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## **Relations between On-the-job Stress, Mental and Physical Health, and Job Satisfaction of Correction Officers**

Sarah Chandebal

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Relations between On-the-job Stress, Mental and Physical Health, and Job Satisfaction of  
Correction Officers

by  
Sarah Chandebal

An Applied Dissertation Submitted to the  
Abraham S. Fischler College of Education  
and School of Criminal Justice in Partial  
Fulfillment of the Requirements for the  
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Approval Page

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Sarah Chandebal

Name

March 30, 2023

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## **Abstract**

Relations between On-the-Job Stress, Mental and Physical Health, and Job Satisfaction of Correction Officers. Chandebal, Sarah, 2023: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education and School of Criminal Justice. Keywords: stress, correction officer, physical health, mental health, job satisfaction

This research study aimed to examine the direct and indirect relationships between on-the-job stress, physical and mental health, and job satisfaction for correction officers. Correction officers have one of the most stressful jobs in law enforcement, however, they are one of the most understudied groups in their field. It is therefore important to examine how stress can affect these correction officers. In this study, the predictors of stress for correction officers were discussed, along with the impact that this stress can have on their physical and mental health. Ultimately, as their health declined, it was hypothesized that the job satisfaction of the correction officers also decreased.

In order to accomplish the goal of this study, an anticipated number of 104 correction officers employed by the New York City Department of Correction were surveyed using a questionnaire. The questions on the questionnaire were divided into five sections, which were based on demographics, the correction officers' opinions on their stressors, and the impact of stress on their mental health, physical health and job satisfaction. The responses to the questions on the questionnaire were subsequently used to answer the study's research questions through the use of statistical tests, which included regression analyses and a Sobel test.

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## **Chapter 1: Introduction**

### **Nature of the Research Problem**

The problem that was researched was low job satisfaction among correction officers, as a result of on-the-job stress. This low job satisfaction then caused high employee turnover, absenteeism, and decreased productivity (Lambert, et. al., 2015). Correction officers (also commonly referred to as correctional officers, jail guards, or prison officers) have been experiencing significantly higher levels of on-the-job stress over recent years, especially as the population of incarcerated individuals steadily increases in prisons across the United States (Misis, et. al., 2013). The on-the job stress can potentially impact their physical and mental health, which can then create difficulties for them to perform their jobs effectively (Ferdik & Smith, 2017). Considering that correction officers experience higher levels of on-the-job stress when compared to other jobs in the general population, they are more susceptible to the negative effects of stress (Finney, et. al., 2013).

On-the-job stress is considered to be one of the twenty first century's biggest challenges, according to the World Health Organization (Ballin, et. al., 2021). Stress in the workplace occurs when an individual experiences a feeling of strain, pressure, or tension due to an incapacity to handle work demands and tasks efficiently (Misis, et. al., 2013). Stress can have physical, emotional, and/or psychological impacts on an individual, and over time, stress can release hormones that can eventually lead to deteriorating health and decreased performance from the body (Ballin, et. al., 2021). Correction officers have one of the most stressful jobs in law enforcement (Finney, et. al., 2013). It is therefore important to identify the factors that contribute to resiliency against

the negative effects of stress on the correction officers' mental and physical health and job satisfaction.

According to the U.S Bureau of Labor Statistics (2021), there are approximately 392,600 correction officers working in federal and state prisons across the United States. These correction officers are confined to the jails and are surrounded by individuals who have been convicted or accused of serious crimes, which include murder, assault, robbery, drug dealing, fraud, gang activities, and so on (Picincu, 2019). These incarcerated individuals are known as prisoners or inmates, and they can be difficult for correction officers to deal with daily. Correction officers are locked in with these inmates for shifts that range from 8 to 16 hours. They control when the inmates eat, shower, sleep, participate in recreation, among other activities. Correction officers must have a lot of patience, but the inmates can test this patience through their actions and words. Interactions with these inmates can result in a feeling of stress for the correction officers (Picincu, 2019).

The inmates are not the correction officers' only source of stress. According to Pittaro (2017), overcrowded and understaffed prisons are other sources of stress because these conditions often require the corrections officers to work mandatory overtime and inconsistent rotating shifts. The inmates can also outnumber the correction officers in the facilities, which can result in fear for the correction officers since the inmates can potentially gang-up on them. The correction officers even deal with a lack of resources and training, as well as deteriorating prison facilities. Additionally, supervisors and their potentially overbearing desire to demonstrate their authority can be a contributing source of stress for the correction officers, who already have a lot to deal with (Pittaro, 2017).

These factors that cause stress for correction officers can negatively impact their lives, both professionally and personally. This stress can be exhibited through their behaviors, attitudes, and actions. Correction Officers are subject to potential struggles with their mental well-being, such as anxiety, depression, PTSD, and suicide. Simultaneously, their bodies are at risk of experiencing physical ailments that can affect their overall health, such as heart attacks, hypertension, obesity, diabetes, and so on (Pittaro, 2017). Additionally, some other effects of stress include alcohol and drug abuse, smoking, strained relationships with family and friends, poor sleeping habits, violence, and burnout (Ferdik & Smith, 2017). As a result, the general problem arises when ultimately the causes of stress contribute to feelings related to low job satisfaction for correction officers, such as experiencing displeasure with performing job functions and not wanting to go in to work.

### **Background and Significance**

The problem of on-the-job stress for correction officers exists because the profession has many factors that can potentially result in a work environment that causes the officers to lose their composure and/or feel overwhelmed (Picincu, 2019). Some of these factors and predictors that contribute to stress for the correction officers include the inmates, work environment, supervisors and administrators, and lack of proper training and resources. The inmates are some of the most difficult individuals to deal with. They are criminals and con artists, and they can wreak havoc in the jails. They have anger issues; they break prison property, start riots, and engage in fights, which the correction officers are expected to prevent or intervene in daily (Picincu, 2019).

Correction officers put their lives at risk by being around these inmates, who can attack, assault, and injure them at any time. As a result, the constant threat of violence and the expectation that the correction officers maintain high awareness for long durations can be exhausting and can cause the officers to feel stressed and fatigued (Chamberlain & Hompe, 2020). They experience constant taunting, harassment, and ridicule from the inmates. These encounters can take a toll on the officers to the point where they can no longer handle it and may feel the desire to give up on the job (Chamberlain & Hompe, 2020).

The work environment, which consists of deteriorating prison facilities, long shifts, mandatory overtime, no meal breaks, inmate overcrowding, and staff shortages, also contribute to the correction officers' stress. In fact, correction officers are typically inside for their entire shift; they are limited in the items that they can bring with them to work (e.g., no cell phones) and they are typically unable to leave the facility for breaks or meals (Chamberlain & Hompe, 2020). Additionally, they must deal with a lack of resources and the inability to be properly trained for certain aspects of their jobs simply because there may not be enough money in the budget for it. Simultaneously, poor leadership and management can have a strong effect on stress among correction officers. When officers believe that there is a lack of understanding and communication from their supervisors, they become increasingly dissatisfied at work which can contribute to increasing their stress levels (Chamberlain & Hompe, 2020).

The groups of individuals that are affected by this issue of on-the-job stress are not only the correction officers, but also their families and friends, the inmates, and the correctional agency. The impact of the stress on the correction officers can affect their

professional performance, personal lives, job satisfaction, and mental and physical health. Some of the mental health issues that can arise from stress include depression, post-traumatic stress disorder, burnout, and suicide, while some physical health issues include weight loss/gain, headaches, hypertension, heart attacks and cancer (Pittaro, 2017). The correction officers' deteriorating mental health can then impact their work-life balance and their personal relationships with their families and friends. They begin to treat their family and friends in the same manner that they treat the inmates (Picincu, 2019).

Correction officers are also prone to violence and anger issues due to the stress that they are under (American Addiction Center, 2022). This can severely affect the relationships with their loved ones and can potentially lead to domestic violence (Picincu, 2019). Substance abuse is another effect of job-related stress. Correction officers tend to self-medicate and indulge in alcohol and drug use to cope with the stress they experience from work. According to the American Addiction Center (2022), correction officers may feel that they cannot talk to anyone about their problems out of fear of losing their jobs, so instead, they keep them bottled up and turn to heavy drinking for comfort. Unfortunately, morale among the correction officers can also be so low that they cannot even turn to each other for support, and the only way they think they can find stress relief is through drinking alcohol, smoking cigarettes, or using drugs, such as anti-anxiety medication, pain killers, marijuana, and so on. Participation in these activities can have serious consequences (American Addiction Center, 2022).

As sworn law enforcement officers, correction officers have strict rules and policies to adhere to and there is zero tolerance for illicit drug use and reports of violence. If it is found that a correction officer has shown up to work under the influence of drugs

and/or alcohol, they can be suspended or terminated. Similarly, if a correction officer is arrested for a violent incident, they could also lose their jobs. Unfortunately, when these correction officers hit rock bottom, the correctional agencies and health departments are typically unsympathetic, so knowing that these agencies will not defend or support them in these types of situations, adds to their already high stress levels (American Addiction Center, 2022). For those correction officers who find the stress to be unbearable, they may turn to suicide to end their lives. They may be consumed by feelings of guilt, shame and stress, and may believe that they are a burden to their loved ones (American Addiction Center, 2022).

Based on all the obstacles that they must endure at work and the stress they feel, the correction officers ultimately experience low job satisfaction and eventually start to resent their jobs and develop a hatred towards the inmates (Picincu, 2019). Low job satisfaction indicates that a correction officer is unhappy and displeased with the job functions required of them, which causes them to feel discontent in the workplace. Features of low job satisfaction include absenteeism, high turnover rates, counter-productive behavior and actions, and decreased morale (Lambert, et. al., 2015). Consequently, the correctional agencies would also be impacted if they were to lose their correction officers to mental and physical health disorders, injuries, resignations and so on. Without the correction officers, the jails would not function, and the organization would suffer immensely (Lambert, et. al., 2015).

The main benefit of identifying the factors that contribute the most toward stress and job satisfaction would be to identify those variables that seem to contribute to resiliency in correction officers, for example, it is not known whether on-the-job stress

impacts job satisfaction solely because of the effects of this stress on their mental and physical health. Ideally, the goal of this study is to further understand the relationship between the predicting factors of stress for correction officers, the effects of this stress on both mental and physical health, and its ultimate impact on job satisfaction. Being able to survey the correction officers and inquire about their feelings, thoughts and opinions, via a quantitative approach, would provide additional insight into the ways that high stress leads to low job satisfaction, especially since there has been little research done on this topic in the past.

### **Barriers and Issues**

In this study, some of the barriers that were anticipated included lack of cooperation from correction officers to participate in the study, acceptance from the Institutional Review Board, and data collection concerns regarding time constraints. Some correction officers may have been reluctant to participate in a study since they had to express their personal issues and struggles that they experienced on the job. They may have been afraid to open up because of a fear of retaliation from the correctional agency, especially if it may have seemed as if they were complaining. The correction officers may have also been skeptical about participating due to confidentiality concerns. In order to encourage participation, it was made clear to the correction officers that: a) their participation was voluntary and would not have an impact on their position, b) they had a right to leave or withdraw from participating at any time, and c) information they provided was anonymous and all data was kept confidential via password protected files.

Correction officers who may have initially been willing to participate may have even drop out of the study resulting in participant mortality, which could be detrimental

to quantitative research when high numbers of participants were required to reach the desired level of statistical significance (Helms, 2017). A lack of participants could have resulted in statistical data that was not significant enough to enhance the research and achieve the goals of the study. Incorporating incentives (such as a potential for change in the organization) could have motivated the correction officers to participate in the study (Helms, 2017).

Since this study required the use of human participants (which included correction officers employed by the New York City Department of Correction), the Institutional Review Board needed to approve the study beforehand. After all, it was important to protect the rights of the participants and acquire their consent for participation in the study. As a result, this researcher submitted plans to conduct a study to the IRB. IRB approval was achieved by addressing any prescribed changes in the consenting documents or procedures as prescribed by the IRB reviewer. As part of this process, the IRB was provided with a letter of approval to conduct this study by the NYC Department of Correction – this approval was granted in writing. If the information that was presented to the IRB was insufficient, the study may not have been approved, and then the IRB protocol submission would have needed revision and resubmission as many times as needed until the protocol was approved (Helms, 2017).

