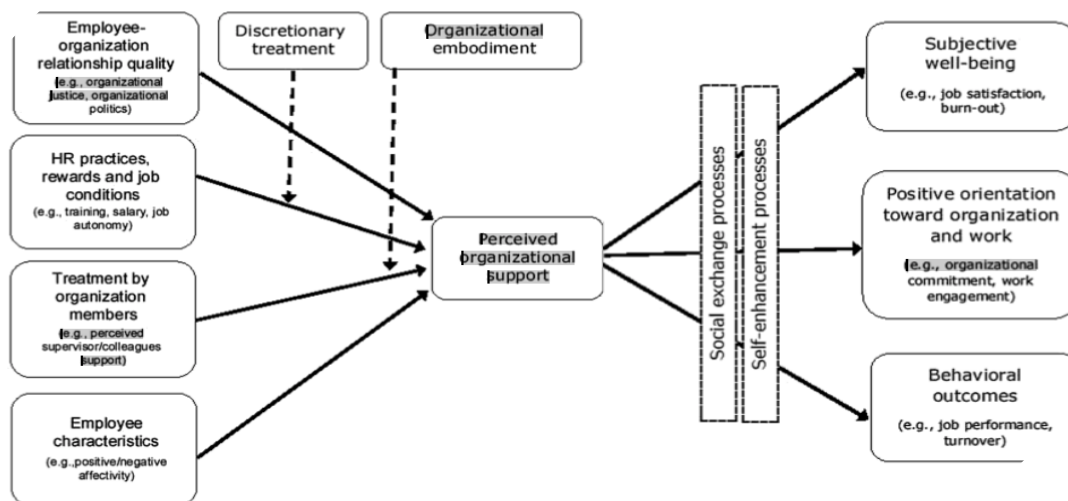
Note. Reprinted from Perceived Organizational Support, by F. Stinglhamber and G. Caesens, 2021, in V. I. Sessa and N. A. Bowling (Eds.), *Essentials of Job Attitudes and Other Workplace Psychological Constructs* (p. 75). Routledge. Copyright 2021 by Routledge.

The outcome of organizational support is a different level of attitude and behavior. Yogalakshmi and Suganthi (2018) suggested that a strong sense of organizational support would increase workers' sense of responsibility toward the organization, which will, in turn, positively affect workers' emotional commitment and inclination to stay. Furthermore, he proposed the new mediator variable of self-management. Ahmad and Zafar (2018) posited that organizational support perception positively predicted organizational citizenship behavior. Moreover, organizational support has a predictive effect on organizational citizenship behavior to a greater extent

than the organizational commitment to predict organizational citizenship behavior

(Ahmad & Zafar, 2018).

By combing the research on the causes and consequences of organizational

support, Zhang and Yang (2018) found that much of the current research on

organizational support perception analyzes the outcome variables, such as focusing on

turnover intention and job performance rather than affecting organizational support

perception. The antecedent variables, especially personal factors such as personality

traits, are related to POS. By reviewing the literature on organization support, Zhang and

Yang showed that POS plays an important role in the employer-organization relationship,

which is significant for increasing employee happiness and creating a favorable position

for the organization. Future researchers need to combine the factors of POS, employee

happiness, favorable position for the organization, and the role in the employer-

organization relationship (e.g., Zhang & Yang, 2018).

Studies show the basic processes underlying the connection between workers'

behaviors and attitudes and POS (Armeli et al., 1998; Baran et al., 2012; Caesens et al.,

2014; Eisenberger et al., 2001; Rhoades et al., 2001). Antithetically, there is limited

research on the underlying mechanisms of the association between POS and workers'

subjective well-being (Baran et al., 2012). Therefore, Kurtessis et al. (2015) called for

more studies focusing on underlying processes to better understand the connection

between POS and workers' well-being. The current study focuses on exploring the effects

of the employee wellness policy implemented in the state of Oregon in 2018 in reducing

stress and improving the health of correctional officers, using POS as the foundation for that research.

Correctional Officers

According to the Bureau of Labor Statistics (2017), correctional officers must have a high school diploma. Kowalski's (2020) review of online sources for information on hiring and training requirements might have missed some state regulations. Nevertheless, some of those regulations did not exist in states where the information is present, and hiring and training regulations vary widely. Hiring and training regulations are established by states rather than the federal government (Kowalski, 2020). Therefore, it is unclear whether correctional officers have attained professionalism or what is required to establish a "high-quality correctional workforce" (Russo et al., 2018, p. 20). Russo et al. (2018) documented the lack of professionalization and training as a concern in corrections. To be efficacious, programs should have three-fourths of correctional officers with undergraduate degrees related to a helping profession and prior experience working with offenders. Furthermore, 10% of correctional officers should have advanced degrees. These recommendations do not match existing hiring requirements for correctional officers (Kowalski, 2020). As stated by Kowalski (2020), "A wide range of safety and programmatic failures in correctional settings can be attributed to poorly trained staff" (p. 100). Staff may exhibit poor adaptive coping styles (Trounson & Pfeifer, 2017). The mental health of correctional officers has also gained attention from researchers.

Mental Health and Correctional Officers

The National Institute for Occupational Safety and Health (2018) established research goals in 2018 to improve mental health disorders among public safety workers such as correctional officers. One strategy used was the Total Worker Health®, which recognized that work was a social determinant of health, therefore considering how workplaces influenced the well-being of workers and their families (Ahonen et al., 2018). The results showed parallels with other studies focusing on police officers and the positive relationship between work-family conflict and burnout (Lambert et al., 2019).

According to Salvagioni et al. (2017), associations between depression and burnout were commonly found and were particularly stronger for depersonalization and emotional exhaustion. These findings aligned with Kowalski's (2020) literature review, which demonstrated an association between depressive behavior and job burnout. Scanlan and Still (2019) found burnout to cause negative and severe effects in all service professions; so, it could be reasonable to predict negative prisoner interactions, as supported by Knwalski's (2020) findings. Furthermore, promoting healthy, humane, and rehabilitative operations in correctional cultures improved public safety outcomes (Ahalt et al., 2020).

Burnout syndrome consists of emotional exhaustion, emotional hardening, dehumanization, and decreased coping skills and productivity as a response to ongoing chronic job stressors (Golonka et al., 2019). Mental health problems have consistently been related to violence in the workplace (Rudkjoebing et al., 2020). A year-long study on burnout of newly hired correctional officers in prisons showed increasing work-family

conflict and depression (Jaegers et al., 2019). Correctional officers are also at risk for higher physical and mental illness rates than other vocations (Jaegers et al., 2019).

Research on the workplace health of correctional officers has shown the connection between burnout to resilience. Lowing burnout relates to interventions such as team care, health-promoting leadership, and self-care (Adler & Adrian, 2017). Resilience mediates optimism, hope, and social support, which may also decrease burnout rates (Klinoff et al., 2018). Early identification of burnout and the promotion of health interventions are needed to address exposure to burnout contributors, such as adjusting correctional workplace environments and critical incidents (Ghaziri et al., 2020).

According to research by Ghaziri et al. (2020), jail officers are vulnerable to burnout, depression, suicide, chronic physical health issues, and premature mortality. The literature has also shown that direct exposure to trauma is not the only way for trauma to impact individuals (Greinacher et al., 2019). Indirect experiences of trauma have negative effects, thereby suggesting that people in contact with others that are traumatized risk developing significant psychological and emotional difficulties (Sinclair et al., 2017). Therefore, indirect contact with traumatized inmates may render correctional officers vulnerable to work-related stress, impending their ability to effectively carry out their work roles (Page & Robertson, 2021). Policy reforms to improve correction environments and culture are needed to decrease burnout and promote healthy workplaces (Ahalt et al., 2020). More research on preventing burnout of correctional officers is also called for (Jaegers et al., 2019).

Trauma-Informed Care

Trauma-informed care has caught the attention of several disciplines, including psychology, developmental science, public health, education, social work, and criminal justice (Bartlett & Sacks, 2019; Champine et al., 2018, 2019; Copeland et al., 2018; Hanson et al., 2018; Kubiak et al., 2017; Tebes & Thai, 2018). It is difficult to determine the effectiveness of trauma-informed initiatives and make decisions about optimal approaches because several terms are used in the literature, such as trauma-informed systems, trauma-informed practice, trauma-informed approach, and trauma-informed care (Becker-Blease, 2017; Hanson et al., 2018). Here the term trauma-informed care is utilized. Champine et al. (2019) identified 15 different components of trauma-informed care that fit into three categories:

1. Workforce development (e.g., staff training, internal trauma champions, staff wellness)

2. Trauma-focused services (e.g., screening, access to trauma-focused interventions)

3. Organizational environment and practices (e.g., policy change, collaboration, consumer engagement). (p. 4)

However, most studies used samples of primarily European Americans or White participants. Only a small subset of studies consisted of ethnically and racially heterogeneous samples (Alisic et al., 2017; Axelsen, 2017). Investment in these components may foster supportive organizational environments, facilitate the identification of those affected by trauma, and increase provider knowledge and awareness of trauma (Hanson et al., 2018).

Trauma-informed care is one way of addressing the problems traumatized people experience. In correctional institutions, both incarcerated persons and officers have frequently experienced traumatizing events (The Substance Abuse and Mental Health Services Administration, 2013). Kubiak et al. (2017) stated, "A trauma-informed correctional organization is one in which administration have committed to creating a trauma-informed setting and will facilitate an infrastructure to initiate, support, and guide changes" (p. 96). Carol Dwyer, a warden in the Rhode Island Department of Corrections, explained, "Officers need to know that some inmate behavior is an adaptation that stems from trauma and that there are things they can do to help a person 'chill' when something sets off the alarms" (The Substance Abuse and Mental Health Services Administration, 2013, p. 5). Trauma-informed care improves criminal justice responses and benefits staff and incarcerated persons. It is beneficial to staff in that not only do their jobs become easier, but facilities also become safer. Five core values of trauma-informed care within a correctional environment have been identified:

- Safety: Eye contact, explanations, procedures to report abuse.

- Trustworthiness: Following through; model trust; appropriate boundaries.

- Choice: Emphasize individual choice; informed consent.

- Collaboration: Solicit input; acknowledge insights about self. (The Substance Abuse and Mental Health Services Administration, 2013, p. 96)

Figure 2 breaks down trauma-informed care into understandable concepts and terms applicable to the criminal justice system.

Figure 2

Concept of Trauma and Guidance for a Trauma-Informed Approach

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Although prevalence estimates vary, there is consensus that many justice-involved women and men have experienced serious trauma throughout their lifetime. The reverberating effects of trauma experiences can challenge a person's capacity for recovery and pose significant barriers to accessing services, often resulting in an increased risk of coming into contact with the criminal justice system.

How Being Trauma Informed Improves Criminal Justice Responses is a training program for criminal justice professional to create awareness of the impact of trauma on behavior and to develop trauma informed responses. This 1-day cross-systems workshop helps local criminal justice services become trauma-informed. The first 1/2 day gathers key stakeholders to develop an action plan for trauma-informed policies and services.

Goals

The primary goals of this workshop are to help criminal justice professional to:
- Understand the impact of trauma on women and men with serious mental illness, and
- Interact with people in ways that help to engage them in services, keep them out of the criminal justice system, ease processing through the system, and avoid re-traumatizing.

Benefits of a Trauma-Informed Staff

When staff members are trauma-informed, it can help to:
- Reduce recidivism,
- Reduce disciplinary infractions in jail or prison,
- Reduce use of seclusion and restraint (and associated injuries to officers, arrestees and inmates, and
- Reduce relapse treatment failure.

Trauma-informed criminal justice responses can help avoid re-traumatizing individuals, and thereby, increase safety for all, decrease recidivism, and promote and support recovery of justice-involved women and men with serious mental illness. This highly interactive training is specifically tailored to community-based criminal justice professionals including:
- Police
- Community corrections (probation, parole, pre-trial services officers),
- Court personnel, and
- Other human service providers.

How Being Trauma-Informed Improves Criminal Justice System Responses is a half-day training for criminal justice professional to:
- Increase understanding and awareness of the impact of trauma,
- Develop trauma-informed responses, and
- Provide strategies for developing and implementing trauma-informed policies.

http://gainscenter.samhsa.gov/trauma/trauma_training/asp

Note. Reprinted from *Social Work in Juvenile and Criminal Justice Systems* (4th ed., p 101) by D. W. Springer and R. Roberts (Eds.), 2017. Copyright 2017 by Charles C. Thomas.

Trauma-informed care teaches skills incarcerated persons need to succeed outside the system (Kubiak et al., 2017). Incarcerated persons need to be provided tasks where

they can succeed in implementing this type of programming, which empowers them to be more productive. Individual choice, collaboration, and trust skills are also learned (Kubiak et al., 2017). Incarcerated people's perceptions of correctional officers and their interaction have also been researched. Vieraitis et al. (2018) interviewed incarcerated persons about to be released, and they repeatedly indicated that the most important aspect was consistency. Whether the officer was good or bad did not matter because they knew what to expect if the officer was consistent.

The other two dimensions incarcerated persons talked about include respectability and humane treatment. Correctional officers play a large role in the lives of incarcerated persons serving their sentences by overseeing day-to-day duties, safety, and interactions (Vieraitis et al., 2018). Daily interactions between incarcerated persons and correctional officers may affect how they do their time and cope in prison. When correctional officers remain consistent and treat incarcerated persons humanely and respectfully, incarcerated persons tend to have fewer issues with misconduct, respond to authority better, and have an easier time adapting to incarceration. Participation was voluntary and consisted of men of varying races, ages, and ethnicity demographics (Vieraitis et al., 2018). Future research in a similar vein should be studied with women because incarcerated persons mentioned witnessing sexual relationships between female officers and incarcerated persons, exhibitionism and saying male incarcerated persons would perform for the pleasure of female officers, and instances of prostitution by female guards (Vieraitis et al., 2018).

Champine et al. (2019) conducted a literature review of trauma-informed care approach components that showed most studies (85.7 %) contained at least one scale relevant to workforce development. Half of the measures were on trauma-focused services, and only 46.9% addressed organizational practices and environment (Champine et al., 2019). The total number of measures within scholarly and grey literature was 49, which assessed organizational, relational, and community/system practices. Most assessed climate and organizational-level staff characteristics. However, more research is needed to measure psychometric properties and establish a link to stakeholder outcomes (Champine et al., 2019).

