Prison Personnel: Burnout, Stress Reactions, and Intent to Quit

Setti Ilaria
PhD, University of Pavia, Department of Brain and Behavioral Sciences, Unit of Applied Psychology
Email: ilaria.setti@unipv.it

Argentero Piergiorgio
University of Pavia, Department of Brain and Behavioral Sciences, Unit of Applied Psychology
Email: piergiorgio.argentero@unipv.it

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Abstract

The ultimate aim of the present research was to examine well-being of prison Correctional Officers (COs), in particular we have analyzed predictors of burnout and psychosomatic symptoms, and variables affecting job dissatisfaction and intent to quit. 108 self-report questionnaires examining occupational stressors, burnout, psychosomatic symptoms, job dissatisfaction, and intent to quit were collected in an Italian public prison. First of all, the findings revealed that participants showed neither significant burnout nor psychosomatic complaints; this result may be partially explained by the specific-police “macho” culture, the fear of appearing weak which causes the need to show emotions different from the real ones. Furthermore, burnout is mainly affected by the quality of interactions, in terms of stressful contacts, with inmates whereas psychosomatic symptoms by stressful relationships with colleagues and superiors. Finally, the intent to quit the current job, which was found to be rather low, was affected by burnout, in particular by emotional exhaustion. Overall considered, our results suggest some applicative implications, and especially the importance to provide useful strategies, at both organizational and individual level, which may support COs in coping with occupational stressors.

Keywords: prison Correctional Officers; burnout; psychosomatic symptoms; job dissatisfaction; intent to quit

1. Introduction

Prison Correctional Officers (COs) are exposed to multiple stressors, which may negatively affect their health: according to the Health and Safety Executive (2006), this professional population has the highest absences for sickness, mainly due to psychological conditions, such as anxiety, depression and muscular-skeletal problems.

In the present research, we aim to investigate the mechanisms by which work-related variables may affect COs’ well-being. Our interest is to contribute to the understanding of the link between organizational characteristics and individual well-being. More in detail, the ultimate goal of the present study is to map the typical stressors affecting individuals working in the prison system, to assess the outcomes resulting from these stressors, and to suggest ways to reduce burnout and stress reactions.

To date, the psychological support offered in prisons is commonly directed to inmates, aiming to help them to overcome typical problematic aspects such as self-harm behaviors, suicidal ideation, and substance abuse (Towl, 2005). Even if this type of psychological support is essential, more attention should be given also to psychological support for prison staff: a psychological service aimed at better face stress and trauma could increase the life quality of those who work in prisons (Xanthakis, 2009). In regard to this topic, research concerning the well-being of prison staff has been mainly developed in the US (Dowden & Tellier, 2004), while less studies have been carried out in Europe, mainly in UK (Talbot-Landon, Palmer, & Flaxman, 2007), Sweden and the Netherlands. In the light of these considerations, the present study aims to increase the research in the field of prison staff’s well-being in the European, to be more precise in the Italian, socio-cultural context. From an applicative perspective, this type of research may support welfare professionals in developing specialized services aimed at helping prison staff with various issues (such as physical illness or transfers), and in offering early psychological support that COs could easily access not only after a critical event, but also to prevent emotional distress in response to chronic stressors.
1.1 Stressors among prison Correctional Officers (COs)

In general, one of the main sources of stress for COs is high workload, that have been reported by about 70% of these professionals (Kommer, 1990); they have often to carry out several tasks in short periods, with brief recovery intervals (Prati & Boldrin, 2011). Moreover, they are daily exposed to contact with prison inmates, who are often aggressive, angry and mentally unstable individuals (Lambert, Edwards, Camp, & Saylor, 2005).

Literature offers several classifications of prison employees' stressors, such as that proposed by Senol-Durak and colleagues (2006), who have identified five categories of work stressors. In the present study, we chose to adhere to the classification proposed by Keinan and Malach-Pines (2007), on the basis of the empirical results of their research carried out on 496 prison employees. Their four categories of occupational stressors are: a) stressful contact with others (non-inmates), referred to unfair treatment by supervisors, confrontations with coworkers, and negative public image of COs; b) stressful contact with inmates, which concerns contacts with drug abusers, people who committed serious crimes, and conflicts between inmates' guarding and rehabilitation; c) organizational stressors, which deals with shift work, overload, and heavy responsibilities; d) inconsiderate practices by management, referred to performing extra shifts without financial compensation, overtime, and superiors’ preferential attitudes toward inmates versus COs.