Additionally, data collection may have been difficult due to time constraints, especially since it was established that correction officers work long shifts with minimal breaks. The researcher therefore needed to work around the correction officers' busy schedules in order to find time for them to participate in the research study.



## **Purpose Statement**

The purpose of this proposed study was to examine the direct and indirect relationships between on-the-job stress, physical and mental health, and job satisfaction for correction officers.

## **Definitions**

The following terms are important to know in order to understand the context of the proposed study:

- Correction officer – A trained professional that is responsible for the care and supervision of individuals who are imprisoned.
- Depression - Feeling sad and losing interest in activities that once brought joy.
- Incarceration - Being confined to jail or prison.
- Inmate - An individual who has been accused or convicted of committing a crime and is punished by being held in prison for a defined time period.
- Mental health - Psychological aspects that make up an individual's thoughts and decision-making process, which can contribute to their actions.
- On-the-Job Stress - An overwhelming feeling and reaction to situations of pressure experienced in the workplace, which can negatively impact the body physically and/or mentally.
- Physical health - Biological aspects of a person's bodily functions and nutrient consumption that contribute to their ability to withstand injury or illness.

## Chapter 2: Review of the Literature

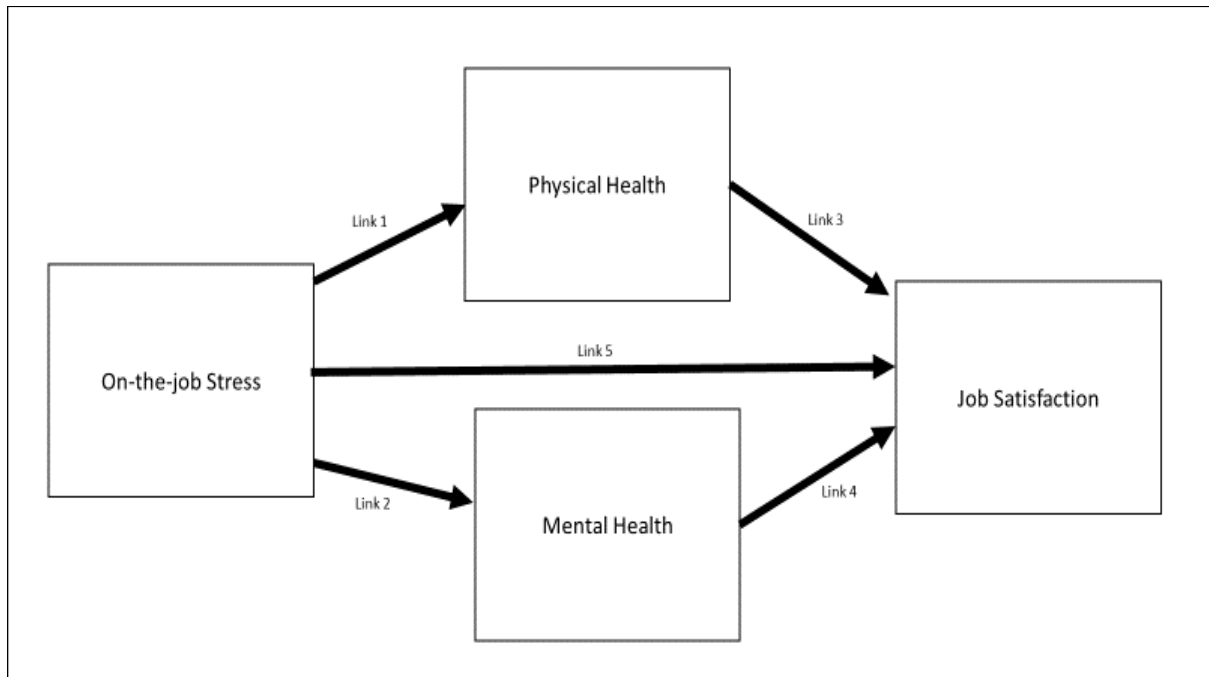
### 2.1 Introduction

Correction officers form the heart of the prison system. They are responsible for the custody and safety of the incarcerated individuals (otherwise known as inmates). The correction officers are also responsible for responding to administrative demands, searching cells for drugs, weapons and other contraband, and intervening to resolve potentially violent interactions among inmates. They even play a pivotal role in the rehabilitation of the inmates, so that they can eventually make the transition back into society (Ferdik & Smith, 2017). Unfortunately, the responsibilities that are expected of correction officers in the workplace can be very stressful, and the high stress levels can negatively impact their physical and mental health, which ultimately results in low job satisfaction.

A conceptual model was developed to explain the currently proposed links between on-the-job stress, physical and mental health, and job satisfaction of correction officers (see Figure 1). The links highlighted in the conceptual model formed the framework for this literature review, whereby multiple sources were reviewed and were used to describe and discuss the predicting factors of job-related stress, the impact that on-the-job stress could have had on the physical and mental health of the correction officers, and the overall contribution of stress to low job satisfaction.

**Figure 1**

*Conceptual Model of the Relationships between On-the-job Stress, Mental and Physical Health, and Job Satisfaction among Correction officers*



*Note. This figure demonstrates the direct and indirect links (relationships) between on-the-job stress and its impact on physical health, mental health, and job satisfaction among correction officers.*

## **2.2 Understanding Stress and its Role in the Workplace**

Stress is considered to be a biological response to stimuli, which in turn exerts certain actions on the body that disrupt its natural homeostasis, otherwise known as the overall functionality of the systems in the body (Yaribeygi, et. al., 2017). It results in changes in our hormones and can potentially affect our memory and nervous system. In many cases, stress can be a triggering factor for pathophysiological diseases and conditions, and it can therefore impact our immune systems (Yaribeygi, et. al., 2017).

Stress is a concept that is a part of everyday life, and it can have an influence on human health and life expectancy (Becker, et. al., 2022). The workplace is one of the most common environments for developing stress. On-the-job stress is the harmful reaction and feeling of pressure experienced by individuals due to the demands expected of them at their workplace (Bhui, et. al., 2016). On-the-job stress can result in physical illness, as well as psychological and mental distress. According to a 2015 Health and Safety Executive (HSE) report, work stress is more common in public service institutions, such as correctional facilities (Bhui, et. al., 2016).

Being stressed out is not typically a medically diagnosable condition, but humans can usually recognize the signs of stress through feelings of anxiety, nervousness and pressure from work tasks, deadlines, environment, and even excessive demands and responsibilities (Davies, 2022). As a result, some humans may feel overwhelmed and have increased adrenaline, while others may feel angry or even sad. Interestingly, most sick days employees take are because of stress (Davies, 2022).

Another interesting fact is that women are more likely to experience on-the-job stress than men who are of the same age, most likely due to women having the extra burden of care-taking responsibilities at home. Subsequently, it becomes difficult to maintain a work-life balance (Davies, 2022). According to a statistical report from 2022, there are more males than females employed as correction officers in the United States (Zippia, 2022). Of all the correction officers, 68% are male and 32% are female (Zippia, 2022). On-the-job stress ultimately affects 19-30% of the employees in the general United States population, and correction officers make up a substantial percentage of this stressed population (Finney, et. al., 2013).

## **2.3 Predictors and Factors that Contribute to On-the-job Stress for Correction Officers**

Stress in the workplace is a result of a wide range of predicting factors and stressors that usually arise when individuals try to manage more tasks and responsibilities than they can handle. They then encounter difficulties in trying to juggle everything and can develop strain, anxiety, and feelings of overwhelmingness (Bhui, et. al., 2016). Correction officers, in particular, have a huge weight of responsibilities on their shoulders in the workplace, which is the correctional facility where they are employed. They are considered to be first responders in law enforcement, and they have a critical role, which entails maintaining a safe and secure prison environment, and ensuring the well-being of a large inmate population (Ballin, et. al., 2021). If anything were to happen to an inmate (such as injury or death), the correction officers are usually reprimanded. They are basically designated “babysitters” to the inmates.

Correction officers are also responsible for responding to administrative demands, searching cells for drugs, weapons and other contraband, and intervening to resolve potentially violent interactions among inmates. They even play a pivotal role in the rehabilitation of the inmates, so that they can eventually make the transition back into society (Ferdik & Smith, 2017). Due to the high demands and extensive responsibilities that are placed on correction officers, they experience a significant amount of stress in the workplace. The sources of stress have numerous facets, but the main contributing factors of stress for correction officers are the inmates, supervision and management, and work environment/administration, each of which will be discussed individually.

### **2.3.1 The Effects of Inmates on Correction Officers**

Individuals who have committed a crime and have been ordered to jail or prison by a judge can be given a few names, which include inmate, prisoner, felon, incarcerated person, or even person in prison. Inmate is a more favored term and will be used throughout this research study. These inmates are essentially criminals, and most of them can fit into the categories of robbers, murderers, rapists, drug dealers, abusers, among others. Subsequently, these are dangerous individuals who have all been subjected to being held in correctional facilities. Jails and prisons are two different types of correctional facilities. In the United States, prisons house inmates who have been sentenced to one or more years for their crimes and are operated by state or federal governments, while jails house inmates who are awaiting trial or are sentenced to one year or less for their crimes. Jails are operated by local municipal governments (Finney, et. al., 2013). In some instances, the governments will hire private corporations to operate private prisons, which are for-profit (Buday & Nellis, 2022).

Whether it be a prison or jail, correction officers are employed to be responsible for the care of the inmates. They are surrounded by these inmates daily and are therefore putting their lives at risk by being around them. Inmates are unpredictable and some of them may lack remorse and empathy. This generates a sense of fear in the facilities, and it is commonly known that jail/prison is a scary place to be, not just for the inmates, but for the correction officers as well. While at work, correction officers are locked in with these inmates for shifts that range from 8 to 16 hours. Correctional facilities operate 24/7, so correction officers are subject to working on holidays, weekends, and even on their days off (Ferdik & Smith, 2017).

Inmates are considered to be the correction officers' primary stress-inducing factor (Viotti, 2016). After all, these inmates are constantly exhibiting disruptive behavior, picking fights with one another, engaging in gang activities, breaking property, and starting riots (Ferdik & Smith, 2017). At any point, the inmates can threaten the correction officers, call them names, throw feces and urine at them, mix unknown substances to throw at them, and physically and sexually assault them. They even make weapons out of any available materials that they can find (Ferdik & Smith, 2017). Subsequently, being expected to sacrifice their own safety and remain in a constant state of high alert can be very stressful for correction officers, especially since they are witnesses and potential victims of violence every time they are at work (Ferdik & Smith, 2017).

Subsequently, there are also inmates with mental illnesses, who can add to the correction officers' stress. Most inmates who are incarcerated with mental illnesses committed a crime after being released from a psychiatric institution, hospital, or program (Ferdik & Smith, 2017). Correction officers are not trained or prepared to deal with the complexities of individuals with mental illnesses, who may be in need of medication, therapy or other medical services (Ferdik & Smith, 2017). After all, these mentally ill inmates may exhibit erratic behavior, which could be harmful to staff and other inmates (Ferdik & Smith, 2017).

Lastly, inmates escalate the correction officers' stress levels through their ability to smuggle in contraband, which includes items such as weapons, tools, cigarettes, drugs, cellphones, alcohol, and so on. These items are illicit in the correctional facilities, and it is the correction officers' responsibility to conduct thorough searches of the inmates'

cells to ensure that contraband is not present (Ferdik & Smith, 2017). Inmates obtain these contraband items through a variety of ways, including visitors, mail, and even correctional staff, and these items can be potentially harmful (Ferdik & Smith, 2017). Not only do the inmates receive reprimands for possession of contraband, but the correction officers can receive disciplinary action for failing to discover the contraband during their required searches (Ferdik & Smith, 2017).

### **2.3.2 The Effects of Supervisors and Other Management on Correction Officers**

Apart from the inmates, another predicting factor of stress for correction officers includes the supervisors and management teams in the correctional facilities. Supervisory staff include wardens, deputy wardens, and captains. In some correctional facilities, there may also be chiefs and commissioners. Supervisory staff are responsible for ensuring that the correction officers perform their duties effectively and they must simultaneously monitor the safety of the staff and inmate population (Schiff & Leip, 2018). Like the correction officers, the supervisors are under stress from heavy workloads and job expectations, which can cause them to take their frustrations out on their subordinates (Schiff & Leip, 2018). Consequently, the supervisors' behaviors and actions can impact the correction officers' stress levels through factors such as lack of support, assigning unrealistic or overwhelming tasks, miscommunication or lack thereof, mismanagement of staff and resources, and the presence of nepotism (favoritism) (Finney, et. al., 2013).