Stress, Post-Traumatic Stress Disorder, and Correctional Officers

Stress and Correctional Officers

The National Center for Complementary and Integrative Health (2020) defined stress as an emotional and physical reaction to change experiences that people encounter in life, and it is a normal feeling. Though long-term stress can contribute to a wide range of health problems, including headaches, digestive disorders, sleep disorders, anxiety, depression, and other mental illnesses, and may also worsen asthma. In 2019, the American Psychological Association reported that 64% of adults who lived in the United States said work was a significant source of stress.

According to Ballin et al. (2021), correctional officers experience high levels of acute and chronic stress in their jobs, leading to increased physical and mental illness, healthcare costs, and early disability and mortality. A mental illness is defined as "a mental, behavioral, or emotional disorder. Mental illness can vary in impact, ranging

from no impairment to mild, moderate, and even severe impairment" (National Institute of Mental Illness, n.d., para. 3). Almost one in five adults in the United States live with a mental illness or 51.5 million in 2019 (National Institute of Mental Illness, n.d.).

Stress has been related to different factors in occupational professionals. In a survey of Oregon correctional professionals, Ballin et al. (2021) found relationships in occupational professionals between perceived stress and job contentment, job satisfaction and intention to quit, and outside work, meaning public image. Overall, the findings showed that job satisfaction and operational stress are most influenced by work-related stress. Another contributor to stress was long work hours, and additional hours did not appear to mitigate the negative impact of the long hours (Ballin et al., 2021). Namazi et al. (2019) found increased stress to increase work-family conflict and occupational health issues in conjunction with longer work hours. Long work hours have also been linked to mental, physiological, related health, health behaviors, and no specified health (Wong et al., 2019); in other words, long work hours affected occupational health adversely (Wong et al., 2019). Skogstad et al. (2019) found that both shift work and long hours increased the risk of atherosclerosis for those who worked in industrial plants. Amano et al. (2018) also connected shift work and cardiovascular disease.

In occupations like corrections, longer hours are mandatory to maintain operations, yet there are protective factors that appear to counteract stress (Ballin et al., 2021). Protective factors for correction professionals were job satisfaction, such as pride and enjoyment. Even though there was a low response from the Oregon Department of Corrections, the sample was representative of the demographics. More research was

recommended to clarify the relationship of stress constructs of occupation for if

predictors of stress could be determined, there can be an improvement of the stress of

correction professionals' physical health, job performance, economic outcomes, and

mental well-being (Ballin et al., 2021). Furthermore, Paleksić's (2020) results confirmed

correctional officers' operational stress. However, organization stress was in higher

security facilities, the most important being favoritism, fatigue, and traumatic events

(Paleksić, 2020).

Post-Traumatic Stress Disorder and Correctional Officers

American Psychiatric Association (2013) defined trauma as the following:

Exposure to actual or threatened death, serious injury or sexual violence in one or

more of four ways: (a) directly experiencing the event; (b) witnessing, in person,

the event occurring to others; (c) learning that such an event happened to a close

family member or friend; and (d) experiencing repeated or extreme exposure to

aversive details of such events, such as with first responders. (pp. 271–280).

Witnessing death and physical violence and exposure to actual or threatened death

can result in PTSD. Correctional officers, as with first responders, are often exposed to

this type of trauma (Kuehl & Elliot, 2017). When experiencing traumatic events, there are

alterations in the emotional and cognitive functioning of the brain. These alterations often

result in nightmares, sleep disturbances, irritability, explosive outbursts, and risky or

impulsive behaviors (Kubiak et al., 2017).

PTSD is considered a mental and behavioral health disorder (Sartorius et al.,

2004). PTSD develops from experiencing a traumatic event (American Psychiatric

Association, 2013). PTSD is defined by the following symptoms: re-experiencing, avoidance, alterations in arousal and reactivity, and negative alterations in cognition/mood (American Psychiatric Association, 2013). Nightmares and flashbacks, reliving trauma, are common in an estimated 50% to 70% of those with PTSD (Waltman et al., 2018). The symptoms of PTSD must last for over a month after the event and cause clinical levels of distress or dysfunction in life; however, if less than 1 month after the trauma, it can be classified as an acute stress disorder (American Psychiatric Association, 2013). There are feelings, thoughts, or dreams related to the event, attempts to avoid the trauma-related cues, mental or physical distress, an increase in the fight-or-flight response, and alterations in how a person thinks and feels (American Psychiatric Association, 2013).

Most people who experience a traumatic event do not develop PTSD (Bisson et al., 2015). However, PTSD can develop because of one or multiple traumatic events (Priebe et al., 2018). Exposure to repeated micro-aggressions against psychiatric staff or police officers, emergency doctors, and paramedics can also result in PTSD (Priebe et al., 2018). Sue et al. (2007) explained, "Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color" (p. 271).

The primary treatment for PTSD is medication and counseling (National Institute of Mental Illness, n.d.). Trauma survivors frequently develop anxiety disorders, depression, and mood disorders while diagnosed with PTSD (O'Donnell et al., 2003).

People who work as firefighters, healthcare professionals, divers, ambulance personnel, sailors, journalists, and police officers who expose to violence are at risk for developing PTSD (Skogstad et al., 2019).

Discrimination and microaggression have been linked to trauma. Williams et al. (2018) found that racial discrimination can contribute to the traumatization of African Americans, who reportedly experience more racism than any other racial or ethnic minority group and have the highest rate of PTSD (Williams et al. (2018). Lui and Quezada (2019) determined that higher occurrences of microaggressions were linked to health risk behaviors, self-reported stress, and greater internalization of problems. In addition, micro-aggressions can also be toward other minorities, such as sexual orientation and gender (Sue, 2010). Petereit-Haack et al. (2020) concluded, "While PTSD due to a single occupational trauma would be regarded as an occupational accident in most countries, PTSD due to multiple traumatic events could, in principle, be regarded as an occupational disease (depending on country-specific legal understandings)" (p. 15). Further researchers may focus on quantifying the impact of multiple distressing events in the workplace on relationship depression and PTSD using an appropriate comparison group (Petereit-Haack et al., 2020).

The Well-Being of Correctional Officers

World Health Organization (WHO, 2004) defined mental health as "a state of well-being in which the individual realizes their abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (p. 20). Furthermore, mental health is the absence of disease and a

complete state of mental, physical, and social well-being (WHO, 2004). The growing

scientific research on well-being indicates broad constructs within well-being (Kern et

al., 2019; Mead et al., 2019).

The discipline of worker health has traditionally been focused on workplace

hazards to which workers are exposed. Recently, the field has expanded to include

worker well-being, meaning a worker's ability to address normal stresses, achieve their

highest potential, and work productivity (Centers for Disease Control and Prevention

[CDC], 2018; Chari et al., 2018). Worker well-being was identified as a nationally

important health issue by the National Academy of Medicine (Brigham et al., 2018). The

environment an individual works in can influence their stress levels and mental health

(Giorgi et al., 2018). Research has identified strategies to foster worker well-being, such

as helping improvements to the organization of work and the way jobs are structured;

adding greater autonomy, control over job tasks, and flexibility; accessing health care

coverage; and improving the physical work environment are only some that have been

shown to work (e.g., Kossek et al., 2018; Maestas et al., 2018). All businesses should

consider using these strategies, though some are implemented more by large rather than

small businesses (Rohlman et al., 2018; Schwatka et al., 2018).

In the U.S. Federal Government, worker well-being efforts are the responsibility

of the CDC (2018) and the National Institute for Occupational Safety and Health.

National Institute for Occupational Safety and Health supports the Total Worker Health

approach. It consists of programs, policies, and practices incorporating protection from

work-related health and safety hazards to prevent illness and injury. Advancing worker

well-being is the overarching goal (CDC, 2018).

The well-being of prison officers has mainly focused on understanding the

function and contextual variables, such as the nature of their role and workplace (Rizzo et

al., 2021). However, Butler et al. (2019) suggested that the gender and tenure of officers

were the only statistically significant predictors of well-being, signifying that personal-

level variables might be more important than contextual variables. Rizzo et al. (2021)

held the idea that interpersonal interactions between prison officers and prisoners were

important overlooked areas of carceral scholarship that needed to be researched from the

perspective of the prison officers. Therefore, this research presented an opportunity

essential to research in that the health of both populations should be considered.

According to Rizzo et al. (2021), the meta-analysis by Butler et al. (2019)

identified 172 studies that sampled prison officers with 82 different outcome measures.

Further criticism (e.g., Rizzo et al., 2021) revealed that the most frequently reported

outcomes were workplace stress and workplace satisfaction, thereby suggesting that the

health and well-being of prison officers are important to research. Nevertheless, there was

limited understanding of the factors affecting these outcomes in the Butler et al. (2019)

meta-analysis. The only consistent predictors of workplace stress were tenure and gender.

Being a woman prison officer and being in that role for a longer time were related to

greater stress, although the relationship was quite weak for both variables. A stronger

relationship was found between workplace satisfaction, the support received from

colleagues and supervisors, and the officer's age was the only consistent predictor. Rizzo

et al. (2021) also pointed out that Butler et al. (2019) identified only four significant predictors of workplace stress and satisfaction, with all but one statistically weak, despite the many studies considered.

Rizzo's et al. (2021) meta-analysis comprised eight articles with 84 individual findings, which were collapsed into six categories. Thematic analysis revealed the following themes from the individual interviews with the prison officers:

- The importance of trust and respect between prison officers and prisoners.
- The use of discretion and informal favors by prison officers are tools that must be applied consistently.
- Communication skills are key.

According to Rizzo et al. (2021), interpersonal interactions with prisoners from the point of view of prison officers are complicated and, as such, are characterized by a paradox: In the context of unequal power roles, trust and respect develop and consistency is attained, even though individualized favors and rules are utilized, referred to as discretion. These paradoxical circumstances can either be undermined or supported in the development process of the relationship. Several factors possessed by the individual prison officer underpin all interactions that pertain to the role, the self, and the prisoner. Rizzo et al. (2021) concluded that communication skills are key to managing these paradoxical circumstances.

Examples of responses from individual prison officers or explanations from the literature reviewed by Rizzo et al. (2021) would suffice for personalizing the experiences of interactions between these two populations daily. In the category of trust and respect,

one officer reported, "Even if [the prisoner] hates the [correctional officer], even if they can't stand the person, if they can trust the person, they'll respect them a lot more. They can completely hate the guard, but have respect for them" (Ricciardelli & Perry, 2016, p. 411). Regarding the use of discretion and informal favors, a correctional officer may reinforce a prisoner's good behavior by allowing their family more time on their visiting time, thus managing prisoner behavior. Unwanted behavior can remove informal favors (Halsey & Deegan, 2017). Correctional officers highlighted that there should be a balance between informal favors and rules. They should be used with discretion: "It's like a tree isn't it? If you have a bit of flexibility you will stand up in a strong wind, but if you are rigid you will snap in half" (Halsey & Deegan, 2017, p. 58). Boundaries are important to acknowledge by correctional officers. One explained,

> It's easy to be over-friendly because you spend a lot of time with them. I have some prisoners that I take out of the prison and by talking to them you can easily develop a rapport. It's just knowing where the line is though sometimes it can be grey. (Halsey & Deegan, 2017, p. 58)

Rizzo et al. (2021) stated these implications when concluding their study. Historically, the use of informal favors and rules or discretion has been seen as a negative as they may conflict with operational regulations and prison manuals or be seen as the beginning of boundary crossing (Worley et al., 2019). However, Rizzo et al.'s (2021) findings were like Trammell et al. (2018) in that the discretionary use of favors and rules was not a problematic concept but a significant resource for the correctional officer. Their use also allows correctional officers to affect the nature of interpersonal interactions.

Even if discretion was abused, Rizzo et al. (2021) asserted that it was insufficient to understand it as wholly problematic. However, future research could be conducted on how correctional officers make decisions and implement discretion.

The style of communication is also described for clarity. One style engenders rapport and trust by meeting correctional officers' needs and adhering to the prison's regulations (Halsey & Deegan, 2017). The communication characteristics involved are non-judgmental, honest, fair, and consistent, and the correctional officer actively listens. The other two communication styles reduce trust between the correctional officer and prisoner, increasing occupational risk. One style is being too friendly, thus forming inappropriate relationships between the two and indiscretions, such as physical intimacy and information disclosed to prisoners. Another style is too authoritarian, using derogatory and antagonistic language and being at the ready with physical force (Halsey & Deegan, 2017).

Other studies have also found that communication styles used by correctional officers affect interactions (Trounson & Pfeifer, 2017; van der Kaap-Deeder et al., 2019; Vieraitis et al., 2018). It is the proposition of Rizzo et al. (2021) that interpersonal communication impacts correctional officers' health and well-being. Communication is not a byproduct of shared space but a process requiring consideration and skill. Correctional officers should be trained to enhance their communication skills (Rizzo et al., 2021). Communication regarding how gender influences communication and decision-making when interacting with prisoners needs to be researched.

Though correctional officers and police were different occupations, both experienced conditions of danger that often threatened their well-being (Valentino & Smith, 2017), so both were included in this review. The public has become increasing aware of law enforcement misconduct through the media, which has caused mental health to become a concern for the U.S. Department of Justice (2019). Increasing attention to the law enforcement officer population has brought to the fore on-the-job accidents and suicides supporting mental health and wellness actions. Law enforcement officers face trauma and traumatic situations daily (Spence et al., 2019). However, the stigmatization is so great that many officers never seek help for fear of being distrusted, ostracized, demoted, or even fired, and these are not unfounded fears (Stuart, 2017).

As a response to this situation, the Law Enforcement Mental Health and Wellness Act was passed in 2018. This act aimed to determine what aspects of officer mental health and wellness are being broadly addressed by departments and what techniques are working to encourage officers to seek help. Copple et al. (2019) submitted their research to the U.S. Congress consisting of 11 case studies from law enforcement departments with vastly differing social climates and locations. The research suggested that peer mentoring, crisis lines, and mental health checks were promising factors in the act, which could be easily implemented due to their familiarity and cost-effectiveness (Copple et al., 2019). There were 789,908 officers across the United States, mostly male employees (82% or 681,000) as of 2017 (Data USA, n.d.). There are also 109,000 female officers, or about one-seventh of the total. Caucasians are the most common (77.7%), and Black/African Americans comprise 13.8%. Eight and a half percent includes Asian

Americans, others, two or more races, Pacific Islanders, Native Hawaiian, or Indigenous

Americans (Data USA, n.d.). There is cultural relevance to Law Enforcement Mental

Health and Wellness Act. Police brutality may be part of the undertones of racism;

however, racism may also be a catalyst. Nevertheless, unmanaged mental illness in law

enforcement officers is undoubtedly troubling and has long remained unaddressed (Evans

et al., 1993).