These stressors may produce different reactions, mainly in terms of burnout and psychosomatic symptoms.

1.2 Burnout and psychosomatic symptoms

Burnout is one of the health outcomes most frequently reported by COs (Schaufeli & Peeters, 2000) together with general stress, substance abuse, post-traumatic and psychosomatic complaints. It is a form of stress typical of helping professions: for example, police officers often experience higher rates of burnout than other professions (Dowler, 2005). Burnout has been described as a syndrome characterized by emotional exhaustion, depersonalization, and professional inefficacy (Maslach & Jackson, 1986), attributable to chronic stressful work conditions. Emotional exhaustion is a feeling of being overextended and it is caused by daily interactions with the public; depersonalization is an unconscious defense strategy adopted to face the emotional exhaustion, and it consists in maintaining a distance from people and decreasing investment in human relationships; professional inefficacy is a result of the cynical attitude, that produces feelings of incompetence and unsuccessful achievement of one’s work with people (Maslach & Jackson, 1986).

Beyond burnout, COs may develop other symptoms, such as loss of sleep, hypervigilance and numbing, that in most cases are transitory and can be solved through, for example, social support by family and colleagues (Chapin, Brannen, Singer, & Walker, 2008). Psychosomatic troubles could be considered as the effect deriving from the exposure to occupational stressors (Setti & Argentero, 2013). In the present research, we were interested in studying symptoms that are typical of minor psychiatric disorders: general dysphoria - referred to the presence of psychosomatic symptoms - social dysfunction - which indicates difficulties in social performing and in facing problems - and loss of confidence - in terms of low self-esteem.

The first aim of the present study was to verify, in an explorative perspective, the incidence of job stressors and the level of well-being in a sample of Italian COs. In line with previous research (see for example Keinan & Malach-Pines, 2007; Prati & Boldrini, 2011), we assumed that they are exposed to several stressors and, therefore, that they show malaise symptoms, in terms of burnout and psychosomatic symptoms.

The second aim was to verify if the examined demographic variables - age and work seniority - are associated with different levels of burnout. In line with previous findings (see for example Xanthakis, 2009), we assumed that older COs, with a higher work seniority, are at higher risk to develop burnout.

Based on findings of Xanthakis (2009), who showed that problematic interactions with inmates may be related to stress and burnout, our third aim was to identify, among the considered job stressors, the main predictors of burnout and psychosomatic symptoms.

1.3 Job satisfaction and Intent to quit

As previously demonstrated by other researchers (see for example Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Lake, 1998), job satisfaction and intent to quit represent interesting variables to consider among helping professions.

Job satisfaction can be defined as a pleasurable or positive emotional state resulting from the appraisal of one’s job (Toga, Binqela & Myoli, 2014). In other words, it is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (Sekaran, 1999). Another definition was provided by Temple and Gillespie (2009) who defined job satisfaction as the feeling that is experienced after a task is accomplished, and this feeling could be negative or
positive depending on the outcome of the task undertaken.

Burnout and job dissatisfaction have been recognized as important precursors of the intention to leave the current job in helping professions, such as nurses (Aiken et al., 2002; Lake, 1998). This represents an interesting topic from an applicative point of view because voluntary turnover may, in turn, contribute to understaffing, and so to higher workload, and to lower users’ outcomes (Aiken et al., 2002). Supportive human resource management practices elicit employees’ positive reactions in terms, for example, of increased commitment and lower intent to quit, which in turn decrease actual turnover (Meyer, Allen, & Smith, 1993).

Based on previous research (Aiken et al., 2002; Lake, 1998), the fourth aim of this study was to verify the influence of burnout and job dissatisfaction on the intent to quit.

2. Research Methods

2.1 Procedure and participants

A survey was conducted on COs working in a public prison located in the Northern Italy. A total of 210 questionnaires were delivered to all the officers. They received the written questionnaire with a cover letter asking for their participation - voluntary and anonymous - in this study.