Supervisors are expected to extensively communicate with the correction officers, whether it be through feedback regarding job performance, assignments, organization of tasks, and so on. Similarly, correction officers should be able to share their thoughts, questions, and opinions with their supervisors, however, based on previous studies, it was



shown that correction officers felt that they could not disagree with their supervisors, and that the quality of supervision was low. This was significantly related to job stress for the correction officers (Finney, et. al., 2013).

Additionally, supervisors in the correctional facilities typically do not demonstrate encouragement or provide positive feedback to correction officers who perform well, which indicates a lack of emotional support (Finney, et. al., 2013). According to the 2017 California Correctional Officer Survey (CCOS) on Health and Wellness conducted on ~8000 correction officers, a third of the correction officers stated that they have experienced a lack of recognition for their good work in over 6 months, while 82% believed that their supervisors did not care about their feelings (Lerman, 2017).

Lack of support also extends to instrumental support, whereby correctional supervisors are unwilling to provide extra staffing assistance to correction officers for them to complete tasks, or even provide additional resources to help them, especially when the responsibilities have been shared unequally among the correction officers (Finney, et. al., 2013). This can create hostile working relationships between correction officers and their supervisors and can increase the correction officers' stress levels. After all, it becomes difficult when the correction officers do not have adequate leaders to turn to in times of need. Support in a correctional environment is imperative if it is expected for everyone to work as a team to maintain the safety and security of the facility. Inadequate leadership styles demonstrated by supervisors are therefore another source of stress for the correction officers (Finney, et. al., 2013).

According to a study conducted on 296 correction officers across six correctional facilities in Oregon, U.S., there was a significant relationship between the stress of

correction officers and supervisor support (Ballin, et. al., 2021). In fact, the correction officers had overwhelming negative feelings towards their supervisors, primarily due to inconsistent organizational decision-making and policies, as well as a lack of procedural justice demonstrated by supervisors (Ballin, et. al., 2021). This procedural justice referred to the fairness of the procedures in the correctional facilities, and it entailed inconsistencies regarding disciplinary actions and promotions, as well as unclear goals, rules, and regulations. The findings of the study also demonstrated a lack of organizational support and a lack of decision-making ability by supervisors. Subsequently, procedural justice was directly associated with increased stress levels for correction officers in the study (Ballin, et. al., 2021).

### **2.3.3 The Effects of the Work environment and Administration on Correction Officers**

The work environment and administrative aspects of the correctional facilities are two predicting factors of stress for correction officers. The work environment consists of a prison or jail with locks on every door, bars on the windows, lack of sunlight, cameras on every corner and in every nook and cranny, and several monitoring stations. The environment can be described as dark and dreary. The facilities are dirty, vermin-infested, and subject to environmental hazards, such as contaminated water and polluted air (Wang, 2022). Although the correction officers do not live in these correctional facilities like the inmates, they do spend most of their time in this work environment and are therefore exposed to the same contaminants as the inmates, for example, Rikers Island, which hosts the New York City Department of Correction is built on a landfill, so

the pungent smell of waste and garbage is experienced by everyone who works and lives there (Wang, 2022).

Correction officers are often subject to run-down infrastructure, deteriorating plumbing, exposure to mold and asbestos, and inconsistent access to resources (such as radios/walkie talkies, supplies, telephones, air conditioning in summer, and heating in the winter). This makes it difficult for them to do their jobs and causes their stress levels to increase (Summerlin, et al., 2010). According to a 2010 study on correction officers in Florida, 42% of correction officers reported experiencing elevated stress levels because of a lack of resources and equipment, which prevented them from performing their duties effectively (Summerlin, et al., 2010).

In terms of administration, correction officers are subjected to inconsistent, rotating shifts, long hours, mandatory overtime, staffing shortages, lack of breaks, and overcrowded facilities (Ferdik & Smith, 2017). The correction officers are locked in with these inmates, who typically outnumber them, for long periods of time. They may not be afforded a break to eat a meal or even use the restroom since there may not be another correction officer available to relieve them due to staff shortages. Currently, Rikers Island (NYC Department of Correction) is experiencing a serious staffing shortage. This is especially concerning because the correction officers at Rikers Island must currently endure substantial sources of stress, including broken cell doors, increases in inmate flights, slashings and assaults, and an overall lack of discipline (Gross, 2022).

According to the findings of the study conducted on 296 correction officers across six correctional facilities in Oregon, U.S., increased working hours contributed to the elevated stress levels of the correction officers (Ballin, et. al., 2021). In fact, working

long hours for overtime was directly attributed to increasing stress, and the correction officers experienced negative feelings towards the job because of the excessive working hours (Ballin, et. al., 2021).

## **2.4 Impact of On-the-job Stress on Correction Officers**

When compared to other professionals, correction officers experience some of the highest rates of suicide, obesity, depression, sleep disorders and cardiovascular (heart) disease. The correction officer profession is also associated with high rates of sick leave, healthcare costs, and injury (Ballin, et. al., 2021). Consequently, correction officers experience high levels of chronic stress which negatively impacts their physical health, mental well-being, and ultimately their job performance and job satisfaction (Ballin, et. al., 2021). In this section, the impact of stress on the physical and mental health of correction officers will be discussed.

### **2.4.1 Impact of On-the-job Stress on Physical Health**

Based on link 1 of the conceptual model, stress can impact the physical health of correction officers. Stress can take a toll on an individual's body, and it can seriously impact the physiological and biological functions, therefore causing harm to the immune system (Yaribeygi, et. al., 2017). This can negatively affect major organs, such as the heart, brain, lungs, kidneys, and joints. Once the immune system is compromised or suppressed by stress hormones, individuals would become more susceptible to contracting various illnesses (Yaribeygi, et. al., 2017). Some of the most common impacts of stress on physical health can be observed through the development of hypertension (high blood pressure), cardiovascular disease (heart attack), gastro-intestinal illnesses, ulcers, headaches, weight loss/gain, and joint pain (Yaribeygi, et. al., 2017).

According to the 2017 California Correctional Officer Survey (CCOS), when compared to average Americans, correction officers have a high incidence of serious physical stress-related illnesses. In fact, 41% of active correction officers had been told by their healthcare providers that they were at risk of developing high blood pressure; 22% were told the same about diabetes, and 16% were at risk for developing heart disease (Lerman, 2017). These illnesses can also be accompanied by chronic pain in the neck, knees and back, all of which can take a toll on the correction officers' bodies. Joint pain and injuries to various body parts can also be a result of the correction officers responding to incidents or fights between inmates. According to the CCOS, 10% of correction officers reported becoming injured after responding to these incidents. Consequently, 50% of them reported rarely feeling safe at work and therefore experienced headaches, digestive issues, high blood pressure, diabetes, and heart disease as a result of the fear of being hurt (Lerman, 2017).

Correction officers are even at risk of contracting communicable diseases from those inmates who may be contagious and are held in isolation. Some diseases that they are at risk of contracting include Tuberculosis, Hepatitis B or C, and even HIV/AIDS, which can negatively impact the health of the correction officers and can potentially pose a danger to their loved ones who they go home to and who depend on them (Ferdik & Smith, 2017). The inmates typically are admitted into custody with these diseases since they are common among avid drug users. As of 2020, COVID-19 is another contagious disease that correction officers were susceptible to contracting. In fact, according to the World Health Organization (WHO), there were multiple large outbreaks of COVID-19 in prisons and jails around the world (Nowotny, et, al., 2021).

Additionally, the deteriorating prison facilities can contribute to the physical health issues that affect the correction officers, especially through the presence of asbestos, mold, mildew and other harmful contaminants in the buildings. Breathing in these contaminants can ultimately impact the lungs and make the correction officers immune-compromised, so they may become sick very easily (Ferdik & Smith, 2017). Correction officers are even at risk of developing a loss of appetite, irregular sleeping patterns, and even addictions to smoking, alcohol and drugs, which can have their own physical effects on the body (Pittaro, 2017).

Abuse of drugs and alcohol, and chronic cigarette smoking can have detrimental physical effects on the body and can lead to addiction. Some drugs of choice are cocaine, marijuana, heroin, methamphetamine, and even prescription medications primarily for pain (Palmer, 2021). Alcohol, cigarettes (tobacco), and drugs can have health risks, such as dental problems, kidney damage, liver damage, lung and breathing problems, and even cancer (Palmer, 2021). Prolonged substance abuse causes individuals to be more susceptible to developing strokes, bronchitis, heart attacks, and can also lead to death (Palmer, 2021). Correction officers who engage in excessive use of drugs, alcohol and/or cigarettes in an attempt to cope with the stress they deal with are putting their health at risk and are decreasing their life spans (Pittaro, 2017).

Not only does stress decrease the lifespans of the correction officers, but it affects their ability to continue to do the job efficiently. Essentially, most of these ailments are due to the demanding nature of this type of law enforcement work, which involves prolonged work hours, irregular sleep patterns due to constantly changing shift

assignments, and being asked to perform extra duties that extend beyond their traditional responsibilities (Ferdik & Smith, 2017).

As suggested by Link 3 of the conceptual model, on-the-job stress can have an impact on job satisfaction through its impact on the correction officers' physical health. As the correction officers' physical health deteriorates, it becomes difficult for them to perform effectively at work, especially with a lack of physical strength (Avdija, 2017). The correction officers may be in constant pain or may persistently feel unwell due to their physiological discomforts (Lambert, et. al., 2015). As a result, they may resent having to travel every day to the correctional facility that caused their ailments, and they will ultimately become dissatisfied with the job. This could then lead to a desire to resign (Lambert, et. al., 2015).

#### **2.4.2 Impact of On-the-job Stress on Mental Health**

Based on link 2 of the conceptual model, stress can impact the mental health of correction officers. The feelings of stress and stress hormones can ultimately affect the central nervous system, which controls our thoughts, feelings, memory, and so on (Yaribeygi, et. al., 2017). Mental health is controlled by the psychological aspects of the body, and stress has the ability to change certain structures of the brain, which can ultimately impact an individual's behavior and actions (Yaribeygi, et. al., 2017). The mental health of the correction officers can be negatively impacted by stress from the work environment (Fusco, et. al., 2021).

Correction officers are exposed to potential psychologically traumatic events due to the nature of their work (Fusco, et. al., 2021). Correction officers are at a higher risk of developing mental health disorders than the general population due to the work-related

dangers and risks. In fact, in the United States, correction officers experience an average of 28 situations whereby violence, injury and even death are involved, and they are typically a victim of at least 2 assaults in their careers (Fusco, et. al., 2021). Not only are correction officers exposed to verbal and sexual harassment, but they are also subject to media and political scrutiny, which can increase their stress levels and negatively impact their thought processes, feelings and mental health (Fusco, et. al., 2021).

The adverse effects to the mental health of correction officers can be observed through three main entities, which include the development of depression, Post-Traumatic Stress Disorder (PTSD), and the desire to commit suicide. According to the results of the CCOS, depression is considered to be a way of life for law enforcement personnel. In fact, more than 1/3 of the correction officers reported that someone in their lives told them they have become more anxious or depressed since they started working in the correction line of work. 28% of them reported feeling down, depressed or hopeless at times; and 38% developed little interest or pleasure in participating in activities and hobbies (Lerman, 2017).

Depression can even be a symptom of Post-Traumatic Stress Disorder (PTSD). According to the results of the CCOS, 1 in 3 correction officers experienced at least one symptom of post-traumatic stress disorder; and 40% of officers reported that they have had nightmares after experiencing a frightening or upsetting event at work (Lerman, 2017). Correction officers are potential victims of threats and assault by the inmates. These assaults can be verbal, physical or sexual in nature. The correction officers can also witness traumatizing situations, such as the assault or death of a fellow correction officer, inmate-on-inmate rape, inmate-on-staff rape, the aftermath of an inmate suicide, and so



on. According to the CCOS, 85% had witnessed someone being injured; and 63% had seen or handled dead bodies at work (Lerman, 2017). These factors can result in anxiety and nightmares for the correction officer who may be traumatized after the experience (Lerman, 2017).

