Prisons are seen as a (temporary) home and community for offenders, yet they also have a dual role as a workplace for prison staff. This article explores how the “healthy settings” philosophy, commonly used in schools, applies in the prison environment. The article explores the concept of the health-promoting prison from the perspective of prison staff using semistructured interviews in three English prisons. Data were analyzed using Attride-Stirling’s thematic network approach. The findings indicate that working in a prison can be highly stressful and can have a negative impact on physical and mental health. Staff perceived that the focus of health promotion efforts was in many cases exclusively focused on prisoners, and many suggested that prison staff needs were being overlooked. The article argues that the theory and practice of a health-promoting prison have developed rapidly in recent years but still lag behind developments in other organizations. The article suggests that health promotion policy and practice in prison settings may need to be reconfigured to ensure that the needs of all those who live and work there are recognized.

Keywords: health promotion; qualitative evaluation; program planning and evaluation; environmental health

BACKGROUND AND CONTEXT

The concept of a health-promoting prison is widely considered as a contradiction in terms but has gained increased attention from policy makers and public health practitioners. Although prisons are considered as hierarchical, disempowering, and penalizing places (Whitehead, 2006), they are seen as legitimate sites to tackle health inequalities. Though clear ideological incompatibilities exist between the principles of health promotion and imprisonment, there is political will, both on national and international levels, to regard the prison as a setting for health. Nevertheless, the health-promoting prison has lacked critical debate, and in contrast to other settings (e.g., schools), there has been a shortage of analysis into the challenges associated with the concept and practice. It is the intention of this article to add to the theory and practice of health-promoting prisons, focusing on the views of prison staff in three English prisons. The article argues that although considerable strides have been made in developing the practice of a health-promoting prison, the needs of staff within the setting are overlooked.

It is important to clarify some of the terminology used throughout this article. The notion of the health-promoting prison emerged from the overarching concept of “healthy settings” (discussed in detail later). The term healthy settings is used regularly in the literature, but readers should be aware that other terms (health setting, health-promoting settings, settings for health, settings for health promotion, the settings approach, and the settings-based approach) are used interchangeably in the discourse. In addition, the term prison staff is used within the article to describe individuals working in prison establishments. It is recognized that corresponding terms, such as correctional officer and corrections officer, are used in other parts of the world.

With its roots in the Ottawa Charter (World Health Organization, 1986), the healthy-settings philosophy...
sees health being promoted in a whole systems and ecological way (Dooris et al., 2007). The settings approach challenges a reductionist focus on single health issues toward a holistic vision of health that is determined by an interaction of environmental, organizational, and personal factors within the places that people live their lives (Dooris, 2009). Hancock (1999) argues that the approach is a successful strategy to emerge from the Ottawa Charter; however, early critique suggested that only “legitimate sites of practice” (Green, Poland, & Rootman, 2000, p. 25) were considered for intervention. Commentators proposed that this could exacerbate health inequalities by failing to consider groups who are found “outside” of these places (Dooris & Hunter, 2007). In response, the settings approach has evolved and this has stimulated practice in other places, including prisons.

The notion that prisons are “health promoting” is an agenda that has momentum, particularly in England and Wales. The strides made in this regard have been recognized globally, especially in the United States, where penal health reformers are attempting to replicate successful policy initiatives (Weinstein, 2010). In England and Wales, there have been key health strategy documents and prison policy (Department of Health, 2002; Her Majesty’s Prison Service, 2003), and this has cemented England and Wales as being at the forefront of health promotion and public health policy developments in prison. Reflected in this documentation is the requirement to consider not only the needs of prisoners but also the health and well-being of staff. One document (Department of Health, 2002) suggests that prisons should enhance the life chances of all who live and work there. This focus on staff is particularly important as evidence shows that staff are often vulnerable to ill health and stress (Bögemann, 2007; Liebling, Price, & Schefe, 2011). However, the extent to which current policy and practice has focused on those that work within prison is contestable. Other settings, such as the health-promoting school include the health of teaching staff. Many schools have developed a “look after the staff first” approach that addresses the health of employees (Kolbe et al., 2005). Yet, in work in prisons, the focus has been almost exclusively on prisoners (Woodall, 2010).

The aim of this article then is to examine the prison as a setting for health promotion through exploring the views of prison staff. The article considers what staff perceive as the key issues in the development of the health-promoting prison and whether their needs are fully considered. The findings from the article have been taken from a wider study that examined the concept of a health-promoting prison with prisoners and staff.