Of the 210 questionnaires distributed, 108 (51.43%) were completed and returned. Participants’ mean age was 39.02 years (SD=8.62) and their mean work seniority was 16.74 years (SD=9.44).

2.2 Measures

Stressors Questionnaire. The items of this instrument (Keinan & Malach-Pines, 2007) are grouped in the four factors, corresponding to COs’ occupational stressors: 1) stressful contact with non-inmates (11 items, e.g. “Confrontations with coworkers”, α=.87); 2) stressful contact with inmates (10 items, e.g. “Contact with drugs and drug users”, α=.85); 3) organizational stressors (6 items, e.g. “Shift work”, α=.82); 4) inconsiderate practices by management (4 items, e.g. “Extra shift with no compensation”, α=.82). Each item is rated on a scale ranging from 1 (not stressful at all) to 5 (extremely stressful).

Burnout. The Maslach Burnout Inventory-General Survey (MBI-GS; Schaufeli, Leiter, Maslach, & Jackson, 1996) is the most frequently used instrument to assess burnout among helping professions (Schaufeli & Enzmann, 1998). In the present research, we chose to administer two of the three subscales: the professional inefficacy was not used because “Of the three MBI dimensions, exhaustion and cynicism are the two primary measures of burnout ... In other words, these two dimensions ‘go together’- they both appear strongly in people experiencing burnout ... Thus, a potential early warning sign is the presence of one of these two dimensions, but not the other” (referring to professional inefficacy; Maslach & Leiter, 2008, p. 501; see also Schaufeli et al., 2009). The 10 items are grouped into the following sub-scales: emotional exhaustion (5 items, e.g. “I feel emotionally drained from my work”, α=.91) and depersonalization (5 items, e.g. “I have become less interested in my work since I started this job”, α=.88). The responses are based on a seven-point Likert scale that indicates the frequency of experiencing each burnout manifestation from 0 (never) to 6 (daily).

Psychosomatic symptoms. The General Health Questionnaire-12 (GHQ-12, Goldberg & Williams, 1988) was used to investigate psychosomatic symptoms: social dysfunction (6 items, e.g., “Have you recently felt you couldn’t overcome your difficulties?”, α=.81), general dysphoria (4 items, e.g. “Have you recently lost much sleep through worry?”, α=.82) and loss of confidence (2 items, e.g. “Have you recently being losing confidence in yourself?”, α=.81). Responses are rated on a four-point Likert scale that assesses how much the individual’s present mental state differs from his/her usual state. The scale is differently worded for positive (from 0=better than usual/more so than usual, to 3=much less than usual) and for negative items (from 0=not at all, to 3=much more than usual).

Work dissatisfaction. In order to assess job dissatisfaction, we used the item by Aiken and colleagues (2002) “How much are you satisfied with your job?”, rated on a four-point Likert scale ranging from 1 (very dissatisfied) to 4 (very satisfied). In order to assess job dissatisfaction, the scores have been reversed.

Intent to quit. One item was used to measure respondents’ desire to leave their current job (Vahey Aiken, Sloane, Clarke, & Vargas, 2004): COs were asked whether they had any plans to leave their present working position in the next 6 or 12 months. This item has been mainly used in previous research on healthcare personnel but, thanks to its generalizability, it may be used also for other types of occupational populations. The item is rated on a dichotomic response scale to contrast people who indicated they had plans to leave within the next year with those who did not.
3. Analysis Results

The SPSS 19.0 software package for Windows was used to conduct all analyses. In order to verify the presence, and relative levels, of occupational stressors and well-being, descriptive statistics have been calculated. Then, Pearson's correlation analyses were conducted to examine bivariate correlations among stressors, measures of well-being, job dissatisfaction and intent to quit. Analysis of variance (ANOVA), allowed to investigate the presence of systematic differences in burnout dimensions among subjects of different age and work seniority. Finally, linear regression analyses were carried out to verify the influence exerted by stressors on well-being dimensions, and by burnout and dissatisfaction on intent to quit.

3.1 Descriptive statistics and correlations

Sources of stress. The most stressful factor was inconsiderate practices by management (M=2.78, SD=1.06) whereas the less stressful factor was contact with inmates (M=2.28, SD=0.79). Lack of relevant information (M=3.01, SD=1.31) was found to be the most stress inducing among inconsiderate practice stressors, whereas fear of family members being hurt by an inmate (M=1.69, SD=1.07) was found to be the less stress inducing among contact with inmates stressors.