The PTSD experienced by correction officers is even comparable to that experienced by war veterans who served in Iraq and Afghanistan, and the rates of PTSD are also higher in correction officers than in police officers (James & Todak, 2018). According to a survey conducted on 355 correction officers employed by the Washington State Department of Corrections, 19% of them met the criteria for diagnosable PTSD, primarily as a result of exposure to critical and traumatic events in the work environment, as well as increased job role ambiguity (James & Todak, 2018).

PTSD and the overwhelming nature of the job can potentially lead a correction officer to the path of suicide. In fact, the risk of suicide is 39% higher for correction officers than other professions (American Addiction Center, 2022). According to the CCOS, 10% of correction officers have thought about committing suicide. The rate of suicidal ideation was found to be higher for retired correction officers (1 in 7) (Lerman, 2017). It was also found that 73% of the correction officers who experienced thoughts of suicide had not told anyone, so they would have been suffering in silence (Lerman, 2017). Suicide will result in the loss of a life; it is the point of no return. The death of a correction officer that takes their own life will not only impact the correctional agency, but everyone who loved and cared for that individual (Lerman, 2017).

Based on the 2013 data from the California Correctional Peace Officers Association, the suicide rate of their correction officers was 19.4 deaths per 100,000,

which is higher in comparison to the 12.6 deaths in the general U.S. population (Weichselbaum, 2017). The fact that the stress from the job can drive a correction officer to feel so dissatisfied with their life that they commit suicide sparks a desperate need for change in the corrections law enforcement system (Weichselbaum, 2017).

Some other interesting findings to highlight from the CCOS were that 41% of the correction officers reported nodding off while driving home from work after working long hours and having poor sleep habits, and 39% reported feeling constantly exhausted (UC Berkeley, 2018). These factors address link 4 of the conceptual model which highlights the relationship between the impact of stress on mental health and job satisfaction. After all, the effects of stress on mental health can potentially affect job satisfaction since constant emotional exhaustion and decreased emotional toughness can make it difficult to enjoy being at work (Avdija, 2017). In fact, it has been determined that individuals who are less stressed are happy at work and are more satisfied with their jobs. They also tend to be more open-minded, exude a positive demeanor, and demonstrate creative thinking (Lambert, et. al., 2015). Consequently, those who are emotionally burnt out and unhappy due to on-the-job stress tend to be dissatisfied at work (Lambert, et. al., 2015).

## **2.5 The Impact of Stress on Job satisfaction for Correction Officers**

As stipulated by link 5 of the conceptual model, on-the-job stress can directly impact job satisfaction. Low job satisfaction is associated with numerous negative factors, some of which include increased absenteeism, high turnover rates, decreased productivity, and decreased morale (Lambert, et. al., 2015).

Absenteeism occurs when the correction officers choose not to show up to work. This is usually for illegitimate reasons, such as taking a day off from work to relax, to recover from a hangover or recent social event (such as a party from the night before), or to hang out with friends (Lambert, et. al., 2015). This typically occurs when the correction officers decide that the stress of the job is not worth the cost to their health and wellness. Unfortunately, this gravely impacts the correctional agency that heavily relies on the correction officers to monitor the inmates, respond to emergencies, and run a safe and secure facility. Staff attendance is essential and critical for the correctional facilities to function (Lambert, et. al., 2015).

Ultimately, absenteeism contributes to lost productivity and increased overtime costs to replace the absent person. Indirect costs include having staff who may not be familiar with a particular work assignment/post and is unexpectedly told to fill in for an absent person, time consumption and extra effort for supervisors and managers to arrange for coverage of the work assignments of absent staff, and the exhausting effects of mandatory overtime on staff (Lambert, et. al., 2015). This creates a strain on the relationship between the constantly absent correction officer and the agency because they may develop a reputation for being unreliable. Chronic absenteeism can even result in termination, which is the end of their career and is considered involuntary turnover. If the correction officer chooses to resign from their position, this contributes to the agency's voluntary turnover rate, which is also increased by workplace stress (Lambert, et. al., 2015).

Rikers Island, New York City's largest jail complex, is currently facing a severe staff shortage, which has continued to decline after the occurrence of the 2020 COVID-

19 pandemic (Gross, 2022). On a daily average, there are over 1100 correction officers calling out sick or on medically modified duty, which is light duty with no inmate contact (Gross, 2022). According to the Correction Officers' Benevolent Association (COBA), the reason for this high level of absenteeism is due to mandatory excessive overtime hours whereby correction officers are forced to work 24-hour shifts (triple tours) due to a lack of staff reliefs, which is illegal, as well as increased assaults on staff, and failure on the correction administration's part to hire more correction officers (Gross, 2022). This crisis has resulted in consequences for the staff and the inmates.

Due to the lack of staff available on Rikers Island to monitor and supervise the inmates and their activities, there has been an increase in inmate-on-inmate slashings and stabbings and inmate deaths, as well as increased assaults on staff (Gross, 2022). In March 2022, there were 66 events of slashings/stabbings which is the highest recorded in the past two years, and more than a dozen inmates have died on Rikers Island in 2022 due to suicide, neglect for medical care, or drug overdoses (Gross, 2022). Additionally, in 2021, there were 1,117 cases of assaults on staff, which is the highest number recorded on Rikers Island in the past five years (Gross, 2022). Not only are staff calling out sick, but a lot of them are also resigning from being correction officers, which contributes to the overall employee turnover rate for the correctional agency (Gross, 2022).

According to Lambert, et. al. (2015), stress is associated with correctional staff turnover intent since they experience low job satisfaction and may wish to escape from the jail confines. Once the correction officers are overworked and overwhelmed, they may leave the correctional agency and seek new employment in other agencies. This results in the need for the agency to hire new staff to replace those who have left, which

in turn can result in possible interruption of services for inmates, understaffing, and decreased morale among the remaining personnel if turnover increases (Lambert, et. al., 2015). The remaining staff members may even become disgruntled with having to deal with staff shortages and being overworked to fill the gaps (Lambert, et. al., 2015).

Disgruntled employees can exhibit decreased productivity, decreased work performance, and decreased morale. These correction officers may develop contentious relationships with their supervisors and co-workers, which can in turn lead to a lack of motivation to complete work and being distracted while on the job. During times of stress and hardship (such as staff shortages), the correctional agency can develop a decrease in morale because the correction officers have lost faith in the agency and their goals. Some of them may just show up to work to get a paycheck, but their mind and heart would not be there. This can impact the careers of the correction officers as they can potentially receive low ratings on their performance reviews or even reprimands for underperformance (Lambert, et. al., 2015).

The correctional agency also suffers when morale is low because the professional relationships between the correction officers and their supervisors are impacted. The supervisors are seen as villains for driving the other correction officers away and are for not motivating the existing correction officers to improve in their work performances. They all eventually lose sight of the agency's objectives and values (Lambert, et. al., 2015). The inmates even suffer because the staff are stressed, dissatisfied, and are unable to perform their duties effectively (Lambert, et. al., 2015). Overall, low job satisfaction caused by stress becomes prevalent to the point that the correction officers do not care

about the job anymore and are no longer motivated to perform their duties efficiently (Lambert, et. al., 2015).

Additionally, as stipulated by links 3 and 4 respectively of the conceptual model, deteriorating physical and mental health, as a result of stress, can result in low job satisfaction for correction officers as they struggle to find a balance between life and the demanding and exhausting nature of their jobs (Armstrong, et. al., 2015).

### **2.5.1 The Effects of Physical Health on Job satisfaction for Correction Officers**

As discussed earlier in Section 2.4.1, correction officers are prone to physical health issues due to the stressful nature of their jobs. As they experience the ailments and negative effects on their physical health, such as body aches and pains, headaches, hypertension, and so on, it may become difficult for the correction officers to feel satisfied at work (Armstrong, et. al., 2015). This is stipulated by link 3 of the conceptual model. After all, the stressful features and perceived health risks of the job are the reason they are physically struggling. The impact of declining physical health is considered to be a perceived health risk that is associated with the job, and it can significantly determine their job satisfaction (Shan, et. al., 2022).

Correction officers are prone to physical health issues, especially injuries from workplace hazards in the controlled prison environment (Konda, et. al., 2013). Correction officers miss work, as result of physical injuries, four times more than other professions (Konda, et. al., 2013). In fact, in 2011, per 10,000 full-time correction officers, 544 work-related injuries and illnesses were reported, and 254 were due to work-related assaults and violent acts from inmates (Konda, et. al., 2013). The occupational physical risks that correction officers experience significantly and negatively affect their job satisfaction,

which is the driving force for their creativity, working state, decision-making behavior, and job performance (Shan, et. al., 2022).

When correction officers do not feel well, are constantly in pain, and are physically unable to perform their jobs effectively, they become discouraged, which is detrimental for job satisfaction (Johnston, et. al., 2022). As they continuously struggle, the correction officers begin to resent the positions they hold, and this can severely affect the work environment. This can lead to a host of consequences since a lack of staff and/or uncaring, non-productive staff can lead to low inmate supervision, which can result in increased destruction of property, increased fighting, more injuries and assaults, and even inmate deaths (Armstrong, et. al., 2015).

### **2.5.2 The Effects of Mental Health on Job satisfaction for Correction Officers**

Similar to that of physical health, the effects of mental health from stress can impact job satisfaction for correction officers, which is stipulated by link 4 of the conceptual model. According to the Centers for Disease Control and Prevention (2018), mental illnesses can impact an individual's job satisfaction, which in turn negatively affects their communication, job performance, productivity and engagement in work. This is particularly identifiable in individuals who suffer from depression and therefore struggle to find enjoyment in daily activities, especially at work. In fact, depression affects an individual's cognitive functioning by about 35%, which makes it difficult to focus and complete tasks at work (CDC, 2018).

Mental health plays an influential role in job satisfaction (Cao, et. al., 2022). Subsequently, mental health indicates an employee's psychological status, which determines their perception of job satisfaction. The negative emotions associated with the

negative component of mental health can reduce their job satisfaction (Cao, et. al., 2022). Correction officers are at risk for developing adverse mental health outcomes from their line of work, which can involve severe anxiety, major depressive disorder, and post-traumatic stress disorder (Johnston, et. al., 2022). Mental health struggles also develop when correction officers have difficulty in maintaining a work-life balance, especially with having the responsibility of taking care of a family and working long hours (Johnston, et. al., 2022).

The ways in which the correctional agency responds to the correction officers' mental health challenges also influences their job satisfaction (Johnston, et. al., 2022). If it appears that the correctional agency does not have an interest in the correction officers' well-being, they may not feel supported and will be ultimately dissatisfied with the job (Johnston, et. al., 2022). Consequently, if individuals feel unhappy and unappreciated at work, they may no longer be committed to the agency, which can lead to increases in absenteeism and resignations (Johnston, et. al., 2022).

According to a study conducted on 191 male and female correction officers in Abeokuta, Nigeria, it was found that correction officers that had a mental disorder were five times more likely to be dissatisfied with their jobs (Sowunmi, et. al., 2017). Additionally, 25% of the correction officers were dissatisfied with their jobs, while 52% experienced average satisfaction (Sowunmi, et. al., 2017). It was ultimately determined that the correction officers who spent the most waking hours at work were dissatisfied, and they were most likely to report feeling unhappy and unfulfilled throughout the workday (Sowunmi, et. al., 2017).



According to another survey study conducted by Lambert and Team on 272 correctional staff employed by a U.S midwestern, maximum security prison, the participants who had more inmate contact reported that sick leave was more commonly used than for those with little inmate contact (Lambert, et. al., 2015). Additionally, emotional burnout and stress were associated with increased absenteeism and increased desire to resign, which resulted in an increase in employee turnover (Lambert, et. al., 2015). Interestingly, the correction officers in this study expressed that due to the stressful nature of their jobs that they were entitled to use their sick leave in a manner that they saw fit (Lambert, et. al., 2015).

## **2.6 Conclusion**

In closing, through this literature review, it was determined that correction officers have one of the most stressful and dangerous law enforcement occupations, and sadly for correction officers, suicide, post-traumatic stress disorder and other mental-health problems are an underreported sector of the criminal justice system. Stress from the job can negatively impact the correction officers' mental and physical health and well-being, which can in turn impact their job satisfaction. The physical demands of being a correction officer can disrupt their biological clocks and sleeping patterns; their cognitive, emotional, and motor functions can be impaired; and their eating habits can be compromised. These problems can then manifest into a variety of physical, psychological and emotional disorders. In order to help correction officers to cope with the stress that they may experience from the job, the correctional agencies can implement more resources, tools and programs. These programs can ultimately help to improve the mental and physical health of the correction officers who may be suffering in silence, and they

can even potentially save their lives, which would most certainly be worth the investment.

