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**Division of Psychology**

## **Research Findings**

# **Promoting Resilience in Prison Staff**

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## 1. Executive Summary

Prison staff witness a high level of suicide, deliberate self-harm and violence compared to staff in most work environments and may be considered a 'critical occupation' (Paton et al., 2008). This study therefore considered the positive and negative impact of a range of experiences of suicide, suicidal behaviour, self-harm, violence and also other challenging experiences on staff and ways to improve the resilience of staff and maintain effective working relationships between staff and prisoners.

A total of 281 prison officer, custodial manager, governor and operational support grades completed the survey across six prisons in England (2 Male Category B Local prisons, 1 Male Category C prison, one Female Closed prison, and 2 Young Offender Closed establishments).

The study identified that:

- Prison staff had greater experience of challenging behaviour than overall community samples. Few other overall differences between prison staff and community sample with no differences on emotional labour<sup>1</sup>, condemnation of suicide, resilience and most styles of working relationship. Prison staff had a lesser perception of Bond with prisoners and believed that suicide was more preventable but less acceptable.
- Extensive experience of a range of challenging situations was linked to an increased likelihood of staff presenting with a greater degree of different emotions than they really felt (faking emotions).
- Witnessing serious self-harm decreased a sense of bond between staff and prisoner; but feeling humiliated or intimidated initially increases the sense of bond, although this effect was not maintained with more extensive experience.
- Experience of witnessing suicide initially increases the acceptance of suicide although this effect disappeared with extensive experience.
- A combination of prison environment, experience and emotional expression predicted good working relationships (with suicidal prisoners).

- Prisons whose staff had better relationships were more likely to hold female prisoners, have a higher suicide rate and lower self-harm rate.
  - Personal experiences which may assist in the development of better relationships include threats to professional integrity and witnessing serious self-harm; and those which are detrimental include prisoners' extensive threats to harm self and threats of harm towards the staff member.
  - Greater use of hiding true feelings is used in all aspects of positive working relationships (partnership, confidence and openness) which may engage and support the prisoner. Further, those with the greatest sense of openness also try to feel the emotion they think would be most appropriate ('Deep Acting') which is indicative of empathy.
  - Staff with an increased sense of bond were more likely to fake emotions, have received only basic training and have more accepting attitudes to suicide.
- Resilience was predicted by a combination of prison environment, personal and experience factors.
- The prison environmental factors predictive of higher resilience were working in male prisons, prisons with low suicide rates & those with a higher self-harm rate.
  - The experience factors include greater experience of having known people who committed suicide (but not specifically witnessed) and having advanced training.
  - The personal factors include greater 'Deep Acting' (trying to feel an emotion they think is appropriate) and not pretending to have different emotions than they feel ('Faking').

### **Key Conclusions**

- i. Experiencing challenging situations at work provides both positive and negative outcomes for staff; with impacts reported on working relationships, style of emotional expression and level of resilience. The main negative effects occurred with less serious

events with few effects reported for the most serious events (witnessing suicide, being a victim of violence). This may reflect the current support and debrief systems in place for serious incidents and that staff may benefit from an expansion of these systems to a wider range of staff experiences. Resilience training, mentoring or supervision systems are also suggested as options to support and guide staff.

- ii. Effective working relationships and stronger resilience are both supported through the hiding of true feelings or through trying to really feel an expected emotion; but faking emotions may be detrimental. Faking emotions was more prevalent amongst those staff with the most experience of having their physical safety threatened. Changes to training for all staff plus greater support for experienced staff to maintain effective styles of Emotional Labour<sup>1</sup> at work would be beneficial.
- iii. Questions were raised regarding the qualities of an effective working relationship in prison. It is suggested that within the prison environment, an even partnership, client confidence and client openness are positive indicators, but that a greater sense of bond may indicate potentially vulnerable staff. Additional exploration of this aspect is required although changes to training and support, for both individual staff members and managers is recommended.

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<sup>1</sup> *Having to manage emotional experiences in order to meet workplace demands.*

## **2. About the Authors**

Dr Karen Slade is a senior lecturer and researcher at Nottingham Trent University. Sally Lopresti is an independent forensic psychologist involved in prisoner assessment and treatment across a range of settings.

Both Dr Slade and Ms Lopresti are experienced forensic psychologists, who between them worked for over 18 years in HM Prison Service. Both have worked within the High Security Estate and Category C prison establishments with roles in safer custody. The authors have written and delivered training in the assessment and management of suicide and self-harm risk on behalf of the British Psychological Society and have previously conducted research in the area of prisoners' suicide and self-harm risk in the early stages of imprisonment. Dr Slade also held the role of Head of Safer Custody at a Local prison establishment for 4 years and was responsible for suicide and violence reduction, including staff support and completing a large scale research on the prediction of self-harm and suicide in prison. Dr Slade has been Senior Lecturer in Psychology for two years at Nottingham Trent University and is Course Leader for the MSc in Forensic Psychology, also lecturing on aspects of suicide, deliberate self-harm and the prison experience at Nottingham Trent University.

Contact details for both authors can be found at the back of this report.

### 3. Introduction

Prison staff witness a high level of suicide, deliberate self-harm and violence when compared to staff in most work environments (Bennett, Crewe & Wahidin, 2008), with 60 self-inflicted deaths, over 23,000 incidents of self-harm and 2,987 incidents of violence against staff (including 260 serious assaults), across the prison estate in 2012 (Ministry of Justice, 2013).

Repeated research findings have shown that working within the prison environment, as a prison officer, has effects in terms of attitudes, emotions and behaviour (Arnold, 2005; Liebling, 1992). It has also been indicated that these effects can impact upon the home life of prison officers and can have a detrimental effect on staff wellbeing (Boudoukha et al., 2011; Crawley, 2004). Additionally, certain staff groups within healthcare settings have been reported as being affected in the short and long term by suicide (Alexander et al., 2000) and violence at work (Liebling & Price, 2001). Conversely, it has been suggested that not all individuals experiencing challenging events experience negative outcomes and, in fact, some can utilise these challenges to yield positive outcomes (Bonanno, 2004; Waugh et al., 2008). It therefore remains of utmost relevance to continue to explore workplace effects on prison staff and the ways to equip staff to remain resilient in their work environment in order to mitigate personal effects and maintain the best working performance. This study will explore how a range of experiences, background factors and personal aspects affect wellbeing and working practice. These will include the role of staff attitudes to suicide, their level of resilience, the type of emotional labour employed at work and the style of their working relationships with individual prisoners (focussing upon suicidal prisoners). The combination of these factors will also be explored as to how they might fit together to identify good working relationships and how to promote resilience in staff.

Emotional Labour is defined as 'the management of feeling to create a publicly observable facial and bodily display' (Hochschild, 1983) and is a necessary aspect of most public service roles including within correctional services (Newman, Guy & Mastracci, 2008). The use of emotional labour has positive results, with the ability to engage with clients and gain job satisfaction. A lack of balance, however, in the use of emotional labour has been linked with Burnout (described as emotional exhaustion, cynicism and an inability to disengage from work) and the hardening and deadening of emotional experience. A balance is

therefore required between client engagement, empathy and over-engagement to maintain wellbeing.

The attitudes of healthcare professionals towards suicidal clients have been shown to affect the identification, management and prevention of suicidal behaviour, with positive attitudes leading to better outcomes (Neville & Roan 2013; Pompili, et al., 2005). However, negative attitudes have the potential to disrupt the staff-client relationship and negatively impact on suicide risk (Neville & Roan, 2013; Samuelsson et al., 1997). The attitudes of prison staff towards suicide are yet to be clearly defined and critically, which attitudes best support effective working relationships with suicidal prisoners. Given the important role played by prison staff in the prevention of suicide, a development of understanding in this area will provide potential avenues to support the suicide prevention approaches, which have reduced the level of suicide in HM Prison Service since 2007 (Ministry of Justice, 2013).

It has been suggested that a crucial factor in an individual's response to challenging events is their level of resilience (Waugh et al., 2008). A resilient individual is someone who 'bounces back' from life stressors and can restore equilibrium within their life (Wagnild and Collins, 2009). The impact of training on resilience as well as effective working practice may be of relevance. For example, trainee psychiatrists (compared with qualified) working with suicidal clients display greater distress and impairment, greater optimism in their influence on clients but also experience a more negative effect on their level of resilience in the event of a suicide (Ruskin et al., 2004; Takahashi, et al., 2011). It is suggested that with only basic training, these trainees rely on their own personal qualities to help their clients, viewing suicidal behaviour as a personal failure which reduces resilience and increases vulnerability (Maltzberger, 1992). This study will also therefore consider whether training and experience supports the promotion of resilience and effective working relationships.