Table 1 shows the daily work-related dangers and risks correctional officers face

daily, grouped into five categories by Valentino and Smith (2017). The five categories

are work-related dangers, institution-related dangers, psycho-social dangers, mental

health risks, and physical health risks.

Table 1

Summary of Dangers and Risks Confronting Correctional Officers

Work-related dangers	Institution-related dangers	Psycho-social dangers	Mental health risks	Physical health risks
Inmates with infectious diseases	Role ambiguity/role conflict	Work/family conflict	Stress	Injuries
Prison gangs	Demanding work obligations	Media/political scrutiny	Burnout	Death
Disruptive inmate behavior	Poor leadership/ trust/support			
Contraband presence	No input into decision-making			
Inmates with mental illness	Inadequate resources			
Riots	Inadequate employment benefits			
	Extended hours			
	Co-worker conflict			
	Understaffing			

Note. Reprinted from *Correctional Officer Safety and Wellness Literature Synthesis*, by

F. F. Valentino and H. P. Smith, H. P., 2017, U.S. Department of Justice, p. 4. Copyright

2017 by U.S. Department of Justice.

According to Valentino and Smith (2017), work-related dangers were the focus of most studies completed. This type of danger includes prison gangs, exposure to infectious and communicable diseases, contraband, disruptive inmate behaviors, riots, and inmates with mental illness. The second category is institutional-related dangers related to correctional officer well-being and safety. The prison administration has a large impact on this category. Examples are low pay, role ambiguity and conflict, insufficient staffing and resources, and extended work hours. Officers are being asked to do more with fewer resources, which elevates their mental health risks. The last category is psycho-social dangers, the most underappreciated and the most understudied aspects of correctional work.

There is a great need for academic research in this area (Valentino & Smith, 2017). Understanding how officers judge the dangerousness of their careers is vital, so research should be expanded. Rigorous research is also needed on correctional officers' wellness programs and identifying gaps in the body of knowledge on their well-being, as few programs have seen empirical scrutiny. Valentino and Smith (2017) also encouraged researchers to study correctional officers' perceptions of workplace safety and well-being.

Harassment and Women in Correctional Professions

Harassment is not alien to women in the workforce and entails increased emotional turmoil, restricted work freedom, and lasting psychological distress (Shahid & Farooq, 2020). Women correctional officers and others in law enforcement experience the workplace quite differently than men. There is a higher risk for several mental

disorders for police officers than the general population, most likely because of the nature of their work (Carleton et al., 2018, 2020; Oliphant, 2016).

An online survey of 1487 correctional service workers focused on mental health challenges (Carleton et al., 2020). The results showed that correctional officers' positions reported elevated risks for mental disorders, primarily PTSD and major depressive disorder. All were screened for mental disorders, with 59.0% of correctional officers screening positive for at least one mental disorder and some for more than one. Even more probation officers screened positive at 63.2%. Women correctional officers were more likely to screen positive than men. PTSD, major depressive disorder, and anxiety were this population's most common mental disorders. Correction officers working in prisons may have experienced more potential psychological trauma than administrators. Parole and probation officers often experience directly and vicariously potential psychological trauma events. Compared to other studies, the frequency of these experiences in correctional officers is consistent (Carleton et al., 2018). A survey conducted by Fusco et al. (2020) showed similar results, concluding that initiatives promoting the well-being of all correctional workers were needed, including managing PTSD. Furthermore, Carleton et al. (2020) emphasized the need for mental health support for all correctional workers, including a national plan of action highlighting research.

When there is an increase in working hours because of uncertain duty calls along with experiences of harassment, subjective well-being deteriorates (Rathore et al., 2019). Shahid and Farooq (2020) revealed that workplace harassment positively correlated with working overload and psychological distress in women police officers. Workplace

harassment was found to be a positive predictor of psychological distress. Ansolegag et

al. (2019) also found a positive association between workplace harassment and

psychological distress Prasanty et al. (2018) found a positive collates between

psychological distress and work overload. Nevertheless, Shahid and Farooq (2020) found

a negative correlation between workplace harassment and work overload. Bullying can

predict psychological distress in women workers (Barnett et al., 2018). Shahid and

Farooq (2020) concluded that a healthy work environment for women police officers

should be promoted, including effective work hours and harassment control strategies to

decrease psychological distress.

According to Svedberg et al. (2017), women police officers also experience

organizational stressors such as discrimination, gender bias, criticism, and sexual

harassment. An *us versus them* mentality is common in police culture, and the subdomain

of police culture is masculinity (Angehm et al., 2021; Eks et al., 2017; Svedberg et al.,

2017). Therefore, women police officers are often perceived as outsiders; thus, they do

not fit in with the old-school officer type (Brown et al., 2019). While being mentored,

women police officers also reported being advised to expect gender-bias discrimination

as early as during police college (Brown et al., 2019). In thematic analysis, Angehm et al.

(2021) revealed six organizational themes concerning the global theme of gendered

experiences in police institutions:

- Discrimination

- Sexual Harassment

- Motherhood and Parental Leave

- Identity

- Stereotypically Feminine Attributes

- Hegemonic Masculinity

These themes of gender norms appear to be detrimental to both women and men police officers and the communities they serve (Angehm et al., 2021). Sexual harassment was reported by all women police officers that either they or someone they knew had experienced. Examples included feeling unsafe with a colleague or a superior officer, being sent pornographic images, or being groped between their legs in a patrol car by their training officer (Angehm et al., 2021). In addition, participants mentioned having sexual objects (i.e., sex-toys) put in their workspaces by their colleagues and receiving a message from a colleague mentioning to them that he was masturbating while thinking of her (Angehm et al., 2021). One participant who was interviewed said,

> We had an inspector, who's a female, come to talk only to the females when I was
> in police college. She gave us this speech and she basically said: "Women in
> policing, get three titles, you're both a bitch, a slut, or you're gay." And so she's
> like, "kind of pick what titles you're going to have. Because these are going to be
> your three titles." And I'm like really? Like that's, like, really disheartening and
> like, gross. But as I went through it, I'm like, that's very true. Another said: "And
> I think as a female, certainly back then, in that male-dominant of "suck it up,
> buttercup" kinda thing, you just think as a female: "Oh I'm just being overly
> emotional." (Angehm et al., 2021, p. 10)

Wellness Policies of the Correctional Officer Profession

Ghaziri et al. (2019) found gaps in the government safety and health guidelines and regulations that address correction worker safety and well-being. The Occupational Safety and Health Administration (OSHA, 2020) provided little oversight of local, state, or federal correctional facilities (Ghaziri et al., 2019). For example, OSHA (2020) rarely cited prison facilities, with only seven states cited in the past 5 years. Only one Bureau of Prisons facility was cited in 2019 (Bublé, 2020). The U.S. Department of Labor (2018) established federal prison regulations for their employees (Federal Bureau of Prisons, 2017).

At the state level, a labor agency or workforce commission establishes oversight. However, correctional facilities may adopt private regulatory guidelines for employees and incarcerated people (Ghaziri et al., 2019). The Correctional Leaders Association (CLA, 2019) is an exclusive American corrections policy group comprising corrections commissioners and directors from the states, military, the Federal Bureau of Prisons (2017), and related equivalents in U.S. territories. The CLA offers leadership development opportunities to address corrections issues and related resources to their members, including sponsorship of a committee on employee wellness to encourage and improve the health and well-being of correctional professionals. Furthermore, private entities such as the American Correctional Association (ACA, 2017) provided optional guidelines and standards for correctional organizations to maintain accreditation. ACA is the oldest association in the world and is a private, non-profit, non-governmental trade entity (Bauer, 2016). Due to the distributed nature of corrections facilities across federal,

state, county, city, and municipal levels in the United States, the introduction of best

practices for employee health protection and promotion is complicated (Ghaziri et al.,

2019).

Ghaziri et al. (2019) showed that a significant historical deficiency had been the

lack of national consensus on best practices and evaluation instruments. There was no

evidence that other agencies had responded to an advanced plan to address multilevel

workplace procedures, resources, and policies described by the NIJ40 (Ghaziri et al.,

2019). Furthermore, recommendations for evidence-based interventions, action plans, and

toolkits for decreasing hazards and health risks were limited (Ghaziri et al., 2019). This

early phase of awareness and the need for more data to fill these gaps was also a

commonality throughout National Corrections Collaborative symposium meetings

(Ghaziri et al., 2019).

Ferdik and Smith's (2017) review of agency priorities for correctional officer

health disclosed that correction organizations focused mainly on the processes affecting

the people incarcerated. There was far less focus on the health and protection of

correctional officers. However, there has been recent attention to correctional officer

health from correctional agencies, including research plans up to 2021 (ACA, 2017;

National Institute of Justice [NIJ], 2016).

Nevertheless, California, Connecticut, and Oregon are early adopters of

correctional officer health promotion. For instance, the Connecticut Department of

Corrections (DOC) took part in a 13-year project to identify and implement evidence-

based correctional officer health solutions titled The Health Improvement Through

Employee Control for Correctional Officers—HITEC.41. The Oregon DOC partnered

with the Oregon Healthy Workforce Center (2019) in conducting a randomized trial study

of a health and safety program employed at four Oregon correctional institutions that

were peer-led and team-centered.

Many correctional institutions in the United States are harmful to the health of

correctional staff and incarcerated people (Ferdik & Smith, 2017). A 2017 survey of

8,334 correctional officers and other staff across multiple correctional and parole

facilities in California documented that 50% of the participants felt unsafe at work

(Lerman, 2017). There were also high rates of chronic illnesses, such as diabetes (22%)

and heart disease (16%). Depression, anxiety, and PSD were also common in addition to

10% of the participants reporting suicidal ideation (Lerman, 2017). Nevertheless, the

health of correctional officers is an understudied area of research (Ahalt et al., 2020).

As a response, various wellness programs for correctional officers have been

implemented (Peters, 2018). However, few officer wellness initiatives addressed the

often violent, dehumanizing, and high-stress culture inside correctional facilities.

Interventions that change the culture are needed to ensure the health and safety of

incarcerated individuals and correctional staff (Ahalt et al., 2020).

Correctional systems outside the United States were considered to take a different

approach to the problem (Coyle & Fair, 2018). Amend is a program based on practices of

the Norwegian Correctional Service policy and was adopted at one state correctional

system that housed residents of all security levels, needs, and backgrounds (Ahalt et al.,

2020). Several training courses were implemented for staff. For example, policymakers

and government officials were enrolled in an immersive program in Norway to learn a radically different approach to correctional work. The results showed that more humane, health-promoting correctional environments enhanced job satisfaction and prison safety. The training was also well-received by the workforce (Ahalt et al., 2020). One participant reported that the training was life-changing for him. Those incarcerated were not trained but did participate in answering questions about their interactions with newly trained correctional officers. Many said the intervention positively transformed their prison experience and better prepared them for life in the community upon release. Another participant stated,

> To my surprise, shock even, I got a lot of support from officers who went above and beyond their job duties, treating us inmates with a measure of humanity and dignity. Then I realized that it may also be time to replace my total us-versus-them mentality. (Ahalt et al., 2020, p. 20)

Non-Western Research and the Science of Well-Being

Non-Western research is emerging, contributing to cross-cultural diversity in the measurement and science of well-being (Kim et al., 2018). Henrich et al. (2010) developed the concept of Western, Educated, Industrialized, Rich, and Democratic (WEIRD) to explain the overreliance in scholarly research with samples primarily made up of populations from WEIRD nations. For example, in psychology, Newson et al. (2021) analyzed six leading psychology journals, which revealed only a slightly lower but still high percentage of studies from English-speaking and European nations (92%) compared with a decade ago, 95%. The slightly lower percentage is primarily due to

studies from Asia (6%). Major developmental journals found that less than 10% of the samples were from outside North America and Europe. Research must stop relying on privileged people, identified as WEIRD, and conduct WILD research, meaning not just *worldwide* but also *In Situ*, *Local*, *and Diverse* (Newson et al., 2021).

Barriers to Interventions for Correctional Officers

Shame is most likely the strongest of all barriers for officers in seeking mental health and wellness behaviors (Heyman et al., 2018). Convenience is another pervasive barrier. Because officers often work shifts, their off hours do not allow them to attend regular mental health meetings, and clinicians do not accommodate night hours, leaving officers unable to schedule consistent meeting times (Heyman et al., 2018). A third barrier is that the types of healthcare provided by many police departments may not offer accessible mental healthcare as providers operate independently across the nation with no centralized standard of care for mental wellness support (Spence et al., 2019; Stuart, 2017).

Wolter et al. (2019) determined that police workplace interventions should focus on decreasing job demands by recruiting more staff or improving work organization. In addition, job resources should be promoted to support officers' well-being. A fair and supportive organizational climate should be realized as it is based on shared values that could promote health and well-being while simultaneously reducing emotional exhaustion. Officers can create team support by identifying with shared values and fostering mutual understanding and trust (Wolter et al., 2019). Hansson et al. (2017)

found a beneficial role of team support in police work and job resources that could buffer job demand-induced emotional exhaustion or burnout.

The well-being of correctional officers has been a concern for a long time due to their difficult, complex environment. Evers et al. (2020) examined research on well-being interventions for correctional officers working in prisons. Various interventions, exercise programs, crisis interventions, and psychoeducational programs were reviewed. According to Trounson et al. (2019), studies have consistently shown that due to correctional officers' workplace environment, they experience multiple and serious adverse effects on their well-being. In addition, given the correctional officer subculture, stress reports have likely been globally underreported in the literature. Correctional officer stress can lead to several adverse effects, such as unsafe practices, poor job performance, higher staff turnover, and higher absenteeism (Clements et al., 2020; Trounson et al., 2019).