## **2.7 Research Questions**

RQ #1: To what extent do the perceptions about on-the-job stress directly impact the perceptions about physical health symptoms of correction officers? (Link 1 in Figure 1)

RQ #2: To what extent do the perceptions about on-the-job stress directly impact the perceptions about mental health symptoms of correction officers? (Link 2 in Figure 1)

RQ #3: To what extent do the perceptions about on-the-job stress directly impact perceived job satisfaction for correction officers, while controlling for the perceptions about mental health symptoms and perceptions about physical health symptoms? (Link 5 in Figure 1)

RQ #4: To what extent do the perceptions about physical health symptoms directly impact perceived job satisfaction for correction officers while controlling for the perceptions about on-the-job stress and perceptions about mental health symptoms? (Link 3 in Figure 1)

RQ #5: To what extent do the perceptions about mental health symptoms directly impact perceived job satisfaction for correction officers while controlling for the perceptions about on-the-job stress and perceptions about physical health symptoms? (Link 4 in Figure 1)

RQ #6: To what extent do the perceptions about on-the-job stress indirectly impact perceived job satisfaction through either the perceptions about mental health symptoms or physical health symptoms of correction officers?

## Chapter 3: Methodology

### Participants

In this study, the sample size consisted of 104 out of the approximately 8000 correction officers currently employed by the New York City Department of Correction on Rikers Island. The target sample size was determined based on a desired power of analysis that was conducted, as well as the time and financial resources needed to conduct the study.

The expected demographic characteristics of the sample were male and female correction officers with varying ethnicities (Caucasian, African American, Hispanic, Asian, American Indian, Pacific Islander, and other). These correction officers had 6 months or more on the job and were employed on a full-time basis. Access to the correction officers was feasible since the researcher was also employed by the New York City Department of Correction on Rikers Island and worked closely with various correction officers on a daily basis; however, prior approval from the agency's administrators was obtained before the study began.

The sampling procedures for the study entailed a snowball sampling procedure, whereby the researcher utilized research participants to acquire more participants (Simkus, 2022). Even though the researcher was acquainted with many correction officers, assistance was required from them to obtain additional participants to attain the targeted sample minimum sample size of 100 participants. The selection process for the participants involved the researcher reaching out to the correction officers whom she was acquainted with to inquire about their willingness to participate in the study. Those correction officers who agreed to participate were sent an invitation to complete the

questionnaire via text message or email, depending on their preference. They were also asked to share the invitation with fellow correction officers whom they were acquainted with, therefore engaging the snowball effect.

Snowballing was appropriate for this study since it helped to protect the identities of a sensitive population (Simkus, 2022). After all, correction officers are members of law enforcement and the information they provided should not have been traced back to their identities, which was a factor that they were assured of from the beginning of the study.

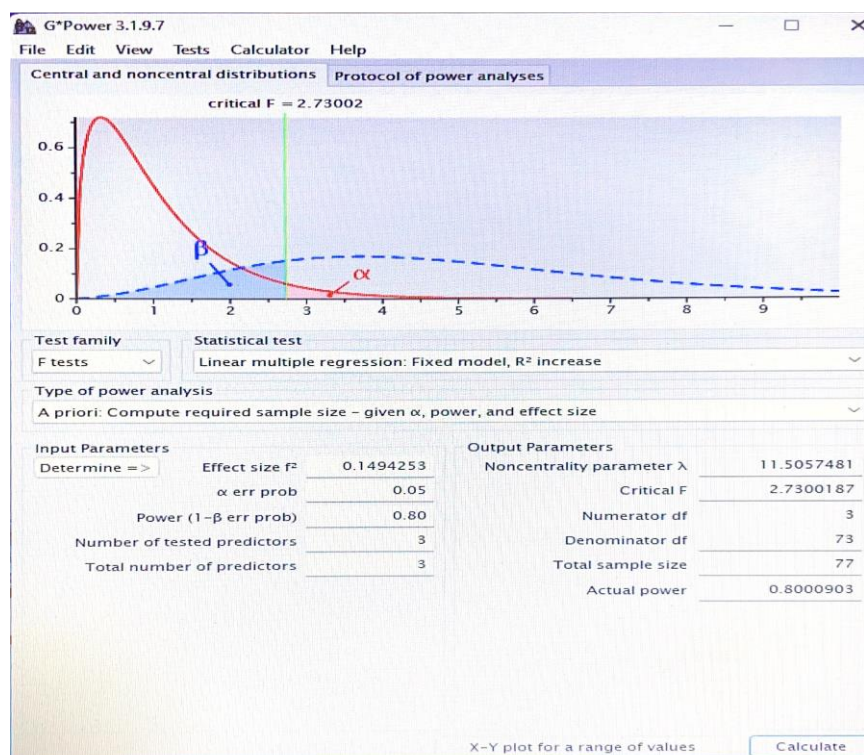
In terms of the required sample size to answer each of the research questions, this study utilized a priori power analysis before the data was collected to ensure that the study would have sufficient power. Power analysis was needed for estimating the sample size required to ensure adequate power (Brownlee, 2018). The factors involved in this analysis to determine the sample size were effect size, significance, and statistical power (Brownlee, 2018).

All of the proposed analyses involved the use of regression procedures; the regression model with the most predictors required the most cases. Thus, a power analysis was conducted for links 3, 4, and 5 in Figure 1 since they all involved three predictors. For the last research question, the Sobel test was utilized to examine indirect effects of stress on job satisfaction. This test was based on the estimated regression coefficients obtained from the regression analyses. As a result, sufficient power for the regression analyses would have yielded sufficient power for the Sobel test (Preacher & Leonardelli, 2001). The calculation for the Sobel test was conducted through this website: <https://quantpsy.org/sobel/sobel.htm>

For this study, the sample size was estimated by using the default values, which include a significance level of 0.05 (5%), a small effect size of 0.15 (Cohen's  $d$ ), and high statistical power of 0.80 (80%). A significance level of 0.05 or less indicated that there was statistical significance, while a small effect size occurred when Cohen's  $d$  was 0.2 or less and it indicated that the practical applications may have been limited in the study due to its small-scale nature. For statistical power, 0.80 was considered to be high and it indicated that the chances of experiencing errors (such as a false negative) were low (Brownlee, 2018). A power analysis conducted using G\*Power software determined that the ideal sample size for this study would be ~77 correction officers.

## Figure 2

### *G\*Power Software Output for Determining Ideal Sample Size*



*Note. This figure demonstrates the G\*Power software output identifying the power analysis technique used to determine the ideal sample size for the study.*

## **Instruments**

The instrument that this researcher used to collect data was a questionnaire, which was created using the online platform, SurveyMonkey. By using an online platform, access to creating and distributing the questionnaires was more convenient for the researcher and the participants, who received the questionnaires via email or text message. The use of SurveyMonkey assisted with generating a quantitative dataset and also assisted with ensuring that the online surveys remained anonymous and that the IP addresses of the respondents were not accessed. SurveyMonkey's privacy notice even stated that they did not share information provided by survey respondents to third party agencies or anyone who was not authorized by the researcher (SurveyMonkey, 2022).

The initial questionnaire was included in Appendix B. This questionnaire was then modified based on a Delphi study approach (CFI Team, 2020). The final questionnaire contained five parts, i.e., instruments (see Appendix D). The first part of the questionnaire contained six questions regarding the demographics of the correction officers, in terms of gender, age, ethnicity, length of career, work shift, and overtime hours. The second part contained eight questions with Likert Scale responses (1 = Never to 4 = Always) concerning the correction officers' perceptions of stress/stressors. The third part contained eight questions with Likert Scale responses (1 = Never to 4 = Always) regarding the correction officers' perceptions about their mental health symptoms. The fourth part contained eight questions with Likert Scale responses (1 = Never to 4 = Always) regarding the correction officers' perceptions about their physical health symptoms. The last part contained eight questions with Likert Scale responses (1 = Strongly Disagree to 4 = Strong Agree) pertaining to their perceptions about the

correction officers' satisfaction with their job. Responses to questions from each part were combined, with higher scores indicating higher levels of stress/symptoms.

Additionally, a chart was created to include the corresponding questions from the questionnaire that were used to provide insight for addressing the proposed research questions (Appendix E).

### **Procedures for Developing the Questionnaire**

The Delphi method was used to develop the questionnaire for the study. This method involved a systematic way of developing the questions for a questionnaire by consulting with experts in the research field who provided their feedback and opinions on the questions presented (CFI Team, 2020). The procedure to implement the Delphi method included first selecting two groups of experts (formative and summative) who were knowledgeable about the contents of the research study and about conducting research respectively. The formative committee consisted of three vetted correction officers with more than 15 years on the job. These experts in corrections helped to create the items for the questionnaire that were used for the research. The summative committee consisted of 3 faculty members of Nova Southeastern University, who were also members of the researcher's Dissertation Committee. These individuals validated and approved the items for the questionnaire, as well as provided guidance on potential changes that needed to be made.

Second, an initial questionnaire (Appendix B) was developed with assistance from the formative committee, and then presented to the summative committee who reviewed it and shared their thoughts. Third, based on the feedback received from the members of the summative committee, the researcher made any changes and adjustments

to the questions presented in the initial questionnaire in order to develop a new questionnaire, which involved additional revisions (Appendix C and Appendix D). Last, once approval was received from the summative committee regarding the questions presented in the final questionnaire (Appendix D), the researcher developed a plan to administer it to the selected participants of the research study.

### **Procedures for Administration of the Questionnaire**

The steps for administration of the questionnaire were as follows. First, approval was obtained from the administrators at the New York City (NYC) Department of Correction to conduct research on the correction officers employed by the agency. Second, once approval was obtained by the NYC Department of Correction, the researcher sought approval from the Institutional Review Board (IRB) to conduct research on human participants. Third, once written approval from the IRB was obtained, the researcher sent out virtual invitations through emails and text messages to the correction officers (based on their preference), who met the inclusion criteria, to participate in the study. These correction officers were also asked to share the invitation with fellow correction officers who were interested in participating in the study, therefore implementing the snowball sampling technique. The sample size that the researcher expected to obtain through convenience and snowball sampling was an anticipated number of 100 correction officers.

Fourth, the participants' consent was acquired and recorded using electronic consent forms before the questionnaire was accessed and completed at the correction officer's leisure. Last, after the completion of all questionnaires, the data collected was



coded, analyzed, and discussed to highlight the findings of the study. Overall, this study was completed online.

### **Data Analysis**

The statistical data analyses were conducted using IBM SPSS Statistics Version 27. Prior to the analyses conducted to answer the research questions, Cronbach's alpha was calculated to measure the internal consistency of each of the newly developed instruments. A sufficiently high alpha value indicated that the instrument was composed of items that measured the same general construct; an alpha of .70 was typically considered acceptable while a value of at least .80 was considered very good (Nunally & Bernstein, 1994). The items that composed each of the newly created instruments were summed to create a total score for use in subsequent analyses to answer the research questions. The analysis of data was done in response to the research questions proposed by this researcher, each of which are discussed individually below.

RQ #1: To what extent do the perceptions about on-the-job stress directly impact the perceptions about physical health symptoms of correction officers? (Link 1 in Figure 1)

The independent variable was perceptions about on-the-job stress, and the dependent variable was perceptions about physical health symptoms. The statistical test that was used to answer this question was a regression analysis, which helped to determine if there was a relationship between on-the-job stress and physical health among the correction officers. This analysis tested the plausibility of link 1 in the conceptual model (see Figure 1). As specified in Appendix E, perceptions about on-the-job stress was measured by the answers to the questions in part 2 of the final questionnaire (Perceptions about On-the-job Stress). The outcome variable, perceptions about physical

health symptoms, was measured by the questions in part 4 of the final questionnaire (Perceptions about Physical Health Symptoms).