**METHOD**

The study was conducted in three prisons in England. The prisons were classified as “Category C training establishments” and held Category C prisoners who are defined as follows:

> Prisoners who cannot be trusted in open conditions but who do not have the ability or resources to make a determined escape attempt. (Leech & Cheney, 2002, p.283)

Access to the prisons was negotiated through senior governors after the aims of the study had been presented and ethical approval for the research was given. Although physically accessing the prison allowed the research to get underway, the process of acquiring social acceptability from the staff was fundamental if any meaningful data were to be collected. Meetings were held with prison governors before “formal” data collection, and these meetings offered insight into each prison’s unique historical and political climate. The actual data collection strategy comprised semistructured interviews with prison staff. This method can provide opportunities to uncover personal perspectives, enabling the researcher to appreciate context and experiences (Smith & Wincup, 2000). An additional advantage of using semistructured interviews was that it allowed the interview to be completed within an agreed time frame (no longer than 30 minutes)—this was a prerequisite imposed by senior personnel in the institutions so that the impact on staff duties was minimal.

The recruitment of prison staff for research can often be more problematic than accessing prisoners themselves. Crawley and Sparks (2005) reported the difficulties in arranging interviews with prison staff and suggested that the regime, time constraints, and low staffing levels inhibit the process. Prison staff were originally recruited into the study using Crawley and Sparks’s (2005) “wherever/whenever” approach to prison-based recruitment. This is an unstructured approach to participant recruitment that relies on the availability of staff at a given time. Although this approach is open to criticism, it reflects the need to be flexible when researching within organizations such as prisons. Although the sampling approach originally generated seven interviews, these participants were mainly prison staff from health care departments who had less frequent contact time with prisoners. Though the interviews were insightful, it was felt that to truly understand the prison setting, a broader range of staff involvement was required. As a result of the failure of the initial sampling, a more systematic sampling approach was later adopted after
consultation with senior members of the prison. The aim was to generate “maximum variation” (Sandelowski, 1995) of professional backgrounds within the prison. A sampling framework was subsequently designed to draw staff from various prison departments; this was devised with assistance from the primary gatekeeper in the prisons. The framework identified individuals with diverse roles within the setting so that further illumination of the prison as a “whole” institution could be achieved. In total, 19 prison staff were interviewed during a 3-month period. Those participating in the interviews had various job roles, including prison officer, prison manager or governor, occupational health worker, catering staff, chaplain, health care worker, and resettlement coordinator.

The execution of data collection was similar across the research sites; only small variations (e.g., the physical location for the conduct of interviews) were noted. Two prison governors did not permit recording equipment in their establishments because of security concerns. This is not uncommon in prison-based research and has been noted elsewhere (Schlosser, 2008). Where audio recording was prohibited during interviews, elements raised by participants were noted in the form of key words and phrases and written up in detail after the interview.

Data Analysis

The use of thematic networks (Attride-Stirling, 2001), was adopted as a way of organizing the analysis. Thematic network analysis builds on key features that are predominant in other forms of qualitative data analysis but is unique in that the aim of the analysis is to construct weblike matrices. Thematic networks systematically organize initial codes into basic themes. Themes often emerged from the data (inductive) or from prior theoretical understandings of the area under study. Although researcher judgment is crucial to determining thematic categories, Ryan and Bernard (2003) have proposed techniques for arriving at a theme. Repetition of key issues in the raw data, for example, is one of the simplest forms of theme identification. Once basic themes are identified, they are grouped to form organizing themes, and then an overarching global theme is produced that succinctly encapsulates aspects of the data. NVivo 7 software was used to aid the analysis.

RESULTS

Throughout this section, quotations are used for illustrative purposes and to support the interpretation and findings. Only in instances where quotations and notes have identified participants have they been edited.

Prison Staff's Health: The Impact of the Setting

Paradoxically, staff suggested that the prison environment could simultaneously function as an “unhealthy” and “healthy” workplace. Occupational stress (discussed in detail below) was reported to be the most influential factor that contributed to an unhealthy work environment. Most staff regarded this as being symptomatic to their occupation, and a number openly discussed colleagues that had taken long-term absence because of the demanding work environment. Though less prominent in the interviews, prison staff also discussed the positive aspects of their work, including the support and cohesion they felt as a member of a uniformed occupation and the unity and camaraderie that had been developed between colleagues. Further issues explaining the paradoxical nature of prison life follow.