Collaborative, encouraging and empathic staff-prisoner relationships in a variety of prison staff have been identified as key factors in encouraging engagement and positive rehabilitative outcomes (Bennett & Shuker, 2010; Marshall et al., 2003). In relation to suicide, an improved therapeutic relationship has been linked to better depression treatment outcomes (Klein et al., 2003), with a collaborative stance by staff associated with a significant decrease in suicidal ideation (Ilgen, 2010). The staff-client relationship is thought to be an important factor in mitigating suicide risk (Burgess et al., 2000). The literature

therefore strongly supports the preventative role of a good collaborative and empathic working relationship between staff and a suicidal client.

## **4. Aims of the study**

There were three main aims to the study:

- i. To outline the potential impact on staff of the experience of different challenging experiences in relation to personal resilience, emotional labour and working relationships.
- ii. Explore the factors present in the prison environment, types and level of experience plus personal factors which predict good working relationships with prisoners at risk of suicide.
- iii. Explore the factors in the prison environment, types and level of experience and personal factors which promote resilience in prison staff.

## **5. Method of Data Collection**

### **a) Procedure**

Data was gathered from prison officer, custodial manager, governor and operational support grades at six prisons in England. The study included a range of prison establishments to allow for a breadth of experience and account for any differences between prison type. The study therefore included two Category B Local male prisons (HMP Wandsworth and HMP Wormwood Scrubs), one Category C adult male prison (HMP Brixton (previously Category B Local until early 2012), one female prison (HMP Holloway), one young offender male establishment (HMYOI Glen Parva) and one young offender/young adult male prison (HMP/YOI Isis).

Researchers and assistants promoted the study within each establishment using full staff briefings and placements of promotional posters in order to do so. The study was available online for staff to complete. In completing the study, participants were asked to indicate that

they were providing informed consent to participate; having been made aware of the purpose of the research and information regarding opting out of the study at a later date. Participants were then asked to provide details including: gender, age, ethnic group, time in current profession, household composition, and level of previous training in suicide prevention.

Participants were also asked about previous experiences relating to suicide; both personally and professionally. They were also asked whether they had experienced or witnessed a range of other challenging situations, such as being assaulted by a prisoner, being threatened by a prisoner, being humiliated by a prisoner, and / or witnessing a prisoner self-harm. Participants were then asked to complete four questionnaires: the Emotional Labour Scale (ELS), the Agnew Relationship Measure (ARM), the Attitudes Towards Suicide Scale, and the Resilience Scale. Further information regarding each of these scales can be found later in the Measures section. If participants had never worked with prisoners then they did not complete the ARM or Emotional Labour Scale (ELS) and so were excluded from any analyses which included the ARM or ELS scales (n = 21).

## **b) Measures**

### ***i. Attitudes towards Suicide (ATTS)***

The attitudes of participants towards suicide were measured using the Attitudes towards Suicide Scale (ATTS, Salander-Renberg & Jacobsson 2003). The ATTS is comprised of 36 items and answers are measured on a 5-point Likert scale (Strongly agree, Agree, Undecided, Disagree, Strongly disagree). Higher scores reflect higher levels of each attitude. An analysis of the study data revealed 3 reliable factors.

1. Acceptability of suicide (including those with a serious illness)
2. Preventability of suicide
3. Condemnation/Incomprehensibility of suicide

The reliability of the scales for use with our participants was reasonable; the Cronbach Alpha coefficients in the current study were Acceptance scale: 0.882; Preventability scale: .0838 and Condemnation/ Incomprehensibility scale: 0.653.

**ii. Agnew Relationship Measure (ARM-12)**

The ARM12 (Cahill et al., 2012) consists of 12 sentences equally assigned to four subscales:

1. Bond (3 items) relates to the friendliness, acceptance, understanding, and support in the relationship
2. Partnership (3 items) relates to the perception of working jointly on therapeutic tasks
3. Confidence (3 items) relates to the staff member's perception of the client's confidence in them. This item will be termed in the report as Client Confidence for clarity.
4. Openness (3 items) is the perception of the client's ability to feel comfortable disclosing information without fear of ridicule, judgement or embarrassment. This item will be termed Client Openness in the report for clarity.

Participants complete a seven-point anchored scale from 'strongly disagree' to 'strongly agree'. Higher scores reflect greater perception of each type of relationship aspect. In completing this questionnaire, participants were asked to consider the last client they had worked with who had been considered at risk of suicide. This study only examined the staff perspective of their working relationships with the clients. Due to only 3 items in each scale, the mean inter-item correlation was considered. All correlations were within the 0.2 and 0.4 range recommended by Briggs & Cheek (1986).

**iii. Emotional Labour Scale (ELS)**

The Emotional Labour – Revised Scale (Brotheridge & Lee, 2003) is a 5-point scale ranging from 'Never' to 'Always'. Higher scores reflect greater use of each type of emotional labour. The revised scale utilised in the study consists of three sub-scales:

1. Deep acting (trying to actually experience the emotions that I must show)
2. Surface Acting: 'Hiding' (suppressing my true feelings)
3. Surface Acting: 'Faking' (presenting different emotions than I'm feeling)

The reliability of the sub-scales were good in this study with the Cronbach Alpha for the Deep Acting scale reported as 0.83, Surface Acting: Hiding as 0.86 and Surface Acting: Faking as 0.84.

***iv. Resilience Scale-25 (RS-25)***

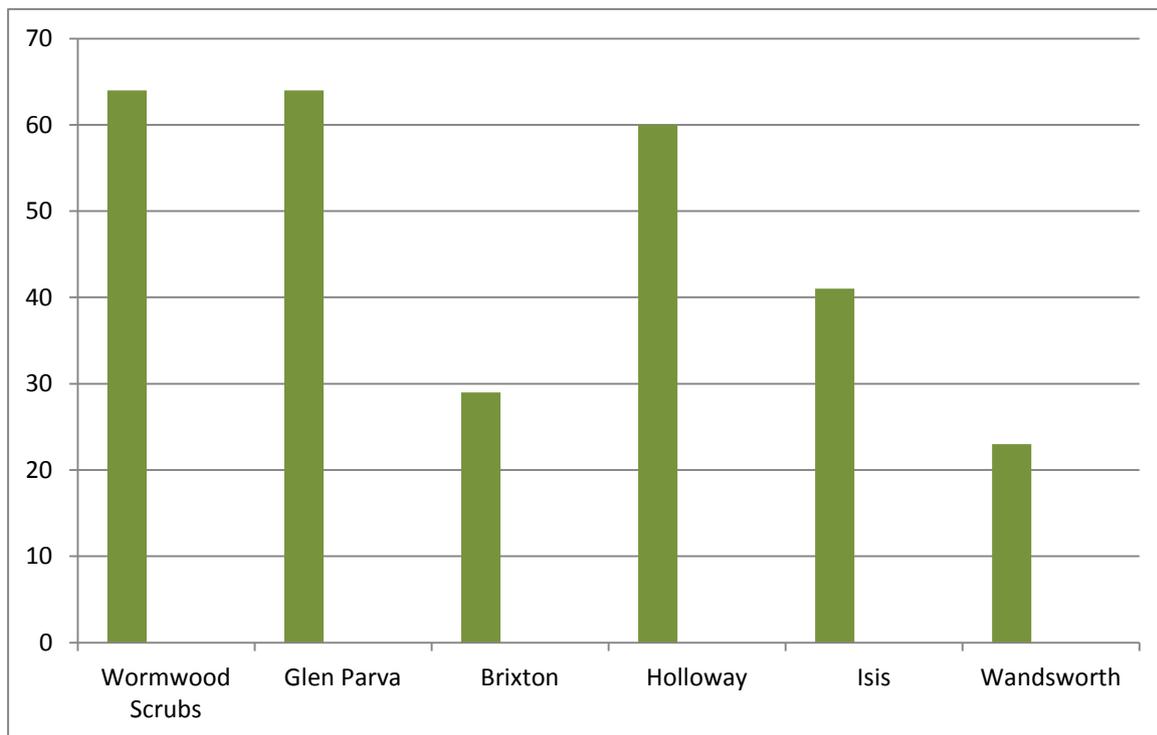
The 25-item Resilience Scale (RS) (Wagnild & Young, 1993) is a self-report questionnaire to measure resilience covering the characteristics of Self-Reliance, Meaning, Equanimity, Perseverance and Existential Loneliness. Participants are asked to rate the extent of their agreement with the items on a 7 point Likert-type scale from 1 (strongly disagree) to 7 (strongly agree). Higher scores reflect higher levels of resilience. The Resilience scale was a reliable measure in this study with the Cronbach Alpha coefficient reported as 0.911.