RQ #2: To what extent do the perceptions about on-the-job stress directly impact the perceptions about mental health symptoms of correction officers? (Link 2 in Figure 1)

The independent variable was perceptions about on-the-job stress, and the dependent variable was perceptions about mental health symptoms. The statistical test that was used to answer this question was a regression analysis, which helped to determine if there was a relationship between on-the-job stress and mental health among the correction officers. This analysis tested the plausibility of link 2 in the conceptual model (see Figure 1). As specified in Appendix E, perceptions about on-the-job stress was measured by the answers to the questions in part 2 of the final questionnaire (Perceptions about On-the-job Stress). The outcome variable, perceptions about mental health symptoms, was measured by the questions in part 3 of the final questionnaire (Perceptions about Mental Health Symptoms).

RQ #3: To what extent do the perceptions about on-the-job stress directly impact perceived job satisfaction for correction officers, while controlling for the perceptions about mental health symptoms and perceptions about physical health symptoms? (Link 5 in Figure 1)

The independent variables (predictors) were perceptions about on-the-job stress, perceptions about mental health symptoms, and perceptions about physical health symptoms, while the dependent variable was perceived job satisfaction. The statistical test that was used to answer this question was a regression analysis, which helped to determine if there was a relationship between on-the-job stress and job satisfaction

among the correction officers, while controlling for mental and physical health. By including the other variables in the model, the researcher was able to examine the unique effects of on-the-job stress on job satisfaction, while controlling for mental and physical health. This helped to determine if stress contributed to job satisfaction for reasons other than physical and mental health. This analysis ultimately tested the plausibility of link 5 in the conceptual model (see Figure 1).

As specified in Appendix E, perceptions about on-the-job stress was measured by the answers to the questions in part 2 of the final questionnaire (Perceptions about On-the-job Stress), perceptions about mental health symptoms was measured by the questions in part 3 of the final questionnaire (Perceptions about Mental Health Symptoms), and perceptions about physical health symptoms was measured by the questions in part 4 of the final questionnaire (Perceptions about Physical Health Symptoms). The outcome variable, perceived job satisfaction, was measured by the questions in part 5 of the final questionnaire (Perceived Job Satisfaction).

RQ #4: To what extent do the perceptions about physical health symptoms directly impact perceived job satisfaction for correction officers while controlling for the perceptions about on-the-job stress and perceptions about mental health symptoms? (Link 3 in Figure 1)

The independent variables (predictors) were perceptions about physical health symptoms, perceptions about on-the-job stress, and perceptions about mental health symptoms, while the dependent variable was perceived job satisfaction. The statistical test that was used to answer this question was a regression analysis, which helped to determine if there was a relationship between physical health and job satisfaction among

the correction officers, while controlling for on-the-job stress and mental health. By including the other variables in the model, the researcher was able to examine the unique effects of physical health on job satisfaction, while controlling for on-the-job stress and mental health. This helped to determine if physical health contributed to job satisfaction for reasons other than on-the-job stress and mental health. This tested the plausibility of link 3 in the conceptual model (see Figure 1).

As specified in Appendix E, perceptions about physical health symptoms was measured by the answers to the questions in part 4 of the final questionnaire (Perceptions about Physical Health Symptoms), perceptions about on-the-job stress was measured by the answers to the questions in part 2 of the final questionnaire (Perceptions about On-the-job Stress), and perceptions about mental health symptoms was measured by the questions in part 3 of the final questionnaire (Perceptions about Mental Health Symptoms). The outcome variable, perceived job satisfaction, was measured by the questions in part 5 of the final questionnaire (Perceived Job Satisfaction).

RQ #5: To what extent do the perceptions about mental health symptoms directly impact perceived job satisfaction for correction officers while controlling for the perceptions about on-the-job stress and perceptions about physical health symptoms? (Link 4 in Figure 1)

The independent variables (predictors) were the perceptions about mental health symptoms, perceptions about on-the-job stress and perceptions about physical health symptoms, while the dependent variable was perceived job satisfaction. The statistical test that was used to answer this question was a regression analysis, which helped to determine if there was a relationship between mental health and job satisfaction among

the correction officers, while controlling for on-the-job stress and physical health. By including the other variables in the model, the researcher was able to examine the unique effects of mental health on job satisfaction, while controlling for on-the-job stress and physical health. This helped to determine if mental health contributed to job satisfaction for reasons other than on-the-job stress and physical health. This tested the plausibility of link 4 in the conceptual model (see Figure 1).

As specified in Appendix E, perceptions about mental health symptoms was measured by the answers to the questions in part 3 of the final questionnaire (Perceptions about Mental Health Symptoms), perceptions about on-the-job stress was measured by the answers to the questions in part 2 of the final questionnaire (Perceptions about On-the-job Stress), and perceptions about physical health symptoms was measured by the answers to the questions in part 4 of the final questionnaire (Perceptions about Physical Health Symptoms). The outcome variable, perceived job satisfaction, was measured by the questions in part 5 of the final questionnaire (Perceived Job Satisfaction).

RQ #6: To what extent do the perceptions about on-the-job stress indirectly impact perceived job satisfaction through either the perceptions about mental health symptoms or physical health symptoms of correction officers?

The exogenous independent variable was perceptions about on-the-job stress, and the dependent variable was perceived job satisfaction, while the middle variables (mediators) were perceptions about mental health symptoms and perceptions about physical health symptoms of correction officers. The statistical test that was used to answer this question was the Sobel test, which tested whether there was evidence that on-the-job stress indirectly affected job satisfaction through the effects of stress on either

mental health or physical health of the correction officers (Preacher & Leonardelli, 2001).

The calculation for the Sobel test was done through this website:

<https://quantpsy.org/sobel/sobel.htm>

As specified in Appendix E, perceptions about on-the-job stress was measured by the answers to the questions in part 2 of the final questionnaire (Perceptions about On-the-job Stress). The mediators, perceptions about mental health symptoms were measured by the questions in part 3 of the final questionnaire (Perceptions about Mental Health Symptoms), and perceptions about physical health symptoms were measured by the questions in part 4 of the final questionnaire (Perceptions about Physical Health Symptoms). The outcome variable, perceived job satisfaction, was measured by the questions in part 5 of the final questionnaire (Perceived Job Satisfaction).

## Chapter 4: Results

### Demographics

Below are the results of the Demographics section of the questionnaire that was distributed to 104 correction officers at the New York City Department of Correction.

**Table 1**

*Demographics of Correction Officers Who Participated in the Questionnaire (n = 104)*

Variable	n	%
Gender		
Male	71	68.3
Female	33	31.7
Ethnicity		
Hispanic	20	19.2
White alone, non-Hispanic	19	18.3
Black or African American alone, non-Hispanic	55	52.9
Asian alone, non-Hispanic	6	5.8
Native Hawaiian and Other Pacific Islander alone, non-Hispanic	1	1.0
Some Other Race alone, non-Hispanic	1	1.0
Multiracial, non-Hispanic	2	1.9
Work Shift		
5am to 1pm	17	16.3
6am to 2pm	22	21.2
7am to 3pm	23	22.1
8am to 4pm	4	3.8
9am to 5pm	6	5.8
1pm to 9pm	5	4.8
2pm to 10pm	8	7.7
3pm to 11pm	1	1.0
9pm to 1am	0	0
10pm to 6am	11	10.6
11pm to 7am	7	6.7
	M	SD
Age	41.2	7.2
Years on the Job	10.7	4.7
Weekly Overtime Hours	31.6	12.9

## Preliminary Analyses

A Cronbach alpha value was calculated separately for each variable in the regression analyses of the study. The alpha values for on-the-job stress, mental health, physical health and job satisfaction were 0.8, 0.9, 0.8 and 0.6 respectively. The rule of thumb for interpreting the Cronbach's alpha for Likert scale questions was based on the following criteria which was developed by Cronbach (1951):

$a \geq 0.9$  - Excellent

$0.9 > a \geq 0.8$  - Good

$0.8 > a \geq 0.7$  - Acceptable

$0.7 > a \geq 0.6$  - Questionable

$0.6 > a \geq 0.5$  - Poor

$0.5 > a$  - Unacceptable

The alpha values for on-the-job stress, mental health and physical health were considered to be good, which indicated that there was a high level of internal consistency and reliability across the items of the questionnaire that pertained to these variables. On the other hand, the alpha value for job satisfaction was considered to be questionable due to its lower alpha score.

**Table 2**

*Simple Correlation Matrix*

Variables	On-the-job Stress	Mental Health	Physical Health	Job Satisfaction
On-the-job Stress	1.00			
Mental Health	0.51	1.00		
Physical Health	0.50	0.76	1.00	
Job Satisfaction	-0.51	-0.39	-0.39	1.00



This correlation matrix summarized the correlations amongst the variables. On-the-job stress had a positive correlation with mental health and physical health, and a negative correlation with job satisfaction. This indicated that as on-the-job stress increased, the mental and physical health symptoms increased, and as on-the-job stress increased, job satisfaction decreased. These correlations were all statistically significant than zero since the p values were less than .001. Additionally, mental health and physical health had a positive correlation with each other, and mental health and physical health had a negative correlation with job satisfaction. This indicated that as the mental health symptoms increased, so did the physical health symptoms, and vice versa. Subsequently, as the mental and physical health symptoms increased, job satisfaction decreased. These correlations were all determined to not be statistically significant since the p values were greater than .05.

In order to analyze the data collected from the questionnaire and provide answers for the research questions, the responses provided for each part (excluding Demographics) were used to determine a total score for each questionnaire. These scores corresponded to: First, an on-the job stress score, which was based on the correction officers' experiences rated on a scale of 1 (Never) to 4 (Always) for eight potential stressors (inmates, management, colleagues, mandatory overtime, prison facilities, organizational structure and politics, lack of available resources, and lack of training). This data was analyzed based on the results from Table 3 below. Second, the mental health symptoms score, which was based on the correction officers' experiences rated on a scale of 1 (Never) to 4 (Always) for eight mental health symptoms (depression,

thoughts of suicide, anxiety, PTSD, mood swings, nightmares, insomnia, and poor sleeping habits). This data was analyzed based on the results from Table 5 below.

Third, the physical health symptoms score, which was based on the correction officers' experiences rated on a scale of 1 (Never) to 4 (Always) for eight physical health symptoms (hypertension, heart disease, headaches, weight loss, weight gain, shortness of breath, muscular aches and pains, and gastrointestinal ailments). This data was analyzed based on the results from Table 4 below. Last, a job satisfaction score, which was based on the correction officers' experiences rated on a scale of 1 (Strongly Disagree) to 4 (Strongly Agree) for eight thoughts/feelings related to their job satisfaction (I have thoughts about resigning; I genuinely like my job; My workload is reasonable; I am treated fairly by my supervisor; I am provided with the resources I need to do my job; My coworkers and I work well together; I would recommend my job to others; and I feel appreciated at work). This data was analyzed based on the results from Table 6 below.

Each response provided for each part was summed to determine each correction officer's on-the-job stress score, mental health symptoms score, physical health symptoms score, and job satisfaction score. These scores were then summed to provide an overall score for each part, which were then used to run regression analyses in SPSS (for research questions 1 to 5) and a Sobel test (for research question 6) to determine the outcomes of the research questions.

The following table represented the responses of the correction officers' experiences with the on-the-job stressors from the questionnaire, which were summed to determine each correction officer's on-the-job stress score. These scores were then used in the analysis of the on-the-job stress variable for research questions 1 to 6.

**Table 3***Responses for Part 2 of the Questionnaire Pertaining to Potential Stressors*

Potential Stressors	Responses			
	(1) Never	(2) Rarely	(3) Sometimes	(4) Always
Inmates	0% 0	11.54% 12	45.19% 47	43.27% 45
Management	0% 0	2.88% 3	32.69% 34	64.42% 67
Colleagues	2.88% 3	19.23% 20	57.69% 60	20.19% 21
Mandatory overtime	3.85% 4	5.77% 6	14.42% 15	75.96% 79
Prison facilities	1.92% 2	10.58% 11	30.77% 32	56.73% 59
Organizational structure and politics	0% 0	2.88% 3	25.96% 27	71.15% 74
Lack of available resources	0% 0	3.85% 4	19.23% 20	76.92% 80
Lack of training	3.85% 4	12.50% 13	39.42% 41	44.23% 46

Regarding these potential stressors, some interesting and notable results based on the responses provided in the questionnaire included that it was determined that lack of available resources (76.92%), mandatory overtime (75.96%), and organizational structure and politics (71.15%) had the highest response of “Always” when asked how often the correction officers experienced on-the-job stress from these potential stressors.