Workplace Pressures

Though stress was recognized as an occupational health hazard that could, according to one respondent, “take its toll on staff,” it was regarded as a natural byproduct of prison work. One long-serving prison officer blamed the ever-increasing amounts of paperwork he had to complete in his daily duties alongside decreases in staff numbers and the difficulties of dealing with disruptive prisoners (who he felt should be in higher security establishments) as contributing to heightened stress levels:

There’s more paperwork, there’s less staff, the standard of prisoner at this particular establishment is worse and I don’t think they are vetted as stringently as they should be.

Most respondents, regardless of role, described the intensity of working in the prison. The workload of staff was particularly intense for those operating in areas of the prison where demands placed on them by prisoners were high (e.g., resettlement, reception, etc.). These issues were summarized by one participant:

I think it’s a stressful environment, it has periods of intense workload for all levels of staff and it can be very stressful having prisoners in your face all day long.

Several staff argued that the “toxic combination” of more people being sent to prison and fewer staff numbers...
(as a result of either sickness absence or a lack of recruitment into the service) were contributory factors that placed increased pressures on staff:

Sometimes you can be down to the minimum staffing levels, so you are running about like a headless chicken.

Unrelenting prisoner contact could also become detrimental to mental health. Although interaction with prisoners formed the occupational duties of many prison staff, dealing with continual prisoner concerns could become infuriating. Threats to physical safety were also a looming stressor within the setting. Frequently containing, managing, and communicating with hostile and violent individuals were reported to be both physically and psychologically demanding. The prison governors interviewed during the study, however, defended the work environment and the adverse impact this could have on staff members. They argued that stress-related injuries were not primarily attributable to the working environment but imported from other settings. They argued that, in many instances, stress was often caused by non–work-related issues frequently arising in the home:

A lot of the stress that people have isn’t work related, it’s bringing it in from the outside, so whether they have stress at home or domestic arrangements, it isn’t actually work-related stress in my opinion.

Ameliorating Workplace Pressure

Positive relationships between members of staff facilitated high spirits and morale and, in general, there was an intense sense of comradeship. Staff often had a strong sense of unity, which was underpinned by a mutual understanding of working conditions.

Perspectives on Health Promotion

Policy and Practice

Prison staff’s understanding of health promotion was focused on health care delivery and disease prevention rather than on multidisciplinary and holistic approaches. One prison governor alluded to a “poverty of understanding” in relation to the concept of a health promoting prison and claimed that few staff recognized that health promotion was more than simple health advice through print materials.

Most prison staff perceived that their occupational remit had very little to do with health promotion and that their priority had to be on maintaining security and the smooth running of the institution rather than attending to health need. Those participants working in health care departments suggested that health promotion activities were continually perceived as a matter for them to address; however, their argument was that by involving staff from other areas of the institution, a more effective service would be provided. Notwithstanding this, a prison nurse was unsure as to the extent to which the majority of prison staff would engage in the planning and delivery of health promotion. He predicted that staff would be dismissive of any further deployment as this would add to their already burgeoning workload.

Most staff acknowledged the need for health promotion intervention with prisoners. They recognized that most prisoners entered the institution with poor health: many with severe mental health problems and/or addicted to substances. Nevertheless, many staff also argued that their needs as employees were being overlooked:

I think when people think of health promotion in prison they think of prisoners and most of the resources goes to prisoners with staff being neglected.

One interviewee even implied that more targeted work with staff could benefit absentee rates within the organization:

It’s a neglected area, which is silly because the number of staff that go off sick with stress and stress-related illness from working in the prison service, you’d think they’d be doing something.

Prison staff acknowledged the benefits of using the workplace as an arena for health promotion, but several were keen to emphasize that individual choice in the matter should always be recognized. Staff did not want a kind of “health fascism” in the workplace where a certain mode of living and behaving is imposed on them by the organization. Prison staff wanted to feel part of the decision-making process and able to make their own suggestions and viewpoints:

I think it’s a good idea to promote health but obviously it’s down to the individual and their lifestyle outside of the jail, whether they eat healthy or whatever. Everyone’s an individual . . . nothing that’s pushed on staff, ‘cos a lot of people don’t like things put on them, but something where staff can actually put their own ideas forward would be good.

A consensus emerged in that respondents claimed that senior-level commitment ultimately determined
how much time and resources would be dedicated to health promotion with prison staff. Some staff were also concerned about the sustainability of the programs as this was often contingent on the interests of the governor of the institution:

This prison is already quite forward thinking and I’m hoping that when the governor goes it will continue. That’s the worrying thing. It really is dependant on the governor and if they are interested in health and well-being . . . It really comes from the top.