Burnout level. The mean burnout level among COs was unexpectedly low, both in terms of exhaustion (M=1.96, SD=1.52) and depersonalization (M=1.71, SD=1.63). The item rated at the top of the exhaustion symptoms list was the feeling of being used up at the end of the workday (M=2.49, SD=1.76), and the item rated at the top of the depersonalization symptoms list was the desire to do the job without being bothered (M=2.19, SD=2.23).

Psychosomatic symptoms. An examination of participants’ symptoms revealed that also general psychosomatic malaise level was low. In particular, the three most frequently reported symptoms among prison employees were: inability of concentration (M=1.20, SD=0.65) among social dysfunction symptoms; feeling of being constantly under strain (M=1.30, SD=0.97) among dysphoria symptoms; and loss of confidence in him/herself (M=0.53, SD=0.80).

Job dissatisfaction. The level of job dissatisfaction was found to be relatively low (M=2.36, SD=0.84), with 67.3% (n=72) of respondents stating that they are quite or very satisfied with their job and only 13.1% (n=14) stating that they are not at all satisfied.

Intent to quit. A pattern of response similar to that found for job dissatisfaction was found for the intent to quit the job: only 10.2% (n=11) reported thinking to quit his/her job in the next 6/12 months.

In order to verify the presence of significant relations among the considered variables, we have carried out bivariate correlations (see Table 1). Emotional exhaustion is especially related to stressful contact with inmates (r=0.56, p<.01), and depersonalization to stressful contact with non-inmates (r=0.57, p<.01); all the psychosomatic symptoms correlate with stressful contact with non-inmates: respectively, for general dysphoria r=0.42 (p<.01), for social dysfunction r=0.34 (p<.01), and for loss of confidence r=0.36 (p<.01). Finally, intent to quit is mainly related to emotional exhaustion (r=0.35, p<.01).

Table 1. Means, Standard Deviations and Correlations of All Research Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean (SD)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stressful Contact Non-Inmates</td>
<td>2.48 (.79)</td>
<td>.78</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Stressful Contact with Inmates</td>
<td>2.28 (.79)</td>
<td>.508**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Organizational Stressors</td>
<td>3.53 (.95)</td>
<td>.384**</td>
<td>.452**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inconsiderate Practices by</td>
<td>2.76 (1.09)</td>
<td>.648**</td>
<td>.360**</td>
<td>.590**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional exhaustion</td>
<td>1.96 (1.52)</td>
<td>.424**</td>
<td>.561**</td>
<td>.380**</td>
<td>.286**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>1.71 (1.63)</td>
<td>.572**</td>
<td>.563**</td>
<td>.352**</td>
<td>.403**</td>
<td>.679**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>General dysphoria</td>
<td>1.00 (0.73)</td>
<td>.415**</td>
<td>.348**</td>
<td>.220**</td>
<td>.250**</td>
<td>.572**</td>
<td>.565**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Social dysfunction</td>
<td>1.03 (0.46)</td>
<td>.344**</td>
<td>.330**</td>
<td>.203**</td>
<td>.161**</td>
<td>.258**</td>
<td>.336**</td>
<td>.569**</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Loss of confidence</td>
<td>0.39 (0.65)</td>
<td>.355**</td>
<td>.123**</td>
<td>.028**</td>
<td>.194**</td>
<td>.229**</td>
<td>.405**</td>
<td>.524**</td>
<td>.488**</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Job dissatisfaction</td>
<td>2.64 (0.84)</td>
<td>.279**</td>
<td>.250**</td>
<td>.120**</td>
<td>.112**</td>
<td>.458**</td>
<td>.446**</td>
<td>.445**</td>
<td>.276**</td>
<td>.216**</td>
<td>-</td>
</tr>
<tr>
<td>Intent to quit</td>
<td>1.10 (0.30)</td>
<td>.189**</td>
<td>.342**</td>
<td>.039**</td>
<td>.141**</td>
<td>.345**</td>
<td>.230**</td>
<td>.283**</td>
<td>.170**</td>
<td>.222**</td>
<td>188</td>
</tr>
</tbody>
</table>