The following table represented the responses of the correction officers’ experiences regarding the physical health symptoms from the questionnaire which were summed to determine each correction officers’ physical health symptoms score. These scores were then used in the analysis of the physical health symptoms variable for research questions 1 to 6.

**Table 4**

*Responses for Part 4 of the Questionnaire Pertaining to Physical Health Symptoms*

Physical Health Symptoms	Responses			
	(1) Never	(2) Rarely	(3) Sometimes	(4) Always
Hypertension (Elevated blood pressure)	23.08% 24	13.46% 14	35.58% 37	27.88% 29
Heart disease (Heart attacks)	80.77% 84	9.62% 10	6.73% 7	2.88% 3
Headaches	1.92% 2	16.35% 17	57.69% 60	24.04% 25
Weight loss	41.35% 43	29.81% 31	19.23% 20	9.62% 10
Weight gain	10.58% 11	14.42% 15	39.42% 41	35.58% 37
Shortness of breath	24.04% 25	27.88% 29	39.42% 41	8.65% 9
Muscular aches and pains	4.81% 5	14.42% 15	38.46% 40	42.31% 44
Gastro-intestinal ailments	25.96% 27	28.85% 30	25.00% 26	20.19% 21

Most notably, muscular aches and pains (42.31%), followed by weight gain (35.58%) had the highest response of “Always” when asked how often the correction officers experienced physical health symptoms. The results for hypertension and headaches were also interesting with 27.88% and 24.04% respectively for the response of “Always” and 35.58% and 57.9% respectively for the response of “Sometimes”.

The following table represented the responses of the correction officers’ experiences regarding the mental health symptoms from the questionnaire which were summed to determine each correction officers’ mental health symptoms score. These scores were then used in the analysis of the mental health symptoms variable for research questions 1 to 6.

**Table 5***Responses for Part 3 of the Questionnaire Pertaining to Mental Health Symptoms*

Mental Health Symptoms	Responses			
	(1) Never	(2) Rarely	(3) Sometimes	(4) Always
Depression	19.23% 20	23.08% 24	38.46% 40	19.23% 20
Thoughts of suicide	78.85% 82	10.58% 11	8.65% 9	1.92% 2
Anxiety	6.73% 7	13.46% 14	39.42% 41	40.38% 42
PTSD (Post-traumatic stress disorder)	24.04% 25	17.31% 18	40.38% 42	18.27% 19
Mood swings	6.73% 7	15.38% 16	52.88% 55	25.00% 26
Nightmares	33.65% 35	28.85% 30	29.81% 31	7.69% 8
Insomnia	18.27% 19	21.15% 22	34.62% 36	25.96% 27
Poor sleeping habits	0.96% 1	6.73% 7	26.92% 28	65.38% 68

Interestingly, poor sleeping habits (65.4%), followed by anxiety (40.4%) had the highest responses of “Always” when asked how often the correction officers experienced mental health symptoms. Thankfully, 78.85% of the correction officers responded “Never” when asked about having thoughts of suicide, but 38.46% of them reported experiencing depression “Sometimes”, while 40.38% of them reported experiencing PTSD “Sometimes”.

The following table represented the responses of the correction officers’ experiences regarding job satisfaction from the questionnaire which were summed to

determine each correction officers' job satisfaction score. These scores were then used in the analysis of the job satisfaction variable for research questions 3 to 6.

**Table 6**

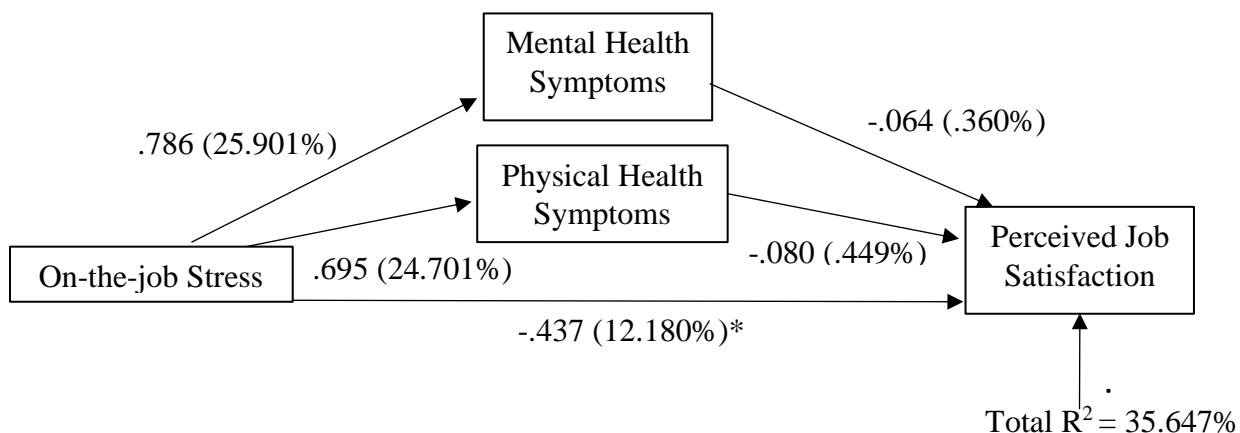
*Responses for Part 5 of the Questionnaire Pertaining to Job Satisfaction*

Thoughts and Feelings	Responses			
	(1) Strongly Disagree	(2) Disagree	(3) Agree	(4) Strongly Agree
I have thoughts about resigning	12.50% 13	18.27% 19	27.88% 29	41.35% 43
I genuinely like my job	32.69% 34	31.73% 33	31.73% 33	3.85% 4
My workload is reasonable	43.27% 45	29.81% 31	22.12% 23	4.81% 5
I am treated fairly by my supervisor	42.31% 44	19.23% 20	32.69% 34	5.77% 6
I am provided with the resources I need to do my job	48.08% 50	34.62% 36	14.42% 15	2.88% 3
My coworkers and I work well together	10.58% 11	24.04% 25	50.0% 52	15.38% 16
I would recommend my job to others	59.62% 62	26.92% 28	11.54% 12	1.92% 2
I feel appreciated at work	67.31% 70	18.27% 19	12.50% 13	1.92% 2

Interestingly, "I have thoughts about resigning" (41.35%) had the highest response of "Strongly Agree" based on the correction officers' expression of agreement or disagreement with thoughts or feelings pertaining to job satisfaction. Additionally, "I feel appreciated at work" (67.31%) had the highest response of "Strongly Disagree", followed by "I would recommend my job to others" (59.62%).

**Table 7***Regression Analysis Results for Research Questions 1 to 5*

Predictor	Slope(SE)	p-value	$\Delta R^2$	Size of Effect
Panel 1: Prediction of Physical Health Symptoms				
Step 1. On-the-job stress	.695(.120)	<.001	24.701	Moderate
Panel 2: Prediction of Mental Health Symptoms				
Step 1. On-the-job stress	.786(.132)	<.001	25.901	Substantial
Panel 3: Prediction of Job Satisfaction				
Step 1a. Mental health symptoms	-.064 (.091)	.482	.360	Very Weak
Step 1b. Physical health symptoms	-.080(.099)	.425	.449	Very Weak
Step 2. On-the-job stress	-.437(.106)	<.001	12.180	Weak
Panel 4: Prediction of Job Satisfaction				
Step 1a. On-the-job stress	-.437(.106)	<.001	12.180	Weak
Step 1b. Mental health symptoms	-.064 (.091)	.482	.360	Very Weak
Step 2. Physical health symptoms	-.080(.099)	.425	.449	Very Weak
Panel 5: Prediction of Job Satisfaction				
Step 1a. On-the-job stress	-.437(.106)	<.001	12.180	Weak
Step 1b. Physical health symptoms	-.080(.099)	.425	.449	Very Weak
Step 2. Mental health symptoms	-.064 (.091)	.482	.360	Very Weak

**Figure 3***Mediation Analysis for Research Question 6*

## Research Questions

Below are the results for each of the research questions based on the regression analysis performed on the responses provided by the correction officers on the questionnaire. The analyses are based on the data presented in Table 7. Each panel number corresponded to the research questions from 1 to 5, and each panel designated the stages of analysis, which comprised data for the slope, standard error (SE), p value, percentage of variance ( $R^2$ ) and effect size. In terms of the p value, statistical significance was determined by a value that was less than or equal to .05. Regarding the percentage of variance values ( $R^2$ ), the effect sizes were interpreted based on the following rules of thumb established by Cohen (1988):

$R^2 < 2\%$  - Very Weak

$2\% \leq R^2 < 13\%$  - Weak

$13\% \leq R^2 < 26\%$  - Moderate

$R^2 \geq 26\%$  - Substantial

RQ #1: To what extent do the perceptions about on-the-job stress directly impact the perceptions about physical health symptoms of correction officers?

On-the-job stress was included as the sole predictor of physical health. Based on the data presented in Panel 1 of Table 7, the percentage of variance ( $R^2$ ) for Step 1 was 24.701%, and the associated p value was  $<.001$  which was significantly different than 0. This indicated that there was statistical significance and on-the-job stress did directly impact the physical health symptoms of the correction officers. Based on the  $R^2$  value of 24.701%, the effect size was moderate, which indicated that there was also a moderate



correlation/relationship between on-the-job stress and the physical health symptoms of correction officers.

RQ #2: To what extent do the perceptions about on-the-job stress directly impact the perceptions about mental health symptoms of correction officers?

On-the-job stress was included as the sole predictor of mental health. Based on the data presented in Panel 2 of Table 7, the percentage of variance ( $R^2$ ) for Step 1 was 25.901%, and the associated p value was  $<.001$  which was significantly different than 0. This indicated that there was statistical significance and on-the-job stress did directly impact the mental health symptoms of the correction officers. Based on the  $R^2$  value of 25.901%, the effect size was substantial, which indicated that there was also a strong correlation/relationship between on-the-job stress and the mental health symptoms of correction officers.

RQ #3: To what extent do the perceptions about on-the-job stress directly impact perceived job satisfaction for correction officers, while controlling for the perceptions about mental health symptoms and perceptions about physical health symptoms

On-the-job stress was included as a predictor of job satisfaction, while controlling for mental health and physical health. Subsequently, while controlling for on the job stress, mental health symptoms and physical health symptoms, the percentages of variance ( $R^2$ ) were .360% and .449% for mental health symptoms and physical health symptoms, respectively. Both p values for mental health symptoms and physical health symptoms predicting on the job stress were  $>.05$  and therefore indicated that there was no unique contribution of these variables to job satisfaction, while controlling for each other and on-the-job stress.

Interestingly, on-the-job stress did uniquely predict job satisfaction, even while controlling for mental and physical health, with a percentage of variance of 12.18% and an associated p value of  $<.001$ . This indicated that there was statistical significance between on-the-job stress and job satisfaction of correction officers.

RQ #4: To what extent do the perceptions about physical health symptoms directly impact perceived job satisfaction for correction officers while controlling for the perceptions about on-the-job stress and perceptions about mental health symptoms?

Physical health was entered into the regression equation after controlling for mental health and on-the-job stress. Based on the data presented in Panel 4 of Table 7, the percentage of variance ( $R^2$ ) for step 2 was .449% and the associated p value was .425 which was  $>.05$ . This indicated that there was no statistical significance, and physical health symptoms did not uniquely impact the job satisfaction of correction officers. The  $R^2$  value also indicated a very weak and unique correlation/relationship between physical health symptoms and job satisfaction of correction officers.

RQ #5: To what extent do the perceptions about mental health symptoms directly impact perceived job satisfaction for correction officers while controlling for the perceptions about on-the-job stress and perceptions about physical health symptoms?

Mental health was entered into the regression equation after controlling for physical health and on-the-job stress. Based on the data presented in Panel 5 of Table 7, the percentage of variance ( $R^2$ ) for step 2 was .360% and the associated p value was .482. This associated p value was  $>.05$ , which indicated that there was no statistical significance, and mental health symptoms did not directly impact the job satisfaction of

correction officers. The  $R^2$  value indicated a very weak correlation/relationship between mental health symptoms and job satisfaction of correction officers.

RQ #6: To what extent do the perceptions about on-the-job stress indirectly impact perceived job satisfaction through either the perceptions about mental health symptoms or physical health symptoms of correction officers?