## 6. About the Participants

A total of 281 prison staff (prison officers, custodial managers, governor and Officer Support Grades) completed the questionnaires. Figure 1, below, breaks this number down, showing the number of participants from each establishment that completed the whole set of questions and questionnaires. In addition, there was a community control sample of 169 participants.

**Figure 1**

*Response rate by prison establishment.*



### ii. Demographic and prison environment variables

The demographic variables considered in this study were the participant's age and gender.

The prison environment factors included in the analysis were the types of prison (Adult or Young Offender and Male or Female prisons). In addition, a monthly average of self-harm and suicide rate was calculated for the year 2012 (Ministry of Justice, 2013). Tables 1 and 2 provide details by prison of the demographic and prison environment factors included. Although figures provided report no training for some prison staff, these relate to OSG with

no prisoner contact (as all prison staff receive basic training) and as such are not represented in the later analyses relating to working relationships.

**Table 1**

Prison Type, Gender frequencies, mean age and frequency of basic and advanced suicide prevention training by prison establishment.

Prison Establishment	Prison type	Gender of Participants		Mean age of Participants	Basic training	Advanced training	No training
		Male	Female				
HMP Wormwood Scrubs	Male Adult	64.1%	34.4%	43.2 years	52.4%	39.1%	8.5%
HMP Glen Parva	Male YOI	67.2%	32.8%	43.7 years	35.2%	64.1%	0.7%
HMP Brixton	Male Adult	65.5%	24.1%	40.9 years	55.2%	44.8%	0%
HMP Holloway	Female Adult	48.3%	45.0%	41.2 years	41.8%	55%	4.2%
HMP Isis	Male YOI & Adult	73.2%	21.7%	38.8 years	42.8%	53.7%	3.5%
HMP Wandsworth	Male Adult	73.9%	21.7%	40.4 years	46.7%	53.3%	1.4%
Community	n/a	25.8%	74.2%	29.15 years	16.5%	15.9%	68.6%
Total		65.4%	29.9%*	41.4 years			

\*4.7% of participants declined to provide gender

**Table 2**

Prison self-harm and suicide average monthly rate – by prison.

Prison establishment	Prison average self-harm rate (by month)	Prison average suicide rate (by month)
HMP Wormwood Scrubs	7.66	0.23
HMP Glen Parva	33.91	0.62
HMP Brixton	11.15	0.12
HMP Holloway	149.5	0
HMP Isis	7.07	0
HMP Wandsworth	31.43	0.27

### iii. Types of experiences

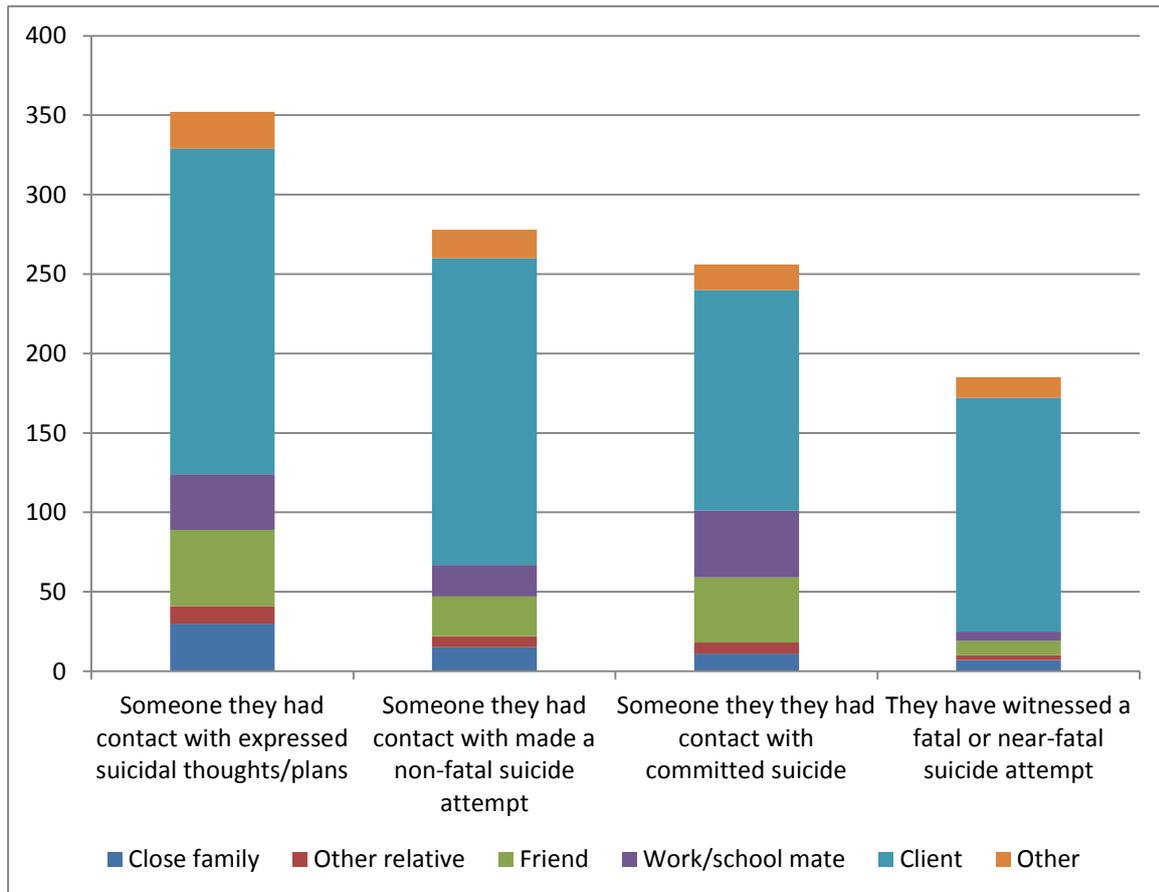
Participants were asked about their experience of suicidal behaviours in other people and whether they had experienced a range of other challenging behaviours within the workplace. Specifically, participants were asked to comment on the number of times they have experienced 12 scenarios with a response of either Never, Once, 2-5 times, 6-9 times or 10+ times:

- i. Whether someone they have had contact with has expressed suicidal thoughts, plans or threats
- ii. Whether someone they have had contact with has made a (non-fatal) suicide attempt.
- iii. Whether someone they have had contact with committed suicide.
- iv. Whether they have witnessed someone attempt to commit suicide which was fatal or near-fatal.
- v. Self-harm serious enough for medical attention to be required.
- vi. Serious assault (i.e. injury has been caused to me).
- vii. Serious assault against a colleague (i.e. injury has been caused).
- viii. Received a direct threat of serious physical harm.
- ix. Received a threat to undermine professional integrity.
- x. Felt physically threatened by a client's behaviour.
- xi. Felt humiliated by a client's behaviour.
- xii. Felt intimidated by a client's behaviour.

For questions i, ii, iii and iv, participants were asked about the nature of their relationship with the person concerned (close family member, other relative, friend, work/school mate, client, other). Some participants had experienced these behaviours in more than one person (for example, both a family member and a client). Figure 2, below, shows the responses received.

**Figure 2**

*Frequencies of participants' reported experiences of suicidal thoughts and behaviour in others.*



The majority of participants' contact with people who had expressed suicidal thoughts or exhibited suicidal behaviour related to clients (i.e. prisoners). The responses indicated that 147 (52.31%) participants had witnessed a fatal or near-fatal suicide attempt by a client, but with very few having similar non-client experiences. Due to the majority of staff having their experiences at work, a further break-down of experience in analysis was not performed.

Table 3, below, shows the percentage of prison staff who have experienced each of the challenging behaviour experiences listed above. A small number of participants (around 12%) did not respond to some of these questions which accounts for small gaps in the percentage totals.