*Response scale: 1 (no) 2 (yes); * p < .05; ** p < .01

3.2 Differences among different groups

Significant differences emerged from ANOVA analyses (carried out to verify the presence of differences in burnout dimensions for age and work seniority) were subjected to multiple comparisons using Bonferroni's highly significant
difference to understand the nature of the differences. Demographic characteristics have been used as factors and the ANOVA indicated that participants of diverse age differed in exhaustion levels. More in detail, older COs (aged over 45) showed higher exhaustion mean score ($M=2.57$, $SD=1.83$) if compared with younger ones, aged less than 33 ($M=1.52$, $SD=1.26$), and this difference was statistically significant ($F=4.44$, $p<.05$) (see Table 2). This is confirmed by the work seniority result: people employed as COs from more than 21 years showed higher exhaustion mean score ($M=2.24$, $SD=1.82$) if compared with colleagues with a work seniority lesser than 10 years ($M=1.66$, $SD=1.32$), even if this difference was not statistically significant ($F=1.36$, $p>.05$).

Table 2. One-Way ANOVA: Differences in Burnout among Different Age Groups

<table>
<thead>
<tr>
<th>Burnout dimensions</th>
<th>Age</th>
<th>Mean (SD)</th>
<th>ANOVA F</th>
<th>d.f.</th>
<th>Bonferroni significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion</td>
<td>Up to 33</td>
<td>1.52 (1.26)</td>
<td>4.44</td>
<td>2</td>
<td>34-44</td>
</tr>
<tr>
<td></td>
<td>34-44</td>
<td>1.85 (1.30)</td>
<td></td>
<td></td>
<td>Up to 33*</td>
</tr>
<tr>
<td></td>
<td>45 and over</td>
<td>2.57 (1.83)</td>
<td></td>
<td>45 and over*</td>
<td></td>
</tr>
<tr>
<td>Depersonalization</td>
<td>Up to 33</td>
<td>1.57 (1.71)</td>
<td>0.40</td>
<td>2</td>
<td>34-44</td>
</tr>
<tr>
<td></td>
<td>34-44</td>
<td>1.62 (1.32)</td>
<td></td>
<td></td>
<td>45 and over</td>
</tr>
<tr>
<td></td>
<td>45 and over</td>
<td>1.90 (1.83)</td>
<td></td>
<td></td>
<td>Up to 33</td>
</tr>
</tbody>
</table>

* $p < .05$

3.3 Predictors of burnout and psychosomatic symptoms

Tables 3, 4 and 5 respectively show the results of the regression analysis (using the Enter method) for the objectives formulated on burnout, psychosomatic symptoms and intent to quit. For each single dependent variable, we have developed an independent regression model.

Table 3. Regression of Stressors on Burnout

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Emotional Exhaustion</th>
<th>Depersonalization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$ (SE)</td>
<td>Beta</td>
</tr>
<tr>
<td>Stressful Contact with Non-Inmates</td>
<td>.434 (.228)</td>
<td>.216</td>
</tr>
<tr>
<td>Stressful Contact with Inmates</td>
<td>.789 (.188)</td>
<td>.411**</td>
</tr>
<tr>
<td>Organizational Stressors</td>
<td>.274 (.166)</td>
<td>.172</td>
</tr>
<tr>
<td>Inconsiderate Practices by Management</td>
<td>-.144 (.167)</td>
<td>-.103</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.358**</td>
<td></td>
</tr>
<tr>
<td>Adjusted $R^2$</td>
<td>.333</td>
<td></td>
</tr>
</tbody>
</table>

* $p < .05$; ** $p < .01$

The first finding (see Table 3) is that stressful contact with inmates is the factor that has the most significant influence on burnout symptoms: emotional exhaustion ($Beta=.411$, $p<.01$) and depersonalization ($Beta=.351$, $p<.01$).
Table 4. Regression of Stressors on Psychosomatic Symptoms