**Table 8**

*Results of the Sobel Test for RQ 6*

Sobel Test Mediator	<i>a</i>	<i>b</i>	<i>sa</i>	<i>sb</i>	<i>p</i> -value
Mental Health Symptoms	.786	.064	.132	.091	.485
Physical Health Symptoms	.695	-.080	.120	.099	.424

#### 1) Mental Health Symptoms as Mediator

The mediational relations as depicted in the conceptual model in Figure 3 was tested using the Sobel test (Preacher & Leonardelli, 2001). The calculation for the Sobel test was done through this website: <https://quantpsy.org/sobel/sobel.htm> The effects of on-the-job stress to job satisfaction through mental health symptoms was evaluated, while controlling the direct effects of physical health and on-the-job stress on job satisfaction. Based on the Sobel test results in Table 8, the *p* Sobel test statistic value for the indirect effect of stress on job satisfaction through mental health symptoms was .485 which had an associated *p* value greater than .05 and indicated no statistical significance for the indirect effect. In summary, on-the-job stress did not indirectly impact job satisfaction through the mental health symptoms of correction officers.

## 2) Physical Health Symptoms as Mediator

The mediational relations as depicted in the conceptual model in Figure 3 was tested using the Sobel test (Preacher & Leonardelli, 2001). The calculation for the Sobel test was done through this website: <https://quantpsy.org/sobel/sobel.htm> The effects of on-the-job stress to job satisfaction through physical health symptoms was evaluated, while controlling the direct effects of mental health and on-the-job stress on job satisfaction. Based on the Sobel test results in Table 8, the p Sobel test statistic value for the indirect effect of stress on job satisfaction through mental health symptoms was .424 which had an associated p value greater than .05 and indicated no statistical significance for the indirect effect. In summary, on-the-job stress did not indirectly impact job satisfaction through the physical health symptoms of correction officers.

It is interesting to note that on-the-job stress did predict job satisfaction even while controlling for both mental and physical health.

## Chapter 5: Discussion

### Introduction

A questionnaire was distributed to 104 correction officers employed by the New York City Department of Correction. The questionnaire was divided into five parts: Demographics, Perceptions about On-the-job Stress, Perceptions about Mental Health Symptoms, Perceptions about Physical Health Symptoms, and Perceptions about Job Satisfaction. The responses provided for these sections of the questionnaire were used to determine the data that was analyzed to answer the six research questions for the study. The results and findings for the demographics section and each of the research questions will be discussed individually.

### Summary and Interpretation of Findings

#### *Demographics*

A total of 104 correction officers employed by the New York City Department of Correction participated in the research study by completing a questionnaire. Of the 104 participants, 71 were male (68.3%) and 33 were female (31.7%). This was expected since according to the national average of correction officers, there are significantly more males than females employed in this position (Zippia, 2022). The average age of the participants was 41.2 years old. In terms of ethnicity, majority of the participants were Black or African American, non-Hispanic (52.9%), followed by Hispanic (19.2%), then White alone, non-Hispanic (18.3%). The average number of years on the job for the participants was 10.7 years, and the average weekly overtime was 31.6 hours. Last, the most common work shift among the participants was 7am to 3pm (22.1%), followed by 6am to 2pm (21.2%). The least common work shift was 9pm to 1am (0%).

*Results for Research Question 1*

RQ #1: To what extent do the perceptions about on-the-job stress directly impact the perceptions about physical health symptoms of correction officers?

Based on the regression analyses of the on-the-job stress scores and the physical health symptoms scores, it was determined that the perceptions about on-the-job stress did directly impact the perceptions about physical health symptoms of the correction officers that participated in the study. The data determined that there was a moderate relationship between on-the-job stress and the physical health symptoms of the correction officers. This indicated that stress from their job as a correction officer did directly affect their physical health based on their responses, which was not surprising since this was consistent with the literature research presented in Chapter 2.

These results were expected since the stress of being a correction officer have been found to potentially affect physical health, and as demonstrated by the findings of the questionnaire, the correction officers experienced symptoms, which included hypertension, heart disease, headaches, weight loss, weight gain, shortness of breath, muscular aches and pains, and gastro-intestinal ailments.

*Results for Research Question 2*

RQ #2: To what extent do the perceptions about on-the-job stress directly impact the perceptions about mental health symptoms of correction officers?

Based on the regression analyses of the on-the-job stress scores and the mental health symptoms scores, it was determined that the perceptions about on-the-job stress did directly impact the perceptions about mental health symptoms of the correction officers that participated in the study. The data determined that there was a substantial

relationship between on-the-job stress and the mental health symptoms of correction officers. This indicated that stress from their job as a correction officer did directly affect their mental health, which was not surprising since this was consistent with the research presented in Chapter 2.

These results were expected since the stress of being a correction officer have been found to potentially affect mental health, and as demonstrated by the findings of the questionnaire, the correction officers experienced symptoms, which included depression, thoughts of suicide, anxiety, PTSD, mood swings, nightmares, insomnia, and poor sleeping habits.

#### *Results for Research Question 3*

RQ #3: To what extent do the perceptions about on-the-job stress directly impact perceived job satisfaction for correction officers, while controlling for the perceptions about mental health symptoms and perceptions about physical health symptoms?

Based on the regression analyses of the on-the-job stress scores and the job satisfaction scores (without any control variables), it was determined that the perceptions about on-the-job stress did directly impact the job satisfaction of the correction officers that participated in the study, which was expected since research has shown that a stressful work environment can decrease job satisfaction. Subsequently, while controlling for the perceptions about mental health symptoms and perceptions about physical health symptoms, it was determined that the perceptions about on-the-job stress did not directly impact the job satisfaction of the correction officers that participated in the study.

This indicated that with the inclusion of the control variables (perceptions about mental health symptoms and perceptions about physical health symptoms), on-the-job

stress did not have a correlational relationship with job satisfaction. This was quite unexpected since the development of mental and physical health symptoms was anticipated to negatively impact job satisfaction for the correction officers as discussed in the literature research from Chapter 2.

*Results for Research Question 4*

RQ #4: To what extent do the perceptions about physical health symptoms directly impact perceived job satisfaction for correction officers, while controlling for the perceptions about on-the-job stress and perceptions about mental health symptoms?

Based on the regression analyses of the physical health symptoms scores and the job satisfaction scores (without any control variables), it was determined that the physical health symptoms did not directly impact the job satisfaction of the correction officers that participated in the study. Subsequently, while controlling for the perceptions about on-the-job stress, it was determined that the perceptions about physical health symptoms did directly impact the job satisfaction of the correction officers that participated in the study. On the other hand, while controlling for the perceptions about mental health symptoms, it was determined that the perceptions about physical health symptoms did not directly impact the job satisfaction of the correction officers that participated in the study.

These results indicated that by including on-the-job stress as a control variable, the correlational relationship between physical health symptoms and job satisfaction was increased which was expected, but by including mental health symptoms as a control variable, the lack of a correlational relationship between physical health symptoms and job satisfaction remained the same. This was quite unexpected since the development of mental and physical health symptoms was anticipated to negatively impact job



satisfaction for the correction officers as previously discussed in the literature research from Chapter 2.

*Results for Research Question 5*

RQ #5: To what extent do the perceptions about mental health symptoms directly impact perceived job satisfaction for correction officers while controlling for the perceptions about on-the-job stress and perceptions about physical health symptoms?

Based on the regression analyses of the mental health symptoms scores and the job satisfaction scores (without any control variables), it was determined that the mental health symptoms did not directly impact the job satisfaction of the correction officers that participated in the study. Subsequently, while controlling for the perceptions about on-the-job stress, it was determined that the perceptions about mental health symptoms did directly impact the job satisfaction of the correction officers that participated in the study. On the other hand, while controlling for the perceptions about physical health symptoms, it was determined that the perceptions about mental health symptoms did not directly impact the job satisfaction of the correction officers that participated in the study.

These results indicated that by including on-the-job stress as a control variable, the correlational relationship between mental health symptoms and job satisfaction was increased which was expected, but by including physical health symptoms as a control variable, the lack of a correlational relationship between mental health symptoms and job satisfaction remained the same. This was quite unexpected since the development of mental and physical health symptoms was anticipated to negatively impact job satisfaction for the correction officers as previously discussed in the literature research from Chapter 2.

### *Results for Research Question 6*

RQ #6: To what extent do the perceptions about on-the-job stress indirectly impact perceived job satisfaction through either the perceptions about mental health symptoms or physical health symptoms of correction officers?

Based on the results of the Sobel test, on-the-job stress did not indirectly impact perceived job satisfaction through either the perceptions about mental health symptoms or physical health symptoms of correction officers. This indicated that with the inclusion of mental and physical health symptoms as mediators, on-the-job stress did not have an indirect effect on job satisfaction. These results were unexpected since the development of mental and physical health symptoms was anticipated to have an influence on on-the-job stress and its relationship with job satisfaction for the correction officers as discussed in the literature research from Chapter 2.

### **Context of Findings**

Overall, the findings from the study indicated that on-the-job stress had an effect on physical and mental health and job satisfaction for the correction officers, which as mentioned was consistent with the literature research from Chapter 2.

First, in terms of on-the-job stress, surprisingly, the inmates were determined to be a stressor that sometimes or always caused stress for the correction officers, but not as much as mandatory overtime, management, organizational structure/politics, and lack of available resources. These findings were consistent with relevant research conducted by Ferdik & Smith (2017), who discussed that the stress levels of correction officers were increased through inmate interactions, mandatory overtime, inconsistent rotating shifts,

inconsiderate leadership decisions, and lack of proper management (Ferdik & Smith, 2017).

Second, regarding physical health symptoms, the existing relevant research discussed that stress hormones can compromise the immune system in the body, which can make individuals more susceptible to physiological/physical ailments and illnesses (Yaribeygi, et. al., 2017). Additionally, correction officers are more susceptible to these stress-related physical illnesses than the average American who may work in another career (Lerman, 2017). This is relevant to the findings of the study which indicated that there was a strong correlational relationship between on-the-job stress and physical health symptoms of correction officers.

The results of the correction officers' experiences with physical health symptoms from the study indicated that muscular aches and pains, weight gain and high blood pressure were most reported by the correction officers. These results were consistent with the findings from the 2017 California Correctional Officer Survey (CCOS) whereby the correction officers reported high blood pressure and chronic pain in their neck, knees and back (Leman, 2017).

Third, pertaining to mental health symptoms, the existing research literature discussed that stress hormones can impact the central nervous system, which ultimately affects the brain (Yaribeygi, et. al., 2017). The brain controls thoughts, feelings, and memory, and this can determine how an individual behaves and responds to situations (Yaribeygi, et. al., 2017). The work environment has been determined to be a major negative contributing factor to the mental health of correction officers, since they can be exposed to traumatic experiences and psychologically overwhelming situations on a daily

basis (Fusco, et. al., 2021). This is relevant to the findings of the study which indicated that there was a strong correlational relationship between on-the-job stress and mental health symptoms of correction officers.

The results of the correction officers' experiences with mental health symptoms from the study indicated that poor sleeping habits, anxiety and insomnia were most reported by the correction officers. These results were also consistent with the findings from the 2017 California Correctional Officer Survey (CCOS) whereby the correction officers reported experiencing anxiety and poor sleeping habits, especially after experiencing a traumatic event at work (Lerman, 2017).

Last, in terms of job satisfaction, it was determined that the correction officers in this study experienced thoughts of resigning, disliking their job, and feeling overworked and unappreciated. These findings were consistent with the research conducted on correction officers by Lambert, et. al. in 2015, whereby it was discussed that low job satisfaction could be associated with numerous negative factors. These included increased absenteeism from not desiring to go into work, high turnover rates from resignations, decreased productivity after being consistently overworked, and decreased morale from lack of appreciation and acknowledgement from their supervisors (Lambert, et. al., 2015).

### **Implications of Findings**

The results of this study provided theoretical implications that connect to other findings in the law enforcement field, whereby it is commonly known that the jobs in the field can be stressful. These include the jobs of police officers, who tend to be more studied than their correction officer counterparts. When a literature review was being

conducted for this study, there were not many research articles about correction officers and stress, but there were many of these articles on police officers. The largest study conducted in the past on correction officers was the California Correctional Officer Survey (CCOS), whereby a survey on health and wellness was distributed to over ~8