**Table 3**

Percentage of total prison participants who have experienced the 12 types of challenging behaviour

Type of behaviour experienced	Percentage of total participants who have experienced the challenging behaviour				
	Never	Once	2-5 times	6-9 times	10+ times
Someone they have had contact with has expressed suicidal thoughts, plans or threats	11.7	3.2	12.8	5.3	66.9
Someone they have had contact with has made a (non-fatal) suicide attempt.	19.2	6.0	19.6	7.1	48.0
Someone they have had contact with committed suicide.	33.5	17.1	37.7	7.1	4.6
Witnessed someone attempt to commit suicide which was fatal or near-fatal.	39.9	13.2	26	4.3	16.7
Self-harm serious enough for medical attention to be required.	4.6	2.5	13.2	6.8	61.2
Serious assault (i.e. injury has been caused to me).	43.1	16.4	21.0	2.8	4.6
Serious assault against a colleague (i.e. injury has been caused).	13.9	6.4	36.7	11.0	19.9
Received a direct threat of serious physical harm.	11.4	3.6	18.9	9.6	41.6
Received a threat to undermine professional integrity.	23.1	5.7	22.4	7.1	22.4
Felt physically threatened by a client's behaviour.	11.7	3.9	22.4	8.9	40.1
Felt humiliated by a client's behaviour.	47.0	5.7	19.6	4.6	11.4
Felt intimidated by a client's behaviour.	19.2	5.3	20.3	8.9	30.6

## 7. Comparisons Between Populations

This section reports on three analyses which compare across the following sub-populations:

- a) Prison staff and community samples
- b) Male and female establishments
- c) Adult and young offender establishments

### *a) Comparison of prison staff with community samples*

In addition to conducting the study with prison staff, data was also collected from a community (non prison staff) sample. The prison and community samples could be distinguished, with prison staff having much greater experience on all 12 experiences (including for those with client-facing roles), more males working in prison, less sense of Bond with prisoners and prison staff believing that suicide was more preventable and less acceptable. No other significant differences were reported.

### *b) Comparison of male and female prison establishments*

Staff working in male and female establishments could be distinguished. Staff in female prison establishments perceive suicide as more preventable and display less condemning/incomprehensible attitudes than staff in male prison establishments. Those in male establishments demonstrate greater use of 'Faking' of emotions (presenting/pretending emotions they don't really feel) whilst at work. No other differences were identified.

**Table 4**

Significant differences on Attitudes to Suicide: Preventability & Condemnation/ Incomprehensibility and Emotional Labour: Faking between male and female prison establishments.

Measure	Male or female	Number	Mean	Std. Deviation	Significance
Attitudes: Preventability	Female	48	12.3333	1.99290	p =0.004
	Male	102	11.2843	2.11256	
Attitudes: Condemn/incomprehensible	Female	48	11.3958	2.25728	p =0.029
	Male	103	12.4175	3.33879	
Emotional Labour: Surface: Faking	Female	52	7.0385	2.72937	p = 0.46

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Male	102	8.0196	3.08295	.
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***c) Prison comparison: Adult compared to Young Offender Establishments***

Adult and YOI establishment staff could be distinguished on only one measure, with staff in YOI establishments seeing suicide as more preventable than staff in adult prisons. No differences were identified in the Acceptance or Condemnation/Incomprehensibility of suicide or on any other measure.

**Table 5**

Significant differences on Attitudes to Suicide: Preventability between Adult and YOI establishments.

	Adult or YOI	N	Mean	Std. Deviation
ATTS Preventability	YOI	96	12.3333	1.84486
	Adults	150	11.6200	2.12581

## 8. Results and Key Findings

This section reports on the research key aims. The findings will be reported in three sections:

- i) Impact of staff experiences on level of resilience, attitudes to suicide and emotional labour.
- ii) Factors which predict good working relationships between staff and prisoners.
- iii) Promoting resilience: Predictors of resilience in prison staff.

### ***d) Impact of staff experiences on level of resilience, attitudes to suicide and emotional labour.***

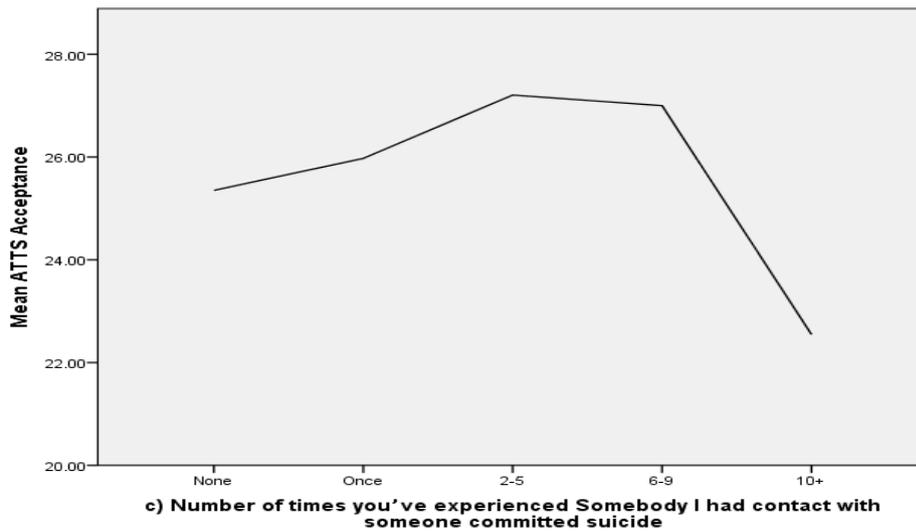
The study aimed to consider whether there was any long term impact on staff of different levels and types of experience and whether there was any clear pattern in those outcomes. MANOVA was performed to compare the potential impact of all 12 experiences on Resilience, Attitudes to Suicide and Emotional Labour (*with post hoc tests applied with Bonferroni adjustment*).

Eight of the twelve experiences resulted in a difference on one or more measures. However, there were no identified differences for any experiences on level of resilience, any of the three types of attitudes to suicide or Emotional Labour: Deep Acting or Surface Acting: Hiding. The significant impacts of different experiences are outlined below.

### **iii) Someone they have had contact with committed suicide.**

One significant difference was identified relating to whether someone they have had contact with committed suicide. A significant result relating to attitudes that are accepting of suicide was identified between staff who had never had contact with a prisoner who completed suicide and those who had 2-5 times. This pattern is not maintained however, with a noticeable drop in acceptance of suicide with extensive experience.

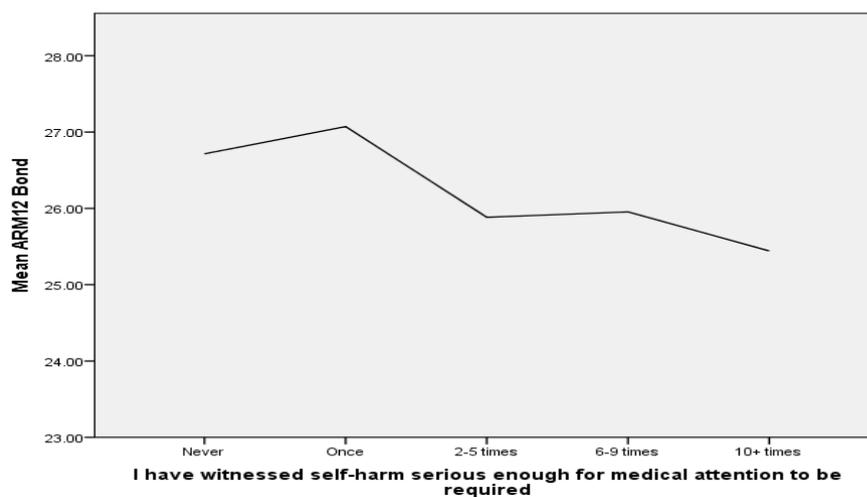
**Figure 3.** Mean ATTS: Acceptance of Suicide score by level of 'someone they had contact with committed suicide'



**v) Self-harm serious enough for medical attention to be required;**

There was one significant finding with a significantly poorer reported Bond between prisoners and staff who had experienced self-harm serious enough for medical attention to be required 10+ times compared to those with no experience ( $p=-.026$ ).