<table>
<thead>
<tr>
<th>Predictors</th>
<th>General dysphoria</th>
<th>Social dysfunction</th>
<th>Loss of confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b (SE)</td>
<td>Beta</td>
<td>b (SE)</td>
</tr>
<tr>
<td>Stressful Contact with Non-Inmates</td>
<td>.343 (.123)</td>
<td>.354**</td>
<td>.199 (.079)</td>
</tr>
<tr>
<td>Stressful Contact with Inmates</td>
<td>.159 (.101)</td>
<td>.171</td>
<td>.106 (.065)</td>
</tr>
<tr>
<td>Organizational Stressors</td>
<td>.036 (.089)</td>
<td>.047</td>
<td>.047 (.057)</td>
</tr>
<tr>
<td>Inconsiderate Practices by Management</td>
<td>-.046 (.090)</td>
<td>-.069</td>
<td>-.074 (.058)</td>
</tr>
</tbody>
</table>

\[ R^2 = .200** \]

\[ Adjusted R^2 = .169 \]

* \( p < .05; \) ** \( p < .01 \)

Instead of burnout, psychosomatic symptoms are mainly influenced by stressful contact with non-inmates, i.e., colleagues and superiors: general dysphoria (\( Beta = .354, p < .01 \)), loss of confidence (\( Beta = .400, p < .01 \)) and, to a lesser extent, social dysfunction (\( Beta = .328, p < .05 \)).

Table 5. Regression of Burnout and Job Dissatisfaction on Intent to Quit

<table>
<thead>
<tr>
<th>Predictors</th>
<th>Intent to Quit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b (SE)</td>
</tr>
<tr>
<td>Emotional exhaustion</td>
<td>.068 (.026)</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>-.004 (.024)</td>
</tr>
<tr>
<td>Dissatisfaction</td>
<td>.015 (.039)</td>
</tr>
</tbody>
</table>

\[ R^2 = .120** \]

\[ Adjusted R^2 = .094 \]

* \( p < .05; \) ** \( p < .01 \)

As regards the intent to quit, we have found a significant relation only with emotional exhaustion (\( Beta = .339, p < .01 \)), whereas no relations have been found with depersonalization nor with job dissatisfaction.

4. Discussion

The changing demographic features of the current workforce, for example the increased proportion of older people (Vaupel, 2010), press organizations in considering new employees’ demands and needs. This should be done if organizations want to retain satisfied and committed workforce (Mohamed, Taylor & Hassan, 2006).

The present study furthers our knowledge in different ways. With regard to the first aim - to verify the incidence of job stressors and the level of well-being among COs - unlike some previous studies (see for example Keinan & Malach-Pines, 2007) participants of the present research don’t seem to be exposed to substantial psychological stressors, neither show burnout nor psychosomatic complaints. This result is however in line with other previous studies on similar populations: for example, municipal police officers have shown relatively low burnout and psychosomatic manifestations (Setti & Argentero, 2013). First, the awareness of doing a socially useful job and of giving a significant contribution to the community might protect these professionals from the risk of developing health troubles (Lavigne, Forest, & Crevier-Braud, 2012). Second, this result may reflect the specific-police culture, which is often used as a possible explanation of some negative aspects of this profession, such as the tendency to self-protection, secrecy and internal solidarity (Terpstra & Schaap, 2013). This culture is also characterized by an old-fashioned machismo, in terms of a strong physical image that has to be externally shown (Crawley, 2004; Terpstra & Schaap, 2013). Moreover, the work of COs could be considered an emotion work, as it requires to express specific (above all positive) emotions toward inmates (e.g., Zapf, 2002). The process by which positive emotions have to be displayed even though they are not in line with the truly felt
psychosomatic symptoms, job dissatisfaction and intent to quit are quite robust. The future challenge could be not only to understand these relationships, but also to develop effective interventions to reduce burnout among prison employees.

Regarding the predictors of burnout, our findings indicate that stressful contact with inmates is a significant predictor of burnout. This is consistent with previous research (Xanthakis, 2009) and suggests that organizational interventions aimed at reducing the stressors associated with inmate interactions could be effective in reducing burnout among prison employees.

To conclude, this study highlights the importance of considering psychosomatic symptoms, job dissatisfaction, and intent to quit as important outcomes in the study of burnout among prison employees. The findings suggest that further research is needed to understand the complex interplay between these variables and to develop effective interventions to reduce burnout and improve the well-being of prison employees.
confirm their existence, but also to deepen the underlying dynamics.

References