Intervention to Increase Well-Being

Overall, prior literature indicates that correctional officers' well-being is an excellent target for intervention (Trounson & Pfeifer, 2017). However, the availability of such programs is seriously lacking. Furthermore, until the systematic review conducted by Evers et al. (2020), the effectiveness of these programs in this type of examination was lacking. A broad range of well-being measures and definitions in prior literature in interventions targeting well-being in prison institutions also need to be clarified (Evers et al., 2020). Lastly, there has often been limited theoretical discussion about key concepts. For example, hostility, violence, and aggression were often used interchangeably without

differentiating or defining the terms. Future researchers must design studies to decrease

bias and use well-validated measures concerning treatment targets that interventions are

expected to address.

Methodological rigor is vitally important. Baseline measures should be

established before the intervention is applied, and a context-specific definition of well-

being should be established. Objective measures that can be used are absenteeism,

turnover, and sick/unplanned leave. Thus, explicit and empirical exploration of well-

being observable outcomes is conducted with more rigor (Evers et al., 2020).

Evers et al. (2020) emphasized that interventions that were contextually

appropriate for correctional officers should be developed, constructed, and implemented

as nearly all studies utilized interventions developed for other populations, such as the

public. These interventions should be grounded in theoretical research that has applied a

wider body of well-being knowledge to the prison context, thereby integrating the unique

stressors and organizational factors affecting correctional officers. Skills learned within

the intervention need to be geared to those helpful to correctional officers in their day-to-

day routine to maximize the chances of successful well-being outcomes. Evers et al.

(2020) concluded that little reliable evidence was found to indicate the effectiveness of

the interventions to improve correctional officers' well-being if prison settings.

According to Atkinson et al. (2017), an aspect of well-being seldom focused on is

community well-being, which includes interactive, collective, and relational factors of

well-being that contrast with most approaches to aggregate individual well-being. From

this perspective, there is a need for both internal and external enhancement of well-being

through interventions specifically focused on community well-being. Cloutier et al.
(2019) listed five factors influencing community welling:

1. Purpose: liking what you do each day and being motivated to achieve your goals.

2. Social: having supportive relationships and love in your life.

3. Financial: managing your economic life to reduce stress and increase security.

4. Community: liking where you live, feeling safe, and having pride in your
   community.

5. Physical: having good health and enough energy to get things done daily. (para.
   10)

It should be highlighted that the stressors of correctional officers from minority
cultural subgroups have seen little research (Trounson et al., 2021). Therefore, Trounson
et al. (2021) began to fill this gap in the literature by reviewing prior research about
Indigenous Australia correctional officers social and emotional well-being in managing
workplace adversity. Protective factors, culturally-specific stressors, and related
responses were collected by thematic analysis of semi-structured interviews with this
population. The results revealed four broad categories: morale, cultural connection,
somatic health, and social functioning.

COVID-19 and Health of Correctional Officers and Incarcerated Persons

Near the beginning of the COVID-19 pandemic, concern grew for correctional
officers and those incarcerated. In the United States, incarcerated people have a
constitutional right to healthcare services equal to community standards (Williams et al.,
2020). Williams et al. (2020) determined that older adults and those with chronic and

serious medical conditions that were incarcerated were at "grave risk of experiencing

serious illness and death due to a COVID-19 infection – just as they would be in the

community" (para. 1). WHO (2004) called on correctional systems globally to take action

to respond to the pandemic in jails, prisons, and other places of detention while protecting

the safety, health, and human rights of both the incarcerated and the correctional

workforce including correctional officers.

   In the United States, over 2 million people are incarcerated. It is almost certain

that the virus will spread given the overcrowded conditions of jails and prisons,

endangering the lives of those who work at these facilities, those who are imprisoned at

them, and the population living close to them. The first recommendation of Williams et

al. (2020) was thorough testing, but COVID-19 tests were delayed and limited throughout

the nation. Even screening guidelines were lacking for employees and incarcerated

persons. Because prisons and jails function the same as outpatient healthcare centers,

facilities, and medical supplies to treat seriously ill patients were also deficient.

   Most incarcerated live in dorms that house 40 to 200 people in big open rooms

without doors (Williams et al., 2020). There are few shared cells, and only one of the

spaces is shared for sleeping, eating, and bath activities. Individualized sanitizer, soap,

and other products that enable protection are absent. Social distancing and limited

quarantine spaces are practically impossible, as the CDC guidelines were not tailored to

these types of facilities. Under these conditions, the widespread transmission will likely

result in a disproportionately high COVID-19 mortality rate (Williams et al., 2020).

Canadian Correctional System and COVID-19

The Canadian correctional system is not much different, as COVID-19 has presented new challenges while exacerbating strains on the system (Ricciardelli et al., 2021). Ricciardelli et al. (2021) conducted researcher nearly 1.5 years into the pandemic, long after the recommendations made by WHO (2004) and Williams et al. (2020). Ricciardelli et al. (2021) focused on decarceration, which was decreasing the size of the incarcerated population and instituting alternatives. The Union of Canadian Correctional Officers (UCCO-SACC-CSN), including the Correctional Service Canada (CSC) at the federal level, requested support from CSC to ensure the safety and health of their members during the pandemic a few months into the pandemic on March 12, 2020. The threat of the contagious virus was one large concern, but so was the mental health of their members because researchers found there was an undeniable negative effect on the social and mental health of people (del Rio & Malani, 2020; Rajkumar, 2020; Torales et al., 2020; Xiong et al., 2020). Only a short time after, the CSC reported outbreaks in prisons of those living and working there. The major response was to release many who were eligible (Statistics Canada, 2020a, 2020b).

Other measures implemented were lockdowns, suspending visits and programming, distributing personal protective equipment, and testing, containing, and detecting COVID-19 (Ricciardelli et al., 2021). These drastic steps were needed but affected the physical, social, and mental health of those housed in and employed by prisons. Now, correctional officers and staff bear the essential services provider label, facing an "unprecedented ongoing challenge" (Ricciardelli & Bucerius, 2020, p. 20).

Many correctional officers were asked to continue to come to work when pandemic outbreaks occur, and others were isolated when not working (Herring, 2020). COVID-19 represents a serious threat to the health and welfare of people who live and work in these facilities (Pyrooz et al., 2020; Kinner et al., 2020; Stephenson, 2020).

Without being asked, about one-quarter of new correctional officer recruits indicated their biggest fear of working in a correctional facility was infectious disease (Ricciardelli & Bucerius, 2020). However, these data predated the COVID-19 pandemic and showed issues with HIV, hepatitis, and tuberculosis. The current pandemic was an added stress likely impacting correctional officers' mental health and well-being (Ricciardelli & Bucerius, 2020).

The Correctional Service Canada (2020) announced on January 7th, 2021, that in the federal correctional system alone, 1,201 incarcerated persons had tested positive for COVID-19. Rapid testing was now more available and likely accounts for at least a part of the increase. On November 4, 2020, 123 federal correctional officers tested positive for the virus (Robertson, 2020). On October 31, 2020, 65% of the population of the Calgary Correctional Center tested positive, which meant 104 of 161. In addition, 20 staff and correctional officers tested positive (Bruch, 2020). At the Headingley Correction Center on November 3, 2020, 86 of the population tested positive, while 24 staff and correctional officers did (Unger, 2020). The reports of outbreaks throughout the country continued (CBC News, 2020; Ghonaim, 2020). Wave two of the pandemic brought more outbreaks in the prison system (Ricciardelli & Bucerius, 2020).

Accordingly, Ricciardelli and Bucerius (2020) made numerous recommendations grouped into four main categories:

- Decarceration

- The needs for those remaining in our institutions, albeit working, living, visiting or volunteering

- Indigenous persons in prison

- The needs of community corrections to support current parole/probation as well as future decarceration efforts. (p. 492)

Ricciardelli and Bucerius (2020) decided to emphasize Indigenous people, even though incarcerated Black Canadians and people of color were important. The focus was on the inequities of incarcerated Indigenous peoples for two reasons. Indigenous people represented the highest incarceration rate of all the subpopulations of Canada, and there were existing policy documents detailing their unique needs. Examples are Truth and Reconciliation Commission's "Calls to Action" and the National Inquiry into Missing and Murdered Indigenous Women and Girls. Foundational to the national inquiry into missing and murdered indigenous women and girls are trauma-informed initiatives (Ricciardelli & Bucerius, 2020).

Violent crimes more severely and disproportionately affect Indigenous populations. Trauma-informed care creates awareness about the sociological and psychological effects of victims suffering from sexual and other violent crimes. Hence, including Indigenous teachings about physical and mental healing was supportive for those who suffered from all forms of unresolved trauma. Based on reform and permanent

changes, Ricciardelli and Bucerius (2020) stated, "The COVID-19 crisis is an opportunity to rethink old practices and reform on a broad scale" (p. 507).

Summary

POS was used as a foundation for this current study. POS sends a message to workers that they will be rewarded for increased efforts (Baran et al., 2012; Eisenberger et al., 1986; Eisenberger & Stinglhamber, 2011). PTSD is at a high rate in correctional officers (Jaegers et al., 2019; Regehr et al., 2019), as is suicide (Milner et al., 2017) and alcohol use (Shepherd et al., 2019). Research has identified strategies to foster worker well-being, such as improvements to the organization of work and the way jobs are structured; greater autonomy, control over job tasks, and flexibility; access to health care coverage, and improving the physical work environment are only some that have been shown to work (Kossek et al., 2018; Maestas et al., 2018).

Several studies concerned the basic processes underlying the connection between workers' behaviors and attitudes and POS (Armeli et al., 1998; Baran et al., 2012; Caesens et al., 2014; Eisenberger et al., 2001; Rhoades et al., 2001). Long work hours were linked to mental, physiological, related health, health behaviors, and no specified health (Wong et al., 2019). An *us versus them* mentality is common in police culture, and the subdomain of police culture is masculinity (Angehm et al., 2021; Eks ̦et al., 2017; Svedberg et al., 2017). The rapidly growing scientific research on well-being indicates broad constructs within well-being (Kern et al., 2019; Mead et al., 2019), as explored further in the current study.

Chapter 3: Research Method

Introduction

The purpose of this qualitative case study was to explore the effects of the employee wellness policy implemented in the state of Oregon in 2018 on reducing stress and improving the health of correctional officers. This chapter includes a description of the methodology, a summary of the research design used in the study, and the rationale for the chosen design. The role of the researcher is also discussed, followed by the methodology, trustworthiness issues, and a summary.

The overarching research question that guided this study was as follows:

RQ: What are the effects of the employee wellness policy implemented in the state of Oregon in 2018 in reducing stress and improving the health of correctional officers?

The following sub questions were developed to address the overarching research question>

SQ1. What are the perceptions of correctional officers about the organizational support for employees to improve their overall health?

SQ2. How do correctional officers in the state of Oregon perceive their wellness policy for reducing stress?

SQ3. What are the recommendations for improving the effectiveness of the current employee wellness policy in the state of Oregon from the perspectives of correctional officers?

Research Design and Rationale

The phenomenon under investigation in this study was the wellness of correctional officers in Oregon following the implementation of an employee wellness policy in 2018. This study used a qualitative single case study design. Qualitative methods gather in-depth data from the perception of those who experience a phenomenon to understand the complexities of a given phenomenon (Flick, 2019). Qualitative methodologies do not involve numerical values and statistical analysis to make sense of a phenomenon (Silverman, 2016). Qualitative studies are narrative and take a text-based approach to understanding a phenomenon that relies on themes, usually from detailed narratives, to understand the phenomenon's essence (Silverman, 2016). Through exploration of these themes, the core processes or features of a phenomenon or experience can be uncovered (Silverman, 2016). A qualitative methodology was appropriate for this study because it encouraged participants to reflect on their experiences and use their perceptions to make sense of a phenomenon or experience (e.g., Silverman, 2016).

This study used a case study design, which focuses on a particular research problem rather than a comparative inquiry or statistical survey (Yin, 2014). A case study design was appropriate for research focused on exploring a phenomenon based on participants' perceptions, such as the current study. According to Harrison et al. (2014), a case study design allows me to collect adequate information on the research problem more than any other research design, thereby increasing the quality of the research findings. Moreover, I used a case study to explore a phenomenon in-depth because of the

ability to use multiple data sources for this qualitative methodology (see Yin, 2014). This

study collected data from three sources: (a) semi-structured interviews, (b)

questionnaires, and (c) document review.

In single case studies, a researcher explores a single case rather than multiple

cases to describe the phenomenon (Lobo et al., 2017). Single case studies are an

alternative approach to extensive group studies (multiple case studies) when a researcher

wishes to examine the perceptions of a smaller group of participants (Lobo et al., 2017).

As a research design, single case studies can contribute to the knowledge of related

organizations or phenomena rather than attempting to capture a representative experience

of an entire population (Yin, 2014). A single case study was appropriate because I was

interested in the study participants' individuality and wished to understand their

perspectives (see Stake, 1995).

Other research designs were considered for this study but were less appropriate.

Phenomenology was one of the designs considered. Phenomenology is used to explore

human participants' lived experiences in-depth to make sense of a phenomenon (Yin,

2014); however, this study focused on the effects of the employee wellness policy

implemented in the state of Oregon in 2018 in reducing stress and improving the health

of correctional officers. Therefore, phenomenology was inappropriate. Another design

consideration was grounded theory. The grounded theory involves using data collected

and analyzed systematically to develop a theory about a topic (Yin, 2014). However, a

case study was preferred over grounded theory because the purpose of the current study

was not to develop a theory. Narrative inquiry, which involves using data on events in

proper order, was also considered; however, this design was also found inappropriate for this study because the purpose of the study was not to present chronological narratives of the participants' experiences (see Yin, 2014). In this study, I was less interested in how correctional officers' working conditions revised by the 2018 wellness policy describe their life-worlds as how they described their experiences working. An ethnographical approach was inappropriate in this study as an ethnographer would immerse themselves in a community and explore emerging themes. In exploring the emerging themes, an ethnographer does not seek to explain a particular phenomenon but is guided by what arises naturally from their observations (Flick, 2019).

Role of the Researcher

Unlike quantitative research, where the role of the research is intentionally minimized, the role of the qualitative researcher is that of an instrument of the research process (Simon, 2013). Biases, assumptions, and expectations must be checked and dealt with for integrity and commitment to the process of qualitative research. For example, assumptions based on my experience can affect how data are collected, applied, and interpreted in qualitative research. As a former correctional officer for over 3 years, I was cognizant of not allowing personal opinions to guide the interpretation of the data. Researcher bias borders ethical boundaries and could result in skewed data based on the preconceptions of the inquirer. This type of bias seriously threatened the validity of the research findings.