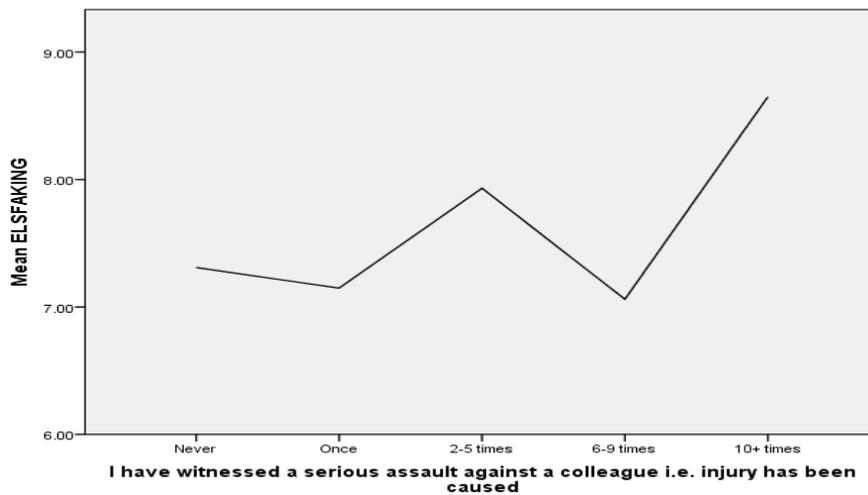
**Figure 4.** Mean score for 'Bond' by level of experience of witnessing serious self-harm



**vii) Serious assault against a colleague (i.e. injury has been caused)**

Only one significant difference was reported for the experience 'Serious assault against a colleague (i.e. injury has been caused)'. This was on the Emotional Surface Acting: Faking scale, where a significant difference was reported between experience levels: Never and 10+ times ( $p=0.038$ ).

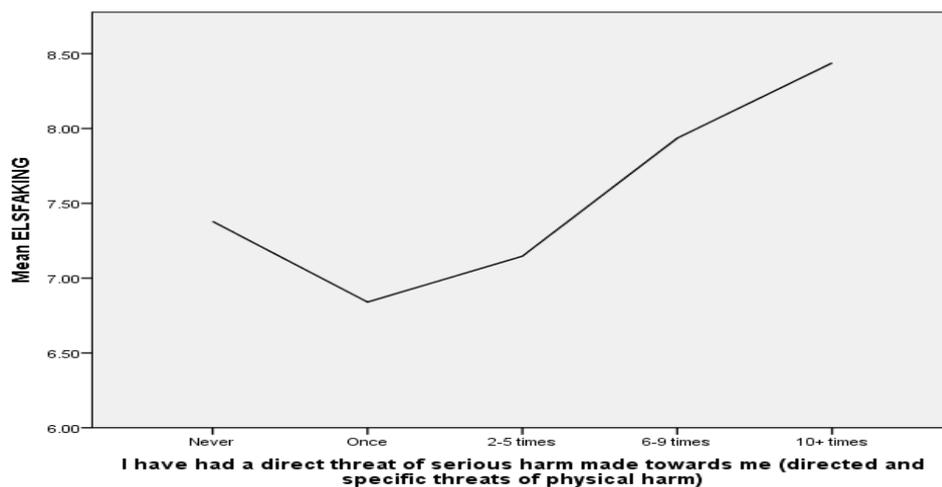
**Figure 5.** Mean scores for ELS: Faking for experience: Serious assault against a colleague (i.e. injury has been caused)



**viii) Received a direct threat of serious physical harm**

A significant difference was reported on the Surface Acting: Faking scale for the experience 'Received a direct threat of serious physical harm'; a significant difference was reported between Never and 10+ times ( $p=0.024$ ).

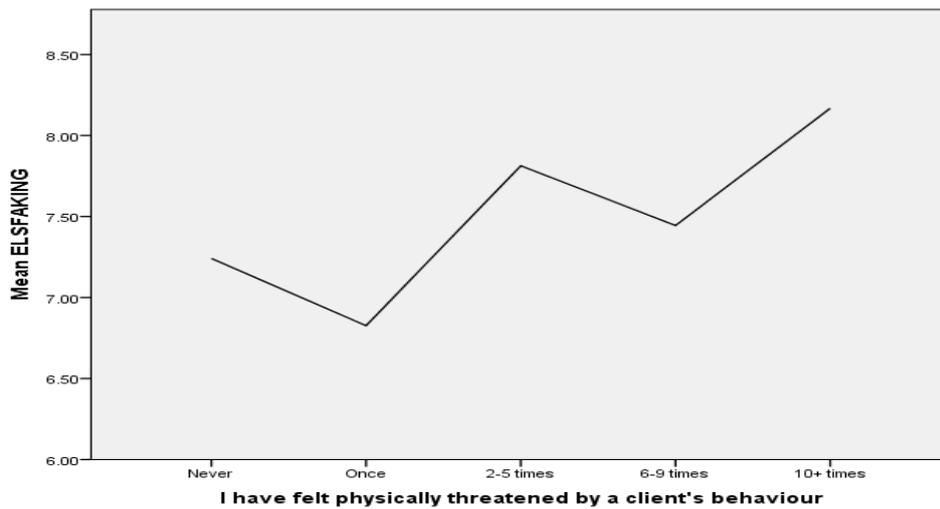
**Figure 6.** Mean scores for ELS:Faking: Received a direct threat of serious physical harm



**x) I have felt physically threatened by a client's behaviour**

A significant difference was reported on the Surface Acting: Faking scale for the experience 'I have felt physically threatened by a client's behaviour'; a significant difference was reported between once and 10+ times ( $p=0.030$ )

**Figure 7.** Mean scores for ELS: Faking for experience: I have felt physically threatened by a client's behaviour.



**xi) I have felt humiliated by a client's behaviour**

An increased working relationship (Bond) was reported by staff who had experienced humiliation once in comparison to staff who had never experienced humiliation.

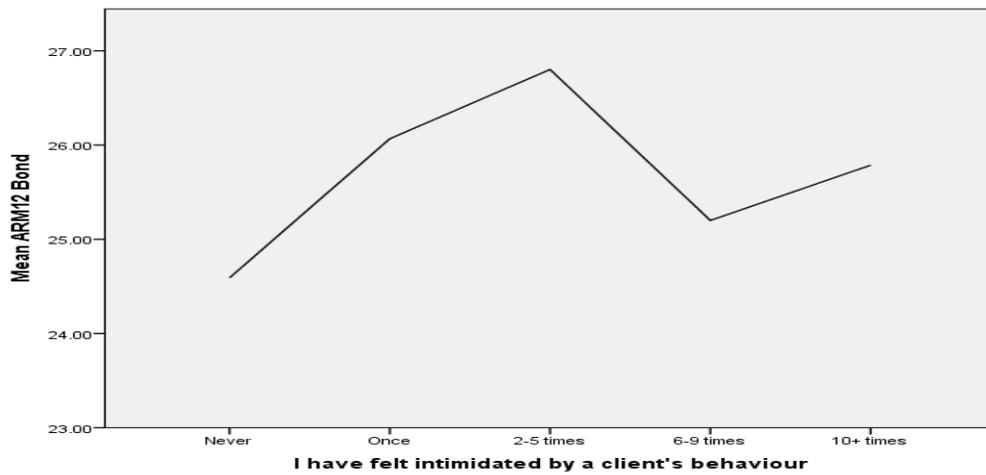
**Figure 8.** Mean scores on the Bond scale by experience of humiliation by a client's behaviour



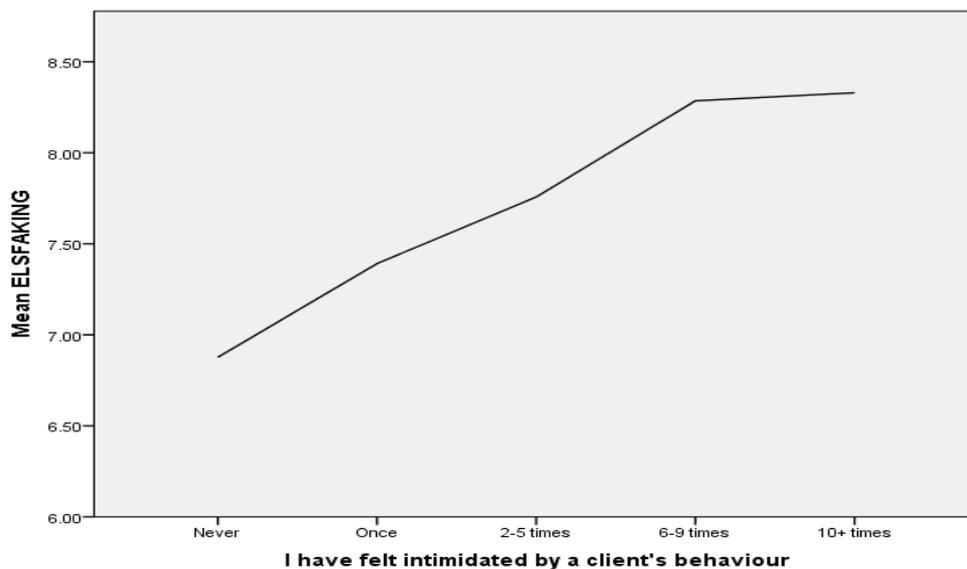
**xii) I have felt intimidated by a client's behaviour.**

Two outcomes were identified for this experience with 1) a significantly increased working relationship Bond between staff that had experienced intimidation 2-5 times in comparison to staff who had never experienced intimidation. 2) A significant increase in level of Emotional Surface Acting: Faking was reported between Never and 10+ times experienced ( $p=0.008$ ).