▶ DISCUSSION

This article intended to explore the concept of health promotion in prison from the perspective of prison staff in three English prisons. The data, albeit derived from a relatively small scale study, suggest that prison staff face many stressors in their daily duties and that their needs, as prison employees, are often overlooked. The findings suggest that policy and practice may need to be reconfigured to ensure that the concept of a health-promoting prison continues to remain focused on all those that live and work within the organization.

In England and Wales, the prison service is a major employer and staff are vital to the running of any prison; yet evidence derived from this study indicates that they are often vulnerable to stress in the workplace. Published statistics support the qualitative data presented here as prison staff numbers have not kept pace with the rapidly expanding prison population. In England and Wales, for example, recruitment of full-time prison officers grew by 9% between 2000 and 2006; however, the prison population increased during the same period by 24% (The Howard League of Penal Reform, 2009). This seems inconceivable given that staff are working with a population with complex, multifaceted health and social problems. In summary, many prisoners are the “product of profound social breakdown” and require more intensive support from staff (The Centre for Social Justice, 2009).

The implication of stress in the workplace is profound. Staff return to their community and their families where often the stressful role of working in a prison can “spill” into home and family life (Crawley, 2005). In contrast, many private businesses have recognized that their employees are their most valuable asset and progressive companies are implementing policy to support their health and well-being (Kolbe et al., 2005). Interventions in prison settings focusing on staff have received comparatively minor attention in the research literature (Schaufeli & Peeters, 2000). This is surprising given the amount of literature published on stress and burnout. However, if prisons are to support a healthy settings approach and be more progressive institutions, the health needs of prison staff must be fully considered alongside that of prisoners (Greenwood, Amor, Boswell, Joliffe, & Middleton, 1999). This would, therefore, include both individually targeted interventions (e.g., coping with stress) as well as changing the overall fabric of the setting (e.g., policy changes to the environment) in consultation with employees.

There was also evidence that the concept of a health-promoting prison was being misunderstood as simply concerning the exchange of health information via print materials. This strongly resonates with Whitelaw et al.’s (2001) “passive model” of settings-based health promotion, which, rather simply, defines the problem (e.g., poor health) as resting with the individual, whereas the setting simply functions as a neutral vehicle that offers favorable circumstances to undertake individually focused health activities (e.g., health education). This may be, in part, because of the practical challenges that inhibit the development of the health-promoting prison rather than a misunderstanding of the underpinning conceptual framework. For example, health promotion, like in other organizations, remains underresourced and an activity on the periphery of the organization’s priorities (Caraher et al., 2002). Some prison audits, for example, have indicated that limits on staff numbers have been insufficient to provide a complete health promotion service (de Viggiani, Orme, Salmon, Powell, & Bridle, 2004). Health promotion, at the moment, therefore, is simply not regarded as a core part of a prison’s business.

Staff working closely with offenders often view health promotion as constituting additional work or as something outside their professional remit (Bird, Hayton, Caraher, McGough, & Tobutt, 1999; Caraher et al., 2002). Bird et al. (1999) found that mental health promotion was not seen as being a core duty of prison staff. Ideas about the role of prison staff are changing rapidly, with many commentators and organizations outlining what they feel is the role of the modern day prison officer (see, e.g., The Howard League of Penal Reform, 2009). As an example of this, Caraher et al. (2002, p. 227) have advocated for health promotion work to be part of the work of every member of prison staff. Although this is a laudable goal, it may be too idealistic and potentially underplays the role conflict many staff will face in terms of being security focused and dedicated to health-promoting principles. For this issue to be rectified, a focus on better staff training, recruitment, support, and remuneration will ultimately be needed.
CONCLUSION

If the concept of the health-promoting prison is to be fully realized, greater consideration needs to be provided to prison staff. Not only have workplace interventions in the prison setting been shown to improve staff well-being, but it has been argued that they save money by reducing overtime costs, improve staff performance, and increase institutional safety (Finn, 2000). Current evidence indicates that peer support interventions for prison staff show some promise (Bayne, 2004), as to do forms of stress management training (Owen, 2006). However, the data presented here suggest that prison staff want to be involved in the design of workplace interventions and not merely passive observers.

This article concludes that it is axiomatic that for prisoners to be rehabilitated and released into the community as law-abiding, healthy citizens, prison staff need to feel valued and in good physical, mental, and psychosocial health (Bögemann, 2007). The health-promoting prison has gradually developed over the past decade, but it still lags behind policy and practice in other settings such as schools. The renewed calls to “reenergize” health promotion practice in the prison setting (Douglas, Plugge, & Fitzpatrick, 2009) are welcomed, and it is hoped that this article will go some way to contributing to this.

REFERENCES