My role as the researcher in this study was to facilitate all portions of the research and participate in the data collection phase. My only interaction with the participants in

this study was setting up interviews, interviewing them, and conducting member checking. I had no prior personal or professional relationship with the participants. This process ensured that power differentials related to personal details about the participants did not occur. Additionally, I did not share personal perspectives regarding the topic of study with the participants to ensure that their personal opinions did not skew their interview responses. I also followed the interview protocol closely and ensured that questions were not asked in a leading manner. The data were reviewed and re-reviewed prior to coding to avoid codes that did not effectively represent the meaning of the data. All data collection and analytic methods were recorded in a journal (see Flick, 2019). Lastly, I ensured data accuracy by mailing the participants' interview transcripts, allowing them to correct and clarify where necessary.

Methodology

Participant Selection

The target population of interest included 15 correctional officers at three of the Oregon Department of Corrections prisons in Oregon. The inclusion criteria included participants who were (a) full-time correctional officers, (b) with a minimum of 5 years of relevant experience, and (c) employed or formerly employed in an Oregon Department of Corrections high-security prison. In qualitative studies, five to 15 participants are enough to reach data saturation (see Flick, 2019). Data saturation refers to the point at which no new themes arise from additional participants, and it is unlikely that new information will emerge through further data collection (Flick, 2019). I continued to collect data in this study until data saturation had been reached.

Purposive sampling was used to meet this sampling criterion in this study. Purposive sampling was preferred for the current study as I focused on specific characteristics of the research population: correctional officers in Oregon with at least 5 years of experience. Purposive sampling involves recruiting individuals with specific characteristics aligned with research requirements (Flick, 2019). This approach is useful as it allows a researcher to recruit participants who can provide relevant information to address a study's research questions because of the chosen individuals' skills or characteristics that align with the topic (Flick, 2019).

Moreover, this sampling technique is more appropriate when a researcher must target a specific group of participants to address the research questions (Flick, 2019). With this type of sampling, I aligned the sample and the phenomenon with directed interaction. Therefore, using a purposive sampling technique was appropriate for this study. I ensured participants met the selection criteria by asking all individuals interested in participating in the study if they met the study criteria. If any individual did not meet one or more of the criteria, they were thanked for their time and interest but were not included in the study.

Instrumentation

Researchers conducting qualitative research serve as the primary data collection instrument (Flick 2019). Accordingly, in the current study, I was responsible for employing the primary data collection methods utilized within the study: one-on-one semi-structured interviews, a qualitative questionnaire, and a document review. Researchers often serve as the sole data collection instrument when conducting

interviews in support of qualitative research (Flick 2019). I designed the interview

protocol utilized in this study. In addition, I was responsible for asking follow-up

questions, collecting responses, observing participants, securing data, and maintaining

participant confidentiality. Placing the burden upon the researcher to develop follow-up

questions is consistent with semi-structured interview techniques (see Flick 2019).

To ensure the validity of the interview protocol and qualitative questionnaire, the

I asked three dissertation team members with experience in qualitative studies to review

the interview protocol and qualitative questionnaire before deployment with participants.

This expert review helped increase the validity of the instruments by assuring that the

instruments were well designed to collect the intended data. I implemented the panelists'

feedback to improve the protocols before beginning data collection. The data collection

instrument in this study included a researcher-created interview protocol.

Procedures for Recruitment, Participation, and Data Collection

I gained Institutional Review Board (IRB) approval before beginning data

collection, which was drawn from correctional officers at three of the Oregon Department

of Corrections prisons in Oregon. The process began after seeking site authorization at

the selected study site. First, I approached the warden of the prison via email and asked

for permission to conduct the study. Within this email, I included information about the

study, particularly how the data were protected and the purpose of the study.

If site authorization was granted, I requested the email addresses of all the

correctional officers working at the prison. If site authorization was not granted, the I

selected a new potential study site in another Department of Corrections high-security

prison in Oregon and sought site authorization using the same method. Once site authorization was achieved, I emailed all correctional officers there. That email included information about the study, how the participants' data were protected, and the criteria for study participants. This email included the my contact information and a request that interested participants contact me directly by phone or email. My email address used to send and receive participants' emails was password protected, and participant emails or names were not shared with anyone. Furthermore, I deleted all participant emails from email inboxes and deleted folders after the interviews were completed to prevent a breach of confidentiality.

Then, I screened everyone for eligibility to participate in the study. To be eligible, participants must have been (a) full-time correctional officers, (b) with a minimum of 5 years of relevant experience, and (c) employed or formerly employed in an Oregon Department of Corrections high-security prison. I confirmed that participants were eligible by asking them if they met each of the three inclusion criteria for the study. Participants responded to these questions with a *yes* or *no* answer. If they were eligible to participate in the study, I sent each participant an informed consent form to sign before participating in an interview. I then scheduled a virtual, one-on-one, and semi-structured interview with each eligible participant and sent them the qualitative questionnaire. All participants filled out the qualitative questionnaire in their own time.

All interviews occurred via Zoom due to the ongoing COVID-19 pandemic. Participant confidentiality was ensured as I conducted the interviews in a private room to avoid being overheard. I also included a password for each Zoom interview so only the

participant and I could join the meeting, and at a time each participant indicated was convenient.

Once each interview was scheduled but before the start of the interview, I emailed each participant the informed consent form. The form described that participation in the study was voluntary, and that the participant could quit the study at any time or choose not to answer any question. I asked the participant if the schedule had been received, and if they had read the informed consent sheet via email or during the interview. I also reviewed the informed consent sheet with each participant at the start of each interview. All interviews were recorded using Zoom's meeting recording feature. Also, I asked permission from the participant to record the interview before beginning the recording.

After each interview, I transcribed each audio recording verbatim and then emailed a copy of the transcript to each participant. Participants were allowed to make corrections or clarifications to the transcript to ensure data accuracy. After each transcript was approved, all identifying information was removed. Each participant was assigned a code name (e.g., P1, P2, P3, etc.). The data were uploaded to NVivo 12, a qualitative coding software, for coding and organizational purposes.

Data collection for the document review involved collecting all public documents from the correctional facility's public website. I downloaded all information about the facility online, including policies posted on their website and news articles about the facility. This process included the wellness policy implemented in the state of Oregon in 2018. I also asked the facility to share additional policy information that might not be available online, such as memos to employees about the wellness policy. Data collection

occurred for 4 weeks. If enough participants to reach data saturation were not collected during that time, the data collection period was extended. If enough participants could not be found at the study site, I added study sites using the same methods.

Data Analysis Plan

Data were analyzed using Braun and Clarke's (2014) thematic analysis process. Thematic analysis was inductive and consisted of identifying and labeling patterns that emerged from the data during repeated review and comparison (see Lochmiller, 2021). The steps of the thematic analysis procedure were as follows: (a) reading and rereading the data in full to gain familiarity, (b) identifying patterns of meaning in the data as initial codes, (c) grouping similar initial codes into themes, (d) reviewing and refining the themes, (e) naming and defining the themes to indicate their relevance as answers to the research questions, and (f) creating a presentation of results.

In Phase 1, reading and rereading the data fully to gain familiarity, I read and reread all the transcripts, questionnaire responses, and text documents collected during the document review (Clarke & Braun, 2014). I ensured they were deeply familiar with the data and generated some initial thoughts about it from this process. In Phase 2, identifying patterns of meaning in the data as initial codes, I coded all sections relevant to the research questions into smaller chucks of meaning (see Clarke & Braun, 2014). These codes were informed by my initial thoughts gleaned from Step 1. In Phase 3, grouping similar initial codes into themes, I reviewed each initial code to consider how they related to one another and combined them into larger themes (see Clarke & Braun, 2014). These themes captured something significant about the data and research questions. In Phase 4,

reviewing and refining the themes, I reviewed the developed themes and the chunks of text within each theme and refined the themes, combined themes when appropriate, split themes when they grew divergent, and removed themes that were not supported by the data (see Clarke & Braun, 2014). In Phase 5, naming and defining the themes to indicate their relevance as answers to the research questions, I attempted to capture the essence of each theme, considered what the theme meant, what subthemes existed within themes, and how those subthemes interacted with the main theme (see Clarke & Braun, 2014). In the final stage of coding, creating a presentation of results, I wrote up the findings (see Clarke & Braun, 2014). When at least 15 participants' interview data and qualitative questionnaires were analyzed using the process identified by Braun and Clarke (2014), and when analysis of data from the last two consecutive participants yielded no new themes or insights, I judged that data saturation was achieved, and data collection and analysis was complete.

Issues of Trustworthiness

I ensured the study's credibility by intervening with at least 15 participants by reaching data saturation. Data saturation is when no new or novel information is being collected from participants (Rubin & Rubin, 2012). By reaching data saturation, I assured that the sample participants did not misrepresent the population and that the data were not skewed by unique experiences not generally experienced by others. Although each participant's experiences were unique, reaching data saturation ensures that the experiences described by participants were at least relatable to others within the population. Reaching data saturation also helped ensure the transferability of the data.

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I ensured dependability by transcribing participant interviews verbatim and asking each participant to review their transcripts upon completion. This process ensured that the participant or I did not accidentally misrepresent the data. Because the participants could clarify their remarks after, member-checking helped ensure that participants believed the statements accurately represented their experiences. Data were coded by identifying meaning units. After initial coding, I reviewed the codes and transcripts, refining codes as the data required and ensuring that coding drift did not occur. As my understanding of the themes and codes emerged from the data, coding drift might occur and should be corrected. Coding drift refers to the phenomenon where a code might mean something different at the beginning of coding than it did at the end (Ratajcyk et al., 2016). By adjusting the codes as necessary, I ensured that the codes remained consistent throughout coding and that another researcher could replicate the coding process, thus establishing confirmability. I further ensured confirmability, carefully followed the study methods outlined for the study, and noted any necessary deviations from the plan.

Trustworthiness was further established through data triangulation. This study included three forms of data: semi-structured interviews, qualitative questionnaires, and document review. Triangulation was used in this study to develop a comprehensive understanding of the phenomena (see Carter et al., 2014). Triangulation was a qualitative research strategy used to test the validity by converging information from different sources.

Triangulation can be used in four different ways: triangulation, investigator triangulation, theory triangulation, and data source triangulation (Carter et al., 2014). This

study used method triangulation. Method triangulation involves using different data collection methods, including interviews, questionnaires, and document reviews. I contextualized the participants' experiences by utilizing these three data types. Because interviews produced a large amount of complex and nuanced data, it increased the study's validity; such data collection helped me establish a multifaceted view of the phenomenon within its context.

Ethical Procedures

The study proposal was reviewed and approved by my IRB before the recruitment of participants began. I acquainted participants with the terms of informed consent during initial phone contact. Participants acknowledged receipt of the informed consent form before any data were collected.

Participation in the study was entirely voluntary. Participants were informed that they could withdraw at any time, or refuse to answer any question, for any reason, with or without informing me of the reason. There were no negative consequences for withdrawing from the study. There were no incentives for participating other than knowing that findings could provide insights into the impact of Oregon's 2018 wellness program for correctional officers.

Participants' identities were kept confidential. Names and all potentially identifying details were omitted from interview transcripts, and recorded interviews were stored on a password-protected flash drive accessible only to me. The participant's contact number for setting up interviews was recorded during the data collection phase. However, as soon as the data were finalized, the number was deleted from my records.

Participants' names were replaced in transcripts with alphanumeric codes (i.e., P1, P2,

etc.). Signed informed consent forms were stored in a locked filing cabinet in a private

office to which only I had access. I will store all data on their personal, password-

protected computer for at least 5 years before destroying the data.

Finally, the study followed the principles of the *Belmont Report* (U.S. Department

of Health and Human Services, 2021). The *Belmont Report* outlined several key

principles I followed with this research. These principles included maintaining respect for

participants, beneficence, and justice (U.S. Department of Health and Human Services,

2021). I treated each participant with dignity and respect (U.S. Department of Health and

Human Services, 2021). I treated each participant courteously, answering their questions

honestly and following through on all promises made to participants, such as keeping

their data confidential and accurately representing their experiences (see U.S. Department

of Health and Human Services, 2021). I ensured beneficence by treating all participants

equally. Participants were asked the same protocol questions, and their data and

confidentiality were handled similarly (see U.S. Department of Health and Human

Services, 2021). Finally, I ensured that justice was accomplished by sharing the research

results with each participant and the academic community (see U.S. Department of

Health and Human Services, 2021).

Summary

The purpose of this qualitative single case study was to explore the effects of the

employee wellness policy implemented in the state of Oregon in 2018 in reducing stress

and improving the health of correctional officers. The data used in this study consisted of

semi-structured interviews, qualitative questionnaires, and a document review. The study aimed to examine the policy's effectiveness in supporting healthy lifestyles to improve productivity and morale while reducing sick leave usage and workplace injuries. Following generic case studies, I served as the primary data collection instrument (see Englander, 2012). I adhered to the research guidelines set by the IRB and sought permission from the Oregon Department of Corrections to conduct this study. During the study, the confidentiality of participants was protected to prevent their identity from being compromised. I verified the data to achieve trustworthiness through credibility, transferability, dependability, and confirmability.

Chapter 4: Results

Introduction

The purpose of this qualitative case study was to explore the effects of the employee wellness policy implemented in the state of Oregon in 2018 in reducing stress and improving the health of correctional officers. The following research question (RQ) and sub questions (SQs) were used to guide this study:

RQ: What are the effects of the employee wellness policy implemented in the state of Oregon in 2018 in reducing stress and improving the health of correctional officers?

SQ1. What are the perceptions of correctional officers about the organizational support for employees to improve their overall health?

SQ2. How do correctional officers in the state of Oregon perceive their wellness policy for reducing stress?

SQ3. What are the recommendations for improving the effectiveness of the current employee wellness policy in the state of Oregon from the perspectives of correctional officers?

This chapter includes the following sections: (a) study setting, (b) demographics, (c) data collection, (d) data analysis, (e) evidence of trustworthiness, (f) results, and (g) summary.