**Figure 9.** Mean score on the 'Bond' scale for levels of experience of 'I have felt intimidated by a client's behaviour'.



**Figure 10:** Mean scores for ELS: Faking for experience I have felt intimidated by a client's behaviour.



## Discussion of Section I

Seven experiences were identified as having some level of impact on staff, with five types of experience with no identified pattern of impact. The experiences with any significant impact identified were:

- iii) Experience of having contact with someone who went on to commit suicide resulted in an initial increase in acceptance of suicide which drops away with extensive experience.
- v) Experience of a client engaging in self-harm serious enough for medical attention to be required resulted in a decreasing sense of bond with increasing experience.
- vii) Serious assault against a colleague (i.e. injury has been caused); results indicated that extensive experience leads to more faking emotional acting.
- viii) Received a direct threat of serious physical harm; results indicated that extensive experience leads to more faking emotional acting.
- x) Having felt physically threatened by a client's behaviour; results indicated that extensive experience leads to more faking emotional acting.
- xi) Having felt humiliated by a client's behaviour resulted in an initial increase in sense of bond with prisoner which drops away with greater experience.
- xii) Having felt intimidated by a client's behaviour resulted in an initial increase in sense of bond with prisoner which drops away with greater experience and indicated that extensive experience leads to more faking emotional acting.

There were two key findings relating to patterns of the cumulative impact of experiences. Firstly, the cumulative effect of extensive experience (10+ times) is present for four different experiences which all impact upon an increased use of the faking of emotions whilst working with prisoners. These experiences are the witnessing of a serious assault against a colleague, receiving a direct threat of serious physical harm, feeling physically threatened by a client's behaviour, and feeling intimidated by a client's behaviour. These may all relate to a growing sense of concern for their own physical safety within the small number (approx. 3-4%) of staff with extensive experience.

Secondly, there is an initial increase (which is not maintained with increasing experience) in the perceived bond between prisoners and staff reported by staff who have felt humiliated or

intimidated by prisoners' behaviour. The sense of bond is also relevant in relation to the experience of prisoners' serious self-harm; the bond reduces with increasing experience. The increase in the perceived bond between staff and prisoners after experience of humiliation and intimidation; with the deterioration of perceived bond linked with extensive self-harm, warrants investigation. The definition of Bond outlines that staff are friendly, accepting and understanding and perceive prisoners as friendly. Although this is a useful within a therapeutic relationship, this may have different connotations within a prison environment where the professional boundaries may fall in different places.

There was limited evidence of a consistent pattern of the impact of experiences and most other indicators of wellbeing and working relationships which indicates that it is likely to be a combination of factors which improve or deteriorate wellbeing and relationships. Further exploration of the combination of factors is outlined in sections II and III below.

## **II) Factors which Predict Good Working Relationships between Staff and Prisoners**

The quality of working relationships between prison staff with prisoners at risk of self-harm or suicide was explored. Linear Regression considered the predictors of four elements of good therapeutic working relationships between staff and suicidal prisoners. The four areas of working relationships were Bond, Partnership, Confidence and Openness (*for definitions see Section 4b*). These factors have been considered to be reflective of a positive therapeutic relationship which is suitable for effective working with suicidal and other vulnerable prisoners.

The factors were considered in two stages. Stage 1 considered which of the 12 experiences, the gender of participant, working with male or female prisoners and the respective prison's suicide and self-harm rate had affected working relationships. Stage 2 considered the additional effect of participants' Attitudes to Suicide, Deep and Surface (Hiding & Faking) Emotional Labour, Resilience, and completion of Basic or Advanced Training in suicide risk management. This two stage analysis allows for consideration of whether the potential effect of experiences can be mediated by dynamic factors.

The results are detailed below, outlined by each aspect of working relationship. Figure 11 demonstrates the links between the different working relationship aspects and their

predictive factors. In summary, of the twelve experiences, seven experiences were not predictive in improving or deteriorating working relationships. All other personal and environmental factors impacted on one or more aspects of the quality of working relationship.

*Working Relationship: Bond*

At Stage 1, the analysis indicated that having greater experience of feeling intimidated at work was the only predictor of a good Bond, however at Stage 2 this was mediated by more dynamic factors. Therefore, the factors which, in combination, best predict a good Bond are:

- A more accepting attitude towards suicide in certain circumstances;
- Not having received more advanced training in suicide risk management;
- Greater Surface Acting: Hiding.

*Working Relationship: Partnership*

The factors, in combination, predictive of a good Partnership with suicidal prisoners across both stages of analysis were staff with:

- Fewer contacts with expressed suicidal thoughts, plans or threats;
- Fewer direct threats of serious harm made against them;
- Greater number of threats to professional integrity;
- Working with female prisoners;
- Working in prisons with higher suicide rate;
- Working in prisons with lower self-harm rate;
- Staff with greater resilience;
- Greater use of Surface Acting: Hiding.

*Working Relationship: Client Confidence*

Predictors of staff members' Client Confidence in working with suicidal prisoners across both stages of analysis were:

- Greater number of times of feeling humiliated by a client's behaviour;
- Fewer direct threat of serious harm made against them;
- Staff working with female prisoners;
- Staff working in prisons with higher suicide rate;
- Staff working in prisons with lower self-harm rate;
- Greater use of Surface Acting: Hiding.

*Working Relationship: Client Openness*

At Stage 1, the analysis indicated that a predictor of openness was having greater experience of feeling physically threatened by a client's behaviour. However, at Stage 2 this was mediated by more dynamic factors. Predictors of the perception of Client Openness in working with suicidal prisoners, across both stages of analysis were therefore:

- Greater experience of witnessing self-harm serious enough for medical attention;
- Being female;
- Greater sense of Suicide as Preventable;
- Less Condemnation/Incomprehensibility of Suicide;
- Greater Deep Acting;
- Greater Surface Acting: Hiding.

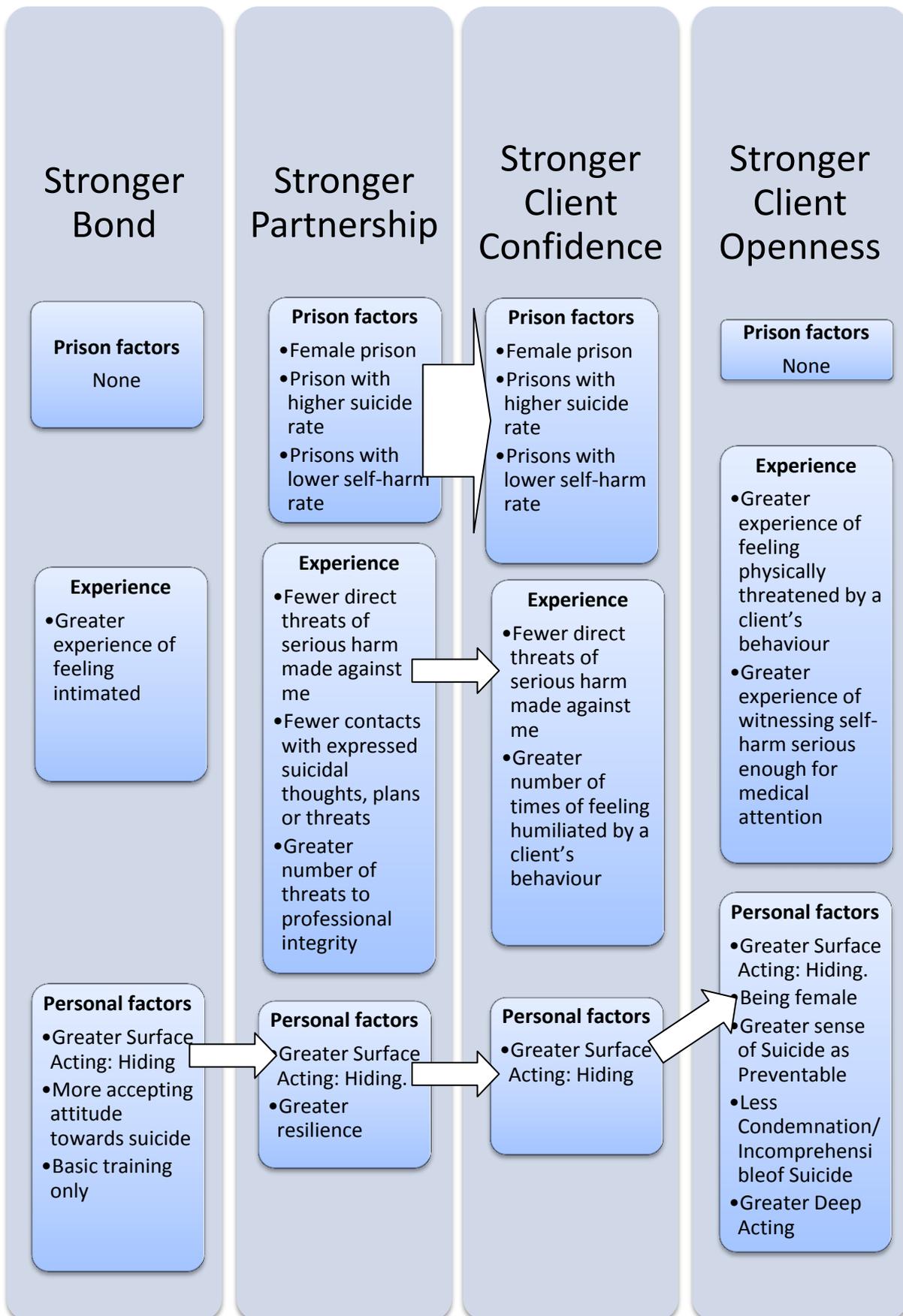


Figure 11: Predictors of working relationships between prison staff and prisoners

## Discussion of Section II

The analysis provides an indication of key experiences which affect staff working relationships, especially when working with suicidal prisoners. Some types of experience may in fact help to develop good working relationships including (ix) threats to professional integrity, and (iv) witnessing serious self-harm, but others are detrimental (i) extensive threats to harm self; (viii) received a direct threat of serious physical harm. One experience, (viii) received a direct threat of serious physical harm, has a mixed effect, being positive in improving partnership but reducing confidence. It is possible that this effect is due to the learning and support that some experiences may provide the staff member through advice and guidance from colleagues and through the content of received training.

The repeated relevance of the prison average self-harm and suicide rate is also notable. This factor relates, not to the individual experience, but to the prison-wide experience of suicide and self-harm. It could be considered that prisons with greater suicide or self-harm rate may provide a more testing environment but also greater expertise in either self-harm or suicide and additional support mechanisms due to the heightened risk. Prisons with higher suicide risk appear to be more effective in developing good partnerships and perceived client confidence than those with lower rates of suicide. The opposite is true for self-harm with prisons with the lower self-harm rates demonstrating better client partnerships and confidence. The reasons for this are not explored in this study and require further investigation.

In tandem with experience and prison environment, there are a number of dynamic factors which promote good working relationships. A theme throughout three positive working relationship styles was the greater use of Surface Acting: Hiding, meaning the hiding of true feelings in order to engage and support the prisoner. The willingness of staff to hide feelings can be seen as evidence of a willingness to support prisoners appropriately and not to demonstrate a negative reaction which may be counterproductive. It is also apparent that for openness, staff who are also willing to use Deep Acting are also more effective; hence trying to feel the emotion they think would be most appropriate (e.g. empathy).

The exceptional results outlined with Bond indicate that this aspect of working relationship may not be indicative of a positive relationship in the prison environment. Bond is related to

friendliness, connection and understanding; and it could be suggested that staff who report a strong bond (and by extension greater intimacy and connection) may also be more vulnerable to boundary violation amongst an offending population (Faulkner & Regehr, 2011; Hamilton, 2009). This is supported by the current finding that staff with stronger client bonds are more accepting of behaviour, have less training and are more likely to have some experience of feeling intimidated by prisoners. This is also supported by the earlier results highlighting the relationship between a greater bond and the experience of humiliation and intimidation whereby the prisoner is in a dominant position; but that experience of serious self-harm reduces the bond which may be reflected by the vulnerable position of the prisoner. This aspect requires further investigation to identify the role of the therapeutic bond with operational prison staff.

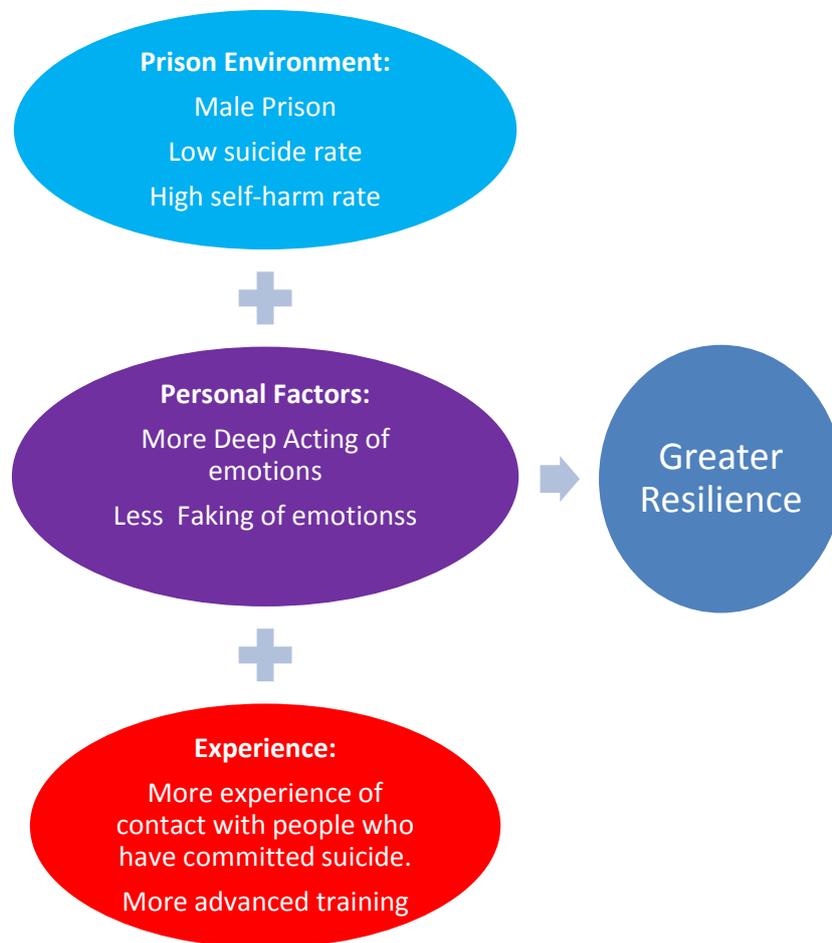
### **III) Promoting Resilience: Predictors of Resilience in Prison Staff**

A Hierarchical Linear Regression considered the prison, experiential and personal predictors of resilience in prison staff. The analysis was completed in two stages. Stage 1 looked at demographic and experience factors including types of experience, gender of participant, male or female establishment, prison suicide and self-harm rate. These factors on their own did not distinguish differences in the resilience of staff. Stage 2 of the analysis included the additional factors regarding whether advanced training had been received, Attitudes to Suicide (Acceptance, Preventability and Condemnation/Incomprehensibility), and Emotional Labour (Deep, Hiding and Faking). This allows for consideration of factors which, in combination, promote resilience in staff. This analysis did not include the quality of working relationships.

Stage 2 of the analysis was able to significantly distinguish those with greater resilience. The significant factors that collectively predicted greater resilience:

- Greater number of experiences of someone they have had contact with committing suicide;
- Working in a male prison;
- Working in prisons with a lower suicide rate;
- Working in prisons with a higher self-harm rate;
- Greater Deep Acting;
- Lesser Surface Acting: Faking;
- More advanced suicide prevention training.