Setting

Qualitative data collection through one-to-one, semi-structured interviews were conducted through Zoom's online videoconference application. The interviews were

scheduled at the participants' convenience to ensure that they would have adequate time to provide detailed responses. Prior to the start of each interview, I provided each participant with a password to the videoconference to protect confidentiality by ensuring that only the participant could join. As an additional means of protecting the confidentiality of the participants' identities, I conducted the interviews in a closed room where no other people were present. The participants were also invited to join the videoconference from a safe location where they had privacy. There were no known personal or organizational conditions that influenced participants or their experience at the time of study that would influence the interpretation of the study results.

Demographics

The participants were a purposive sample of nine correctional officers at three Oregon Department of Corrections prisons in Oregon, the United States. All participants met the following inclusion criteria: (a) full-time correctional officers, (b) with a minimum of 5 years of relevant experience, and were (c) current or former employees in an Oregon Department of Corrections high-security prison. Table 2 indicates the relevant demographic characteristics of the individual study participants.

Table 2

Demographics

Participant	Position in the Oregon Department of Corrections at time of study	Years of experience as a correctional officer
P1	Correctional officer	14
P2	Instructor	14
P3	Correctional officer	14
P4	Correctional officer	13
P5	Lieutenant	11
P6	Sergeant	18
P7	Correctional officer	13
P8	Correctional officer	16
P9	Sergeant	12

Data Collection

A single one-to-one, semi-structured interview was conducted with each of the nine study participants. The data collection setting was the online videoconference application Zoom, which the participants could access from any location where they had a stable internet connection. The average duration of the interviews was approximately 30 minutes. The interviews were audio recorded using Zoom's meeting recording feature. There were no variations from the data collection plan presented in Chapter 3, and no unusual or unexpected circumstances were encountered during data collection.

Data Analysis

I transcribed the audio-recorded interviews verbatim into Microsoft Word documents. The transcripts were member-verified by email before being uploaded into NVivo 12 software for analysis. The analysis was conducted using the inductive, thematic procedure recommended by Clarke and Braun (2014) using the following steps: (a) reading and rereading the data in full to gain familiarity, (b) identifying patterns of meaning in the data as initial codes, (c) grouping similar initial codes into themes, (d)

reviewing and refining the themes, (e) naming and defining the themes to indicate their relevance as answers to the research questions, and (f) creating a presentation of results. As the first step of the analysis, the data were read and reread fully to gain familiarity with the contents. Notes were made regarding potential points of analytical interest, including preliminary thoughts about patterns of meaning within and across interview transcripts. Repeated words, phrases, and ideas were noted as starting points for code development.

The second step of the analysis involved developing initial codes. First, the data were broken into chunks, each expressing one meaning relevant to addressing a sub question. P1 provided the following example of a data chunk: "Supposedly there's other options out there as far as talking to counselors and stuff like that, but the access to that seems really difficult." A total of 83 relevant data chunks were identified across the nine transcripts.

Next, the data chunks were sorted into inductive codes. Inductive coding was performed by assigning data chunks with similar meanings to the same code. The data chunk quoted from P1's interview was assigned to a code labeled, "difficult to access care." As an example of this process, P2 stated, "It's just hard to find a therapist, period … The problem is there's a serious critical understaffing of mental health services in this area." P2's statement, like P1's statement, indicated that accessing the care ostensibly available to correctional officers through the employee wellness policy was difficult. P2's statement was assigned to the same code as P1's statement. In total, the 83 data chunks

were assigned to 14 codes. Table 3 indicates the initial codes and the number of data

chunks assigned to them.

Table 3

Initial Codes

Initial code (alphabetical)	Participants contributing ($N = 9$)	Data chunks assigned ($N = 83$)
Address staffing shortage	5	15
Administration should be more aware of line conditions	6	11
Care available for critical incidents	2	3
Difficult to access care	5	5
Little or no physical health care	8	11
Poor stress-reduction support	9	13
Promotion of a healthy lifestyle	3	4
Raising awareness about stress	2	2
Uncomfortable asking for help	6	6
Unpaid peer support team to address mental health	3	4

The third step of the analysis consisted of grouping similar initial codes into

themes to identify a smaller number of more comprehensive patterns of meaning in the

data. As an example of this process, the code "difficult to access care" was identified as

related to five other codes, including: (a) easy to access mental health care, (b) poor

stress-reduction support, (c) raising awareness about stress, (d) uncomfortable asking for

help, and (e) unpaid peer support team to address mental health. These codes were

identified as related because they all indicated the employee wellness policy's effects (or

lack thereof) in reducing stress. They were grouped to form a preliminary, inductive

theme: "stress reduction." It should be noted that two of the codes included in this

preliminary theme contradicted each other. The code "difficult to access care" included

data contradicting the data assigned to the code "easy to access mental health care." This

contradiction was addressed by noting that the code "difficult to access care" had

attestation from five participants, a majority of the sample, whereas "easy to access

mental health care" had attestation from only one participant, a small minority of the

sample. The code "easy to access mental health care" was identified as discrepant data

that diverged from the perceptions of most of the participants. Table 4 indicates how the

initial codes were grouped to form the preliminary themes.

Table 4

Grouping of Initial Codes into Preliminary Themes

Preliminary theme Initial code grouped into theme	Participants contributing ($N = 9$)	Data chunks assigned ($N = 83$)
Supports to improve overall health	9	18
Care available for critical incidents		
Little or no physical health care		
Promotion of a healthy lifestyle		
Supports to reduce stress	9	31
Difficult to access care		
Discrepant data - Easy to access mental health care		
Poor stress-reduction support		
Raising awareness about stress		
Uncomfortable asking for help		
Unpaid peer support team to address mental health		
Recommendations	9	34
Address staffing shortage		
Administration should be more aware of line conditions		
Make help-seeking mandatory		
More flexible vacation scheduling		
More sick leave		

The fourth step of the analysis involved reviewing the themes. Each theme was reviewed to ensure that it represented only one idea, rather than multiple ideas that would be more appropriately presented as two or smaller themes. The themes were also compared to each other to ensure that they represented distinct ideas and would not be more appropriately grouped into a smaller number of themes. Lastly, the themes and initial codes were checked against the original transcripts to ensure they represented patterns in the participants' words.

In the fifth step of the analysis, the themes were named. Naming the themes involved reviewing the data assigned to each preliminary theme to assess its significance as an answer addressing a research sub question. The themes were then named to clarify their significance as answers to the sub questions. Table 5 indicates the names assigned to the preliminary themes.

Table 5

Naming of Preliminary Themes

Preliminary theme label	Final theme name
Supports to improve overall health	Theme 1: Little or no support is available to improve overall health.
Supports to reduce stress	Theme 2: Policy is ineffective for reducing stress.
	Theme 3: Address staffing shortage.
Recommendations	Theme 4: Make help-seeking mandatory.
	Theme 5: Make administration more aware of line conditions.

The sixth step of the analysis involved presenting the results by writing Chapters 4 and 5 of this study. The results section of this chapter is a more detailed presentation of the findings. Discussion, interpretation, and conclusions are presented in Chapter 5.

Evidence of Trustworthiness

Trustworthiness was established through procedures used to strengthen its four components: credibility, transferability, dependability, and confirmability. Credibility was strengthened by reaching data saturation during the data analysis. Data saturation was achieved when enough participants were interviewed so that analysis of data from additional interviews ceased to yield new themes and insights (Rubin & Rubin, 2011). In this study, analysis of the interviews from P8 and P9 resulted in identifying no new codes or themes, so data saturation was achieved with nine participants.

Transferability was supported by stating the inclusion criteria for the sample in Chapter 3 and the present chapter and ensuring all participants met the inclusion criteria. Transferability was further supported by reporting the sample's demographic characteristics in the present chapter to enable the reader to compare the sample in this study to other samples on a case-by-case basis. Dependability was strengthened by presenting descriptions of the study procedures in Chapter 3 and the present chapter and by following those procedures while conducting the study. This was that the procedure's integrity may be verified, if desired, by replicating them in the same research context. Confirmability was strengthened by including direct quotes from the data in the Results section of this chapter as evidence for all findings, so that the reader may verify confirmability independently by comparing my interpretations to samples of the data from which they were derived.

Results

The overarching research question used to guide this study was the following:

What are the effects of the employee wellness policy implemented in the state of Oregon

in 2018 in reducing stress and improving the health of correctional officers? This

research question was addressed by answering the three sub questions derived from it to

further focus the study. This presentation of the results is organized by research sub

question, with the theme used to address each sub question presented under the heading

for the question. Table 6 shows how the themes were used to address the sub questions.

Table 6

Themes Addressing Research Sub Questions

Sub question	Theme used to address sub question
SQ1. What are the perceptions of correctional officers about the organizational support for employees to improve their overall health?	Theme 1: Little or no support is available to improve overall health.
SQ2. How do correctional officers in the state of Oregon perceive their wellness policy for reducing stress?	Theme 2: Policy is ineffective for reducing stress.
SQ3. What are the recommendations for improving the effectiveness of the current employee wellness policy in the state of Oregon from the perspectives of correctional officers?	Theme 3: Address staffing shortage.
	Theme 4: Make help-seeking mandatory.
	Theme 5: Make administration more aware of line conditions.

Sub Question 1

SQ1 focused on the participants' perceptions of the organizational support for

employees to improve their health. One theme was used to address this sub question. The

theme was the following: Little or no support is available to improve overall health.

Theme 1: Little or No Support is Available to Improve Overall Health

All nine participants contributed data to this theme. Almost all participants stated

that little or no support was available for employees to improve their overall health under

the employee wellness policy. A few participants noted efforts to promote a healthy

lifestyle, such as incentives for exercising and emails with advice about healthy eating.

However, those participants did not perceive the promotion efforts as meaningful forms

of support. Two participants also noted that adequate support was available in the

immediate aftermath of critical workplace incidents but that follow-up after such events

was negligible.

Eight out of nine participants reported that employees received little or no support

for improving their overall health under the employee wellness policy. P2 said, "I would

say physical health, really, it's kind of you're left to your own devices…our own physical

health is on us." P8 expressed the perception that supports for overall health had not

improved with the implementation of the employee wellness program in 2018:

It's [support for overall health is] the same as when I started 16 or 17 years ago. I

don't think nothing's really changed . . . a lot of staff members feel, and I feel,

they [administrators] just go into the motions, just to say they cover the bases in

certain parts for health and wellbeing. But a lot of us, including myself, don't feel

that. They're not there for us. We're just a number, we're just a staff member on

the unit on this prison here, but do they really care about us? We feel they don't.

P9 said of support for overall health under the employee wellness plan, "I would

describe it as being poor." P4 said that in relation to overall health, employees received,

"Not a whole lot of support from DOC [Department of Corrections]." P4's perception differed partly from that of P8, who, in the previously quoted language, reported no change in support for improving overall health when the employee wellness plan was implemented in 2018. P4 said that in 2018, when the program was initiated, "in the beginning, they were all about staff wellness, we care about you, family comes first." However, P4 believed that the attitude of administrators toward supporting employees' overall health changed during the COVID-19 pandemic, when vaccines were mandated, and many employees quit in protest. P4 expressed the perception that after many employees quit, administrators shifted their priorities from supporting the overall health of the remaining employees to mandating sufficient overtime to compensate for the staffing shortage, regardless of the consequences for employee wellbeing:

> It was now no longer about staff wellbeing, and "We care about you," and, "Your health and family comes first." Now it's, "This is the way it is. If you don't like it, you can leave, and you have to work so many hours over time. It doesn't matter how it affects you, it doesn't matter how it affects your family life. If you don't like it, go find somewhere else to work." And it is still like that.

Thus, although some participants disagreed about whether the employee wellness plan initially increased support for employees' overall physical health, the participants agreed that at the time of the study, little or no support was available.

Three participants indicated that administrators made some efforts to promote healthy lifestyles among employees, including sending emails with health tips, having incentives for exercise, and displaying posters with health tips in the workplace. The

participants did not believe that these efforts constituted a meaningful form of support. P2

expressed skepticism about the value of emails: "We get emails all the time talking about

how to reduce stress and improve your life, go for long walks, enjoy nature. Do this. It's

all bullshit because when do I have time to do that?" P2 said of classes and insurance

premium discounts:

> I would say physical health, really, it's kind of you're left to your own devices.
>
> They give you a little bit of a discount [on insurance premiums] if you go work
>
> out and prove it. But other than that, our own physical health is on us. We just get
>
> a lot of classes on eating right, dieting, that kind of stuff.
>
> P7 said of efforts to promote a healthy lifestyle, "There's lots of things for people

to do. There's posters everywhere, there's emails, there's all kinds of stuff. The

information is out there." Like other participants, P7 did not believe these promotion

efforts were a meaningful form of support: "There's no substance to it. It's just kind of

like how people look at the emails nowadays. Like, 'Oh, okay.' We get a thousand emails

every day . . . the way they advertise is very impersonal."

Two participants indicated that support was available immediately after a critical

workplace incident. P2 said, in a representative response,

> The one piece I'll say the department does really, really well is if we have a very
>
> traumatic incident, they do make sure to touch in with us, every single one of us
>
> that was a part of it, and make sure, at least touch base with us.
>
> P1 agreed that support in the immediate aftermath of an incident was strong.

However, he added that there was little to no follow-up after the initial check-in: "In a

moment of an incident, [support is] pretty available . . . [But] it seems like the follow-up

is just not really prevalent . . . The follow-up really isn't that strong." Thus, participants

did not regard support for their overall health as meaningful or significant, despite efforts

of administrators to promote a healthy lifestyle through advertisements such as posters

and emails. A few participants described critical incident follow-up as initially strong but

discontinued after the first check-in.

Sub Question 2

SQ2 was focused on how the participants perceived their wellness policy for

reducing stress. One theme was used to address this question. The theme was the

following: Policy is ineffective in reducing stress.

Theme 2: Policy is Ineffective for Reducing Stress

All nine participants contributed to this theme. As with support for overall health,

the participants described support for stress reduction as minimal under the employee

wellness policy. Employees were given access to resources, such as therapy sessions, but

in practice, those resources were not accessible. Support for stress reduction was limited

to an unpaid peer support team. Additional stress-reduction barriers were correctional

officers' workplace culture, which the participants described as discouraging help-

seeking.