Figure 12. Predictors of greater resilience in prison staff.



### Discussion of Section III

The predictors of resilience in prison staff indicate that there are prison environment, personal and experiential factors which collectively predict resilience. The environmental factors of relevance indicate that male prisons, those with low suicide rates and those with a higher self-harm rate have more staff with higher resilience. The personal factors which enhance resilience include greater experience of having known people who commit suicide (but not specifically witnessed) and a positive emotional approach to work which includes Deep Acting (trying to feel the emotion that they think most appropriate) and not Faking the emotions (i.e. presenting different emotions than they feel). This suggests that staff who are emotionally congruent with their behaviour but also attempt to

feel appropriate emotions, and not fake it is the emotional position which best supports resilience in staff. The environmental factors suggest that different prisons provide greater resilience-supporting environments. This may be due to differences in the provision of support, different expectations or working practices (for example, depending upon whether risk is of self-harm or suicide) which affect the maintenance and development of resilience. It should be noted that it is not the individual's experiences which are most relevant but the culture or working practice of the prisons.

## ***Overall Summary of Study Findings***

The first aim of the study was to identify the impact of a range of challenging experiences on staff. The main consistent impact from a range of challenging experiences was greater use of Faking emotions. In addition, serious self-harm decreases a sense of bond between staff and prisoner; but that humiliation and intimidation initially increases a sense of bond although this effect reduces with greater experience. Witnessing suicide (fatal or near-fatal) also initially increases the acceptance of suicide although this again reduces with greater experience.

The second aim of the study was to identify factors predictive of four aspects of working relationships (focussed on suicidal prisoners). The findings reported that a combination of prison environment, experience, and style of emotional expression predict good working relationships. Specifically, results indicate that prisons with either female prisoners, high suicide rates and/or low self-harm rates demonstrate greater partnership and client confidence in working relationships. Results also indicate that the experiences which help to develop good relationships include threats to professional integrity and witnessing serious self-harm; and those which are detrimental include extensive threats to harm self and threats of harm towards the staff member. In addition, the greater use of hiding their true feelings may be used by staff members in three key areas (partnership, client confidence and client openness) in order to engage and support the prisoner; plus those with a greater sense of openness, try to feel the emotion they think would be most appropriate (Deep Acting) which is indicative of empathy.

The final aim of the study was to consider the factors which promote resilience in prison staff. Resilience was predicted by a combination of prison environment, personal and experience factors. The prison environmental factors were that male prisons, those with low suicide rate and those with a higher self-harm rate have staff with higher resilience. The experience factors include greater experience of having known people who commit suicide (but not specifically witnessed) and are more likely to have had advanced training in suicide risk management. Finally, the personal factors include greater Deep Acting (trying to feel the emotion that think they should feel) and not pretending to have emotions they don't have (Faking).

## 9. Conclusion and Recommendations

The research supports that there are both positive and negative outcomes of experiencing challenging client behaviours, with links reported with style of working relationships, type of emotional expression and level of resilience. Interestingly, few clear differences were identified between prison staff and the community control, with level of experience and other factors being more relevant than career choice. The main differences identified were that prison staff have much greater experience of challenging behaviour; have a lesser sense of bond with prisoners and believe suicide to be much more preventable but also less acceptable.

Staff with greater experience generally report better or similar working relationship with prisoners, than those without much experience, although threats of harm to the staff member can knock staff perception of client confidence. Conversely, a small number of staff with extensive experience (10+ times) of situations which threaten physical safety (witnessing violence, threats made) increases the use of actively faking emotions which was shown to be detrimental to resilience and some aspects of working relationships. However, the overall picture suggests that for the most serious events (witnessing suicide, victim of violence) that the long-term effect on resilience and working relationships may be mitigated for many staff and that the main effects now occur with other challenging experiences. This may reflect the current support and debrief systems in place for these events and that existing systems may benefit from some form of expansion to a wider range of staff experiences. Alternatively, the development of a structured mentoring or supervision system, with trained staff, may be beneficial to complement the support currently available through the Staff Care Team and Employee Support Services.

Critically, the results also indicate that the style of emotional expression (emotional labour) which best supports effective working relationships and promotes personal resilience, is through the hiding of feelings or by trying to feel the way they think most appropriate; but that faking emotions may be detrimental. It is suggested that faking emotions is detrimental due to the strength of 'emotional dissonance' present with this style of presentation; with emotional dissonance having been linked with impaired psychological wellbeing and 'burnout' in police officers and other staff groups (Van Gelderen et al., 2007; Brotheridge & Grandey, 2002). Critically, an increased use of faking emotions occurs with extensive

experience of threats to physical safety which indicates that training and support should also be targeted at more experienced staff, focussing on the style of emotional labour employed at work.

The development of broader support and supervision structures is also highlighted for staff with particular experiences – those who have several experiences of feeling humiliation or intimidation. In this group, not only does the potentially detrimental ‘faking’ of emotions become prominent but the results suggest that when combined with only having basic training in suicide risk management and holding accepting attitudes towards suicide, there is an increase in perceived bond with prisoners. It is suggested that within the prison environment, this greater sense of bond may not in fact be reflective of a positive relationship but one which may reflect more vulnerable staff. This aspect requires additional exploration as to the appropriate level and style of bond within a prison environment.

## ***Recommendations***

- Changes to be undertaken on the national and local training and on-going supervision to support staff. Current resilience models such as Paton et al.’s (2008) Stress Shield Model of Resilience provides details of how resilience may be promoted in staff in ‘critical occupations’. By building on this with the current study the training and support should be focussed upon the following aspects:
  - When the expression of true emotions are unhelpful or inappropriate, staff should be encouraged to display effective styles of emotional labour; i.e. encourage the use of deep acting or hiding of negative emotions but to discourage actively faking emotions.
  - Provision of additional suicide prevention training to staff working with suicidal prisoners, to promote staff resilience. The advanced training in this study was ACCT Case Manager and/or ACCT assessor training. Both types of training include additional training on prisoner engagement and effective working relationship which is not included in basic training (ACCT foundation training). ACCT assessor training also provides extensive training on these factors as

well as attitude and risk assessment aspects. The additional training for all staff should therefore, as a minimum, include training on helpful attitudes to suicide and the content of an effective working relationships including emotional expression.

- Resilience training for all staff with additional training for Staff Care Team and managers to include awareness of the emotional impact on staff over time of threats to physical safety (including witnessing violence; serious threats of harm) and humiliation; with greater focus on staff with those experiences over a longer time period.
  - Expanded provision of structured and on-going support for a broader range of experiences, in particular those staff with extensive experience of situations in which the perception of physical safety has been threatened (witnessing violence; threats of harm). In addition, further support and guidance for staff beginning to experience humiliation or intimidation to reduce vulnerability in the workplace.
- Consideration of the development and implementation of new operational models including mentoring or supervision schemes, with suitably trained staff in order to:
    - Monitor staff for the on-going effects of experiences on working relationship style, emotional labour and resilience.
    - Promote effective working relationship styles through partnership, client confidence and client openness and monitor the strength of any unhelpful bond.

### *Future Directions*

- Exploration of the process and use of Hiding and Faking emotions plus the impact on staff and prisons in the short and long-term.

- Develop national and local training to include emotional expression and effective working relationship style, in particular working with prisoners at risk of self-harm and suicide.
- Further exploration of the development of positive and negative impacts on those staff with extensive challenging experience and how long-term negative effects can be mitigated.
- Explore working relationships and emotional labour from the prisoner perspective and compare findings on effective working relationships.
- Consideration of the process of the development of bonds between staff and prisoners plus the role of Bond in staff vulnerability: to prevent any potential effects on resilience or conditioning.
- Further exploration of how staff resilience models (e.g. the Stress Shield Model of Resilience (Paton et al., 2008) maybe be utilised in the provision of effective support.

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**Suicide can be a difficult and very emotional issue. If you would like to talk to someone trained to help with these issues, please consider contacting the organisations below:**

**Samaritans:**

☎ 08457 90 90 90

✉ jo@samaritans.org

🌐 www.samaritans.org

**Rethink Mental Illness:** ☎ 0300 5000 927

✉ info@rethink.org

🌐 www.rethink.org

**Cruse Bereavement Care:**

☎ 0844 477 9400

✉ helpline@cruse.org.uk

🌐 www.crusebereavementcare.org.uk