All nine participants reported that support for stress reduction was minimal. P3

said of the minimal efforts for reducing stress, "It's all lip service. We get emails all the

time talking about how to reduce stress and improve your life, go for long walks, enjoy

nature. Do this. It's all bullshit." P8 also described awareness-raising emails as the only

support for employee stress reduction and expressed skepticism about their value: "They [administrators] shoot little emails out, but everybody just auto-deletes it, 'cause there's no weight behind it. They'll send out emails, videos, a picture of the mountain or picture of a river . . . It's almost a joke." P4 also described support for stress reduction as limited to email communications:

There's a lot of talk [via email], but when it comes time to actually do what needs to be done, it's not going to happen. They'll say, "We'll do what we need to do to make sure you get the help you need," but then there's no follow-through . . . My honest opinion is, all of that, "We care about staff, we care about staff wellness," it's all to make themselves look good. I think that's the bottom line.

P6 reported that the employee wellness plan and other initiatives like it had no effect on reducing employee stress and that employees were skeptical of such efforts:

Very few people that are line staff believe that anyone in management, quite honestly, gives a shit about how they feel . . . I honestly think that the senior staff are practically a lost cause in trying to implement culture change.

P5 expressed the perception that efforts to provide stress-reduction resources immediately after a critical incident were not meaningful:

The management will just kind of come by [after a critical incident] and say, "Hey, anybody want to talk to anybody?" And in the moment, most people will be like, "Oh, no, no, I'm good, I'm good." And then they [managers] just move on, and they check the box that they've asked. And by definition, they have done their

job, but they don't really, truly seek out those [correctional officers] that are

holding back and affected a bit more.

P1 agreed with other participants' perceptions that administrative efforts to

support stress reduction were not meaningful to staff: "I really think the administration

probably really thinks they're really trying and taking it seriously, but it just kind of falls

flat . . . they don't get the whole picture." P2 indicated that efforts to raise awareness

about stress and its potential effects were not meaningful:

> Thank you for making me more aware that I have a mental issue. But then once
>
> you get to that point, you're still left to your own. You've got your own time to
>
> manage it. You've got your own resources on the outside you've got to chase.

The employee wellness plan was intended to give employees access to stress

reduction resources such as therapy sessions. However, most participants indicated that

those resources were not accessible in practice, and only one participant disagreed and

indicated that the resources were accessible. P1 said the following of supports for stress

reduction: "Supposedly there's options out there as far as talking to counselors and stuff

like that, but the access to that seems really difficult." P2 provided corroborating data

regarding the unavailability of therapy resources, saying, "We have free [therapy]

sessions we can go to . . . The state gives us a lot of avenues. The problem is, there's a

serious, critical understaffing of mental health services in this area." P1 and P2 did not

report that they had attempted to access counseling services, but P6 described

experiences of trying and being unable to access mental health care under the employee

wellness plan:

It's very burdensome and tedious and time-consuming and bureaucratic to try to

get a counselor session . . . I contacted EAS, the Employee Assistant Services, to

try and find a counselor . . . They sent me a list of groups, and all the groups were

either religion-based, which is not something I was interested in . . . and the other

ones that weren't [religion-based] weren't accepting new clients. So, EAS was

literally sending me out lists of counselor services who weren't accepting new

clients. And that is not just next to worthless, that is actively inhibiting me from

even wanting to pursue it further.

One participant, P3, provided discrepant data indicating that counseling services

were accessible. Like P6, P3 spoke from personal experience, saying, "I went and talked

to a few of the counselors, and it was a resource that I did use, and I think I gained quite a

bit from." P3 said of the resource overall, "If you want to go see a counselor and talk

about your problems or substance abuse or things like that, the state will pay for a few

meetings, or a few appointments. And accessing those really isn't difficult." The data did

not indicate why P3 and P6 reported different experiences regarding the accessibility of

counseling services. The policy did not indicate how many appointments an employee

could have, and it did not indicate whether or how much funding would be made

available for employee counseling.

Three participants indicated that a peer-support team was available to assist with

stress reduction. However, the participants noted that the peer supporters were not paid

for the help they gave other employees and that peer support was provided without

intervention from management. P5 said, "We have a peer support team that comes in

during and after big events or if you find out like you have a death in the family or

something traumatic has happened, those people will come in, sometimes automatically."

P4 was a member of the peer-support team: "I am part of the CISM team, used to be ESS,

the Emergency Staff Support." P4 specified that support was available from the peer-

support team, but not from the Department of Corrections: "If something happens . . .

they're going to be there to continue to offer that staff support, but there's not a whole lot

of support from DOC." P2 reported that the peer-support team was not paid for providing

support: "We have a very nice employee group that is built of employees that it's not a

paid position. It's just like the best of us that care about us the most." However, P9

indicated that peer support was not always effective because correctional officers might

be uncomfortable discussing sensitive mental health issues with coworkers: "There's

certain things that I would not want to share with staff members because it's very

personal, it's not something that I want my peers to know . . . For one, they're not

professional individuals," meaning professional mental health providers.

     Six participants described an additional barrier to stress reduction support: a

workplace culture that made correctional officers reluctant to seek help. P1 associated

reluctance to ask for help with distrust of administrators: "I don't want to go talk to an

administrator about the shit that I'm going through because then dealing with the

repercussions of talking to them that way is more difficult than actually just dealing with

it myself." P6 provided a response that corroborated P1's statement, describing

correctional officers as distrusting administrators:

There's a lot of distrust between security staff and non-security staff. Mostly from security going to non-security. And so, when someone comes in that's endorsed by the Department of Corrections, whether it's a counselor, or a trauma counselor, or something like that, for an incident, when the DOC says, "Hey, we're bringing this person in," correctional officers by and large don't trust that they're not going to be penalized or punished for using those services.

P4 said of correctional officers, "They can't look weak, and asking for help would make them look weak. So most correctional officers won't ask for help." P5 described a culture of silence surrounding mental health issues:

Nobody ever really talks much about having to go talk to somebody or dealing with some of the PTSD that comes after those events. And so, I think it's a big culture of just, "This is just what we do, that's what we get paid for, and just suck it up and deal with it."

P9 agreed that correctional officers were not always comfortable coming forward to seek assistance: "I think the stigma of having to deal with, 'I have mental issues.' I think that's a problem." Thus, the participants indicated minimal stress-reduction support under the employee wellness policy. Although funding for counseling was available, local provider shortages might prohibit access to therapy in practice. A peer-support team was also available, but correctional officers might be uncomfortable discussing sensitive issues with coworkers who were not professional mental healthcare providers. The participants also described a culture among correctional officers that made some reluctant to seek help, partly because of distrust of administrators and fear of stigma.

Sub Question 3

SQ3 was focused on recommendations for improving the effectiveness of the current employee wellness policy. Three themes were used to address this question. The theme was the following: address staffing shortage, make help-seeking mandatory, and make administration more aware of line conditions.

Theme 3: Address Staffing Shortage

A specific recommendation that five participants made for mitigating correctional officers' workplace stressors was to address the staffing shortages that frequently caused correctional officers to work mandatory overtime. P3 explained that mandatory overtime was assigned on the day it would be worked, resulting in "a lot of stress to your life when you don't know what time you're going to get off work." P3 said that the solution was to increase hiring by making correctional officers pay more attractive to prospective applicants:

> The State of Nebraska was basically in the exact same situation [of having understaffed prisons] that we were in just a few years ago. Well, they did a market adjustment. They ended up doing a market adjustment among all their pay skills of like 38% increase in pay, and their application rate [rose] 311%.

P5 agreed with P3 that mandatory overtime to compensate for staffing shortages was stressful:

> We're short-staffed . . . having to work shift work, and being away from your family, having to work on holidays, getting mandatory [overtime] two, maybe 3

days in a row sometimes, it's very tough, physically and mentally, to deal with that.

P5 also agreed with P3 that policymakers needed to work to increase the applicant pool for correctional officer positions, saying that the solution was for "people who really can change some of these policies to make corrections [jobs] more attractive." P9 said of correctional officer stressors, "The biggest thing is that we're short in staff. The staffing issue is huge. That in itself, just, it's stressful. You just don't know whether you're going to come home." P9 added that to mitigate this stressor, "[more] staffing would be helpful."

Theme 4: Make Help-Seeking Mandatory

P5 indicated in a response quoted under Theme 2 that many correctional officers did not accept offers of support for stress reduction after critical incidents because the culture in the DOC encouraged silence and self-reliance around mental health issues. P5 said that to address this challenge, help-seeking after critical incidents should be made mandatory to ensure that all correctional officers receive the support they need: "Especially with severity of some events, make people talk to somebody about it. At least have one session and have them signed off that, yes, they went, and they spoke with somebody."

Theme 5: Make Administration More Aware of Line Conditions

Six participants indicated that a recommended first step toward making support for correctional officers' wellness more effective was for administrators to make themselves more aware of their working conditions and stressors. P1 expressed that

administrators did not ask correctional officers about their needs: "They're dealing with what they can see, and they don't get the whole picture . . . I don't know if they deal too much with asking the line staff, 'How can we help?'" P1 said that policymakers should acquaint themselves with correctional officers' working conditions to make employee wellness initiatives more effective: "The people that are implementing the changes should stop the bullshit and get down on line-staff level and see what's going on." P3 suggested that managers were indifferent to how much overtime correctional officers worked because they were unfamiliar with the experience of working mandatory overtime: "Our management has zero compassion. They're not the ones working double shifts. They still leave at the end of the day. They're not staying and working alongside of us on these double shifts." P7 suggested that outreach and awareness-raising efforts related to overall health and stress would be more effective if they involved managers' making person-to-person contact with correctional officers: "Have people go out and actually talk to people, and connect with them in a human way, versus just a poster or emails and stuff like that." P7 added that this effort could consist of simple check-ins: "Just having some day walking around talking to people, checking with people, and say, 'Hey, how are things going at home?' Make a personal connection." P8 agreed with P7 that managers should do walk-throughs to check in with employees: "We don't have managers walking around with this policy, where they should be walking around to every unit, and talking to staff members, and checking out the unit and making sure everything's squared away."

Summary

The overarching research question used to guide this study was, what are the

effects of the employee wellness policy implemented in the state of Oregon in 2018 in

reducing stress and improving the health of correctional officers? This overarching

research question was addressed by answering three subquestions (SQs) to provide a

further focus for the study. The first SQ asked, what are the perceptions of correctional

officers about the organizational support for employees to improve their overall health?

The theme of little or no support is available to improve overall health emerged to answer

the question. Almost all participants stated that little or no support was available for

employees to improve their overall health under the employee wellness policy. The

participants indicated that little or no support was available to support employees in

improving their physical health. A few participants noted that there were efforts to

promote a healthy lifestyle, such as incentives for exercising and emails with advice

about healthy eating. However, those participants did not perceive the promotion efforts

as a meaningful form of support. Two participants noted that adequate support was

available in the immediate aftermath of critical workplace incidents but that follow-up

after such events was negligible.

The second SQ asked, how do correctional officers in the state of Oregon perceive

their wellness policy for reducing stress? The emergent theme to address this question

was the lack of support and resistance to help-seeking are barriers to stress reduction. All

nine participants contributed to this theme. As with support for overall health, the

participants described support for stress reduction as minimal under the employee

wellness policy. Employees were given access to resources such as therapy sessions, but in practice, those resources were not accessible. Support for stress reduction was limited to an unpaid peer support team. Additional stress-reduction barriers were correctional officers' workplace culture, which the participants described as discouraging help-seeking.

The third SQ asked, what are the recommendations for improving the effectiveness of the current employee wellness policy in the state of Oregon from the perspectives of correctional officers? Three themes emerged to respond to this question, and these are, (a) address staffing shortages, (b) make administration more aware of line conditions, and (c) make help-seeking mandatory. Chapter 5 includes discussion, interpretation, and recommendations based on these results.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The problem addressed in this study was that the effects of the employee wellness policy implemented in Oregon in 2018 and how it reduced correctional officers' stress and burnout was unknown (Ferdik & Smith, 2017). Previous literature revealed a higher prevalence of workplace burnout, PTSD, depression, and anxiety among correctional officers as compared with other occupational groups and the general generation (Adlakha, 2019; Marabito & Berry, 2018). Past research revealed that organizations have failed to provide adequate support to improve correctional officers' wellbeing and reduce stress levels (Fink et al., 2020; Kim et al., 2016; Marabito & Berry, 2018). I investigated the effects of the employee wellness policy implemented in Oregon in 2018 and how it reduced correctional officers' stress levels.

The target population of interest included 15 correctional officers at three of the Oregon Department of Corrections prisons in Oregon, the United States; however, I selected a sample size of nine participants. The research design for this study was a case study qualitative design. A case study qualitative research design is used to explore a phenomenon in its natural state to obtain information relevant to the description of the given phenomenon (Siedlecki, 2020). The instruments for data collection were interviews. Clarke and Braun's (2014) inductive thematic procedures were used for data analysis.

Data analysis revealed limited support available to correctional officers to improve their physical health. Few participants reported the availability of efforts to

motivate correctional officers to engage in wellness programs for a healthy lifestyle, including healthy eating and exercising; however, they did not perceive such efforts as meaningful support. Two participants noted the availability of adequate support after critical incidents; however, the follow-up after such events was negligible.

The participants also established that correctional officers' wellness policy provided minimal support for stress reduction. Correctional officers were given access to resources such as therapy sessions; however, in practice, such resources were not accessible, and administrative support for stress reduction was limited to an unpaid peer support team. After data analysis, it was evident that correctional officers' workplace culture was a barrier to stress reduction that discouraged help-seeking. Participants recommended that the effectiveness of the employee wellness policy could be improved if administrators addressed and mitigated the causes of correctional officers' stress.

Administrators should become more aware of correctional officers' working conditions to mitigate stress causes. The results demonstrated that correctional officers' stress could be alleviated by addressing staffing shortages resulting in increased mandatory overtime. Making help-seeking mandatory after a critical incident, ensuring flexible vacation scheduling, and giving correctional officers more sick leave are key recommendations for reducing stress levels among correctional officers. Chapter 5 presents the interpretation of findings, study limitations, recommendations, implications, and conclusion.

Interpretation of the Findings

The interpretation of findings was based on research questions and themes, as discussed below.

Sub Question 1

SQ1 investigated participants' perceptions of the organizational support for employees to improve their overall health. Upon conducting the analysis, one theme emerged to address this research question: Little or no support is available to improve overall health. Based on the participant's responses, it was established that correctional officers received limited administrative support little to improve their overall health under the employee wellness policy. The participants' responses imply that limited administrative support increases stress and burnout among correctional officers. The study results on administrative support potentially align with evidence from previous studies on enhancing healthy lifestyle practices to improve correctional officers' wellbeing. Kim et al. (2016) concluded that supporting correctional officers reduced stress and burnout. Like the current study findings, previous research has also suggested investing in wellness programs to reduce stress and burnout among correctional officers (Sabharwal et al., 2016). Sabharwal et al. (2016) also found that investing in wellness programs increases correctional officers' participation in healthy lifestyle practices, reducing stress and burnout.

Participants identified adequate support in the workplace following critical incidents. Although participants identified adequate organizational support following critical workplace incidents, follow-ups were insignificant, with minimum impact on

correctional officers' wellbeing. Like study findings, previous researchers have also demonstrated that correctional officers' willingness to engage in healthy lifestyle practices reduced stress and burnout (Marabito & Berry, 2018). The research findings suggest that wellness programs may improve correctional officers' healthy lifestyles and reduce stress levels. Fink et al. (2020) also found that incentivizing correctional officers increases their participation in wellness programs, reducing stress and burnout.

Although wellness programs enhance correctional officers' lifestyles, previous research revealed that organizations might not have provided sufficient support to reduce the officers' stress and burnout levels (Fink et al., 2020; Kim et al., 2016; Marabito & Berry, 2018). Despite the promising impact of wellness programs in reducing stress levels and burnout among correctional officers, participants reported that such programs had limited effect on the physical health of such officers because of inadequate administrative support; however, previous research has shown that when provided with support and resources regarding exercising, rewards, and healthy eating habits, correctional officers are willing to engage in wellness programs to reduce stress levels and burnout (Kim et al., 2016; Passey et al., 2018).

Supporting correctional officers after a critical prison incident may reduce stress and burnout; however, despite efforts by prison administrators to promote a healthy lifestyle through wellness programs, participants did not consider the support for their overall health as significant in reducing stress and burnout. As indicated in the current study, past research has also shown that workplace wellness programs might support the long-term participation of correctional officers in healthy lifestyle habits such as healthy

eating and exercising; however, such wellness programs may have an insignificant effect on stress and burnout reduction (Lowenstyen et al., 2019).

Although many studies have established the impact of wellness programs in reducing stress levels and burnout among correctional officers (Kossek et al., 2018; Maestas et al., 2018), Useche et al. (2019) highlighted the importance of strengthening occupational programs aimed at reducing the impact of hazardous working conditions contributing to burnout and health complaints among correctional officers. However, evidence also exists that workforce characteristics and access to healthcare can influence participation in wellness programs (Hall et al., 2017). The findings have contributed to previous literature by establishing the need for administrative support among correctional officers to reduce stress and burnout.

Sub Question 2

SQ2 focused on how the participants perceived their wellness policy for reducing stress. After data analysis, one theme emerged to address this research question: Lack of support and resistance to help-seeking is a barrier to stress reduction. Participants reported that the wellness policy had limited support for stress reduction. According to the participants, correctional officers were given access to resources, including therapy sessions; however, such resources were inaccessible, and support for stress reduction was limited to an unpaid peer support team. The findings imply that limited support and resistance to help-seeking among correctional officers increases stress levels. The findings concur with prior literature revealing that shame prevents correctional officers from seeking help in mental health and wellness program participation to reduce stress

and burnout levels (Ballin et al., 2021; Heyman et al., 2018). According to Heyman et al. (2018), because correctional officers often work night shifts during their off hours, they cannot attend regular mental health meetings because therapists and clinicians work during daytime hours, leaving officers unable to schedule consistent meeting times.

Although participants described correctional officers' workplace culture as the key barrier to stress reduction because it discourages help-seeking, prior literature also indicated that the types of healthcare provided by many police departments might not offer accessible mental healthcare to correctional officers, as providers operate independently across the nation with no centralized standard of care for mental wellness support (Spence et al., 2019; Stuart, 2017). The well-being of correctional officers has been a concern for a long time because of their difficult, complex work environment (Evers et al., 2020). Promoting healthy, humane, and rehabilitative operations in correctional cultures improved public safety outcomes and reduced stress levels among correctional officers (Ahalt et al., 2020). The findings have added to the body of knowledge by establishing that correctional officers' workplace culture may discourage help-seeking among correctional officers, thereby leading to increased stress and burnout.

Although participants revealed the availability of a peer-support team to help with stress reduction among correctional officers, the peer supporters were not paid for the service provided to correctional officers and lacked management intervention. The findings imply the need for peer support among correctional officers to reduce stress and burnout. Like current study results, previous literature indicated that peer mentoring and mental health checks were promising factors that could be easily implemented due to

their familiarity and cost-effectiveness in preventing and reducing stress among

correctional officers (Copple et al., 2019; Waltman et al., 2018). The findings have

contributed to prior literature by demonstrating that lack of support and resistance to

help-seeking is a key barrier to reducing stress among correctional officers.

Sub Question 3

SQ3 was focused on recommendations for improving the effectiveness of the

current employee wellness policy. One theme emerged during data analysis to address

this research question: Recommendations addressing stress causes. The findings indicated

that the effectiveness of the employee wellness policy could be improved by

administrators becoming more aware of correctional officers' working conditions. The

findings imply that becoming aware of correctional officers' working conditions may

reduce stress and burnout by implementing appropriate strategies for stress reduction.

Comparable to current study findings, previous literature has demonstrated the

importance of strengthening wellness programs intended to reduce the effect of toxic

working conditions in prisons, causing burnout and long-term health complaints among

correctional workers (Useche et al., 2019). Focusing on correctional officers, Copenhaver

and Tewksbury (2018) indicated that several factors, including specific hazardous duties,

long hours, personal safety, increased workload, and work-life balance, could cause stress

in the workplace. Prior literature has provided evidence of high PTSD, depression, and

anxiety among correctional officers compared to other occupational groups and the

general prison population (Regehr et al., 2019). Regehr et al. (2019) also indicated that

PTSD was associated with physical violence and injury encountered in poorly managed

working conditions among correctional officers. On the other hand, depression and anxiety were most strongly associated with low levels of perceived support from the organization, low job satisfaction, and low-perceived recognition of valuing the roles these officers perform, confirming current study findings indicating that improving working conditions may reduce stress levels and burnout among correctional officers (Regehr et al., 2019).

Correctional officers' stress could be mitigated by addressing staff shortages in prisons, which contribute to mandatory overtime work among the officers. Although current study findings indicate the need to address workplace shortages, previous research has demonstrated that enhancing wellness policy motivates correctional officers to seek professional assistance in reducing stress levels and burnout (O'Donnell et al., 2003; Tewksbury, 2018). The findings have added to Tewksbury's (2018) results that help-seeking should be mandatory among correctional officers to promote a healthy lifestyle and reduce stress levels.

Useche et al. (2019) also highlighted that correctional employees typically worked under adverse conditions, which might enhance the occurrence of different negative psychological states. Useche et al. found significant differences in the burnout profiles of correctional officers when comparing their frequencies of alcohol consumption, physical exercise, and perceived social support of officers depending on their profile, indicating that improving working conditions could reduce correctional officers' stress levels. Palo and Das (2020) suggested that 11% of rotating shift workers endured poor sleep quality to prevent staff shortages. Staff shortage may result in more

stress since few employees will be available, compelling the available staff to work overtime and contributing to more burnout among correctional officers. Passey et al. (2018) revealed that while correctional officers embraced wellness programs, they encountered barriers related to workloads, scheduling inflexibility, and limited support from management, contributing to increased stress and burnout.

Previous research has established that workplace wellness initiatives such as addressing staff shortages, occupational health and safety interventions, and related policies may help mitigate stress and burnout among correctional officers (Marabito & Berry, 2018; Palo & Das, 2020; Passey et al., 2018). Passey et al. (2018) found that providing training, targeted messaging, formal expectations, and encouragement would increase participation in wellness programs among correctional officers. Holt-Lunstad (2018) proposed that organizations should foster social connectedness and workplace wellness programs. The results have added to the body of literature by establishing that making help-seeking mandatory, addressing and becoming more aware of correctional officers' working conditions, and addressing staff shortages could reduce stress and burnout among correctional officers in prisons.

Theoretical Findings

The POS theory was used as a foundation for the positive treatments correctional officers have received in the workplace by developing better favorable behaviors and attitudes toward the organization (Eisenberger et al., 1986). People project human qualities upon organizations and then relate to them as if they did have human qualities. They generalize from their emotions about people they see as important to the

organization and extrapolate from those attitudes they bring to the organization
(Levinson, 1965). The findings have added to this theory by establishing that
effectiveness of the employee wellness policy could be improved if administrators
addressed and mitigated issue. They may become more aware of correctional officers'
working conditions.

Organizational factors include organizational justice, such as procedural justice,
distributive justice, information fairness, and other content, as well as organizational
rewards, working conditions, and organizational activities. Liu (2018) identified the
organizational size and specific organizational cultural factors, such as caring for
disadvantaged workers and workers' relatives. Individual factors include employee
values, positive or negative feelings, work status, and other variables. Organizational and
employee relationships include leadership member exchange, person-to-organization fit,
leadership style, and management communication (Liu, 2018; Zhang & Yang, 2018).
Organizational fairness consists of multiple dimensions; examples are fair distribution
and procedural fairness. A sense of job security and working pressure source organization
is one of the important factors influencing the perception of fairness. Explicitly, when
workers have to ensure that the organization wants to keep the current workers, they feel
supported by the organization. The implication is that the findings have added to this
theory by revealing that administrators may promote a healthy lifestyle through
advertisements such as posters and emails, making help-seeking mandatory after a critical
incident, making vacation scheduling flexible, and giving correctional officers more sick
leave.

Limitations of the study

The selection of a qualitative case study limited the study. All data collected were qualitative, relying on texts and narratives to generate the needed data for the study. The consequence of this scope and limitation is that no statistical findings would be reported. All findings were based on the themes generated from the thematic data analysis. The study was also limited to correctional officers from Oregon, the United States. This limitation resulted in transferability and generalizability being only intended within the same sample and geographic groups.

Another limitation was associated with using interviews as instruments for data collection. One consequence of this limitation was that I might judge the nature, personality, and attitude of the study participant on the only basis of the answers provided, thereby resulting in researcher bias (Maharjan, 2018). I followed interview protocols to ensure undue judgments were not incorporated into the findings.

Recommendations for Future Research

The selection of a qualitative case study limited the study. All data collected were qualitative, relying on texts and narratives to generate the needed data for the study. The consequence of this scope and limitation is that no statistical findings would be reported. I recommend that future research be conducted using a quantitative design to generate statistical findings.

The study was also limited to correctional officers from Oregon, the United States, thereby limiting the transferability and generalizability of findings only intended within the same sample and geographic groups. Based on this limitation, future studies

should be based on other prison staff other than correctional officers to enhance the

transferability of research findings regarding burnout of employees in prisons. I also

recommend that future studies should be conducted in different geographical locations

other than the state of Oregon, the United States, to enhance the transferability of findings

to populations in other locations because working conditions in prisons in Oregon State

may not be similar in other regions or states in the United States. While the current study

was conducted in a prison setting, it offers a unique opportunity to examine the impact of

wellness programs across different workplace settings and cultures.

Implications

The study findings could advance knowledge and contribute to the scholarship of

workplace health and safety and workplace wellness initiatives for correctional officers.

Prison leaders may find the findings useful in understanding how to reduce stress among

their correctional officers. Klinoff (2017) recommended that future researchers study

interventions to protect against correctional officer burnout.

Correctional officers may also use the study findings to understand how to reduce

burnout and the need for help-seeking to reduce stress levels. Ferdik and Smith (2017)

recommended furthering the study on psycho-social dangers experienced by correctional

officers. Regehr et al. (2019) recommended future research on occupational health and

safety interventions for correctional officers. The findings may be used to address the

effects of the employee wellness policy implemented in the state of Oregon in 2018 in

reducing stress and improving the health of correctional officers.

Implications for Positive Social Change

The findings may promote positive social changes in identifying specific individual characteristics that increased resilience and protected correctional officers against job burnout, as more efficacious approaches were identified to enhance stress reduction and management among correctional officers. Regehr et al. (2019) proposed developing occupational health and safety interventions for supporting correctional officers. Prison organizations may use the findings to improve the effectiveness of the current employee wellness policy to promote the wellbeing of correctional officers in prisons. Adlakha (2019) proposed that building a strong foundation of evidence-based policies and procedures regarding wellness initiatives might significantly reduce employee burnout. As such, the findings of this study may help correctional officers in the state of Oregon, the United States. In turn, improving the potential workplace burnout and overall wellbeing of correctional officers could benefit the local communities and help enhance social stability. Therefore, this study could also help promote positive social change.

<div align="center">

Conclusion

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This research sought to investigate the effects of the employee wellness policy implemented in the state of Oregon in 2018 in reducing stress and improving correctional officers' health. Data analysis revealed that correctional officers received limited support from prison management to improve their physical health and lead healthy lifestyles. Although few participants reported the availability of efforts to motivate correctional officers to engage in wellness programs for a healthy lifestyle, including healthy eating

and exercising, they did not perceive such efforts as a meaningful form of support in reducing stress levels. Despite having adequate support after critical incidents, participants reported that the follow-up after such events was negligible and could not reduce correctional officers' stress levels and burnout.

The participants also established that correctional officers' wellness policy provided minimal support for stress reduction. Although correctional officers were given access to resources such as therapy sessions, such resources were not accessible to the officers. Administrative support for stress reduction was limited to an unpaid peer support team. It was evident that correctional officers' workplace culture was a barrier to stress reduction that discouraged help-seeking. Participants recommended that the effectiveness of the employee wellness policy could be improved if administrators addressed and mitigated the causes of correctional officers' stress.

To mitigate stress causes, administrators need to improve correctional officers' working conditions by promoting mandatory engagement in prison wellness programs. Correctional officers' stress could be mitigated by addressing staffing shortages, increasing mandatory overtime, stress levels, and burnout. Prisons should make help-seeking mandatory after a critical incident, ensuring flexible vacation scheduling to reduce stress levels among correctional officers. Researchers should use the study findings to examine measures for reducing stress levels and burnout among correctional officers.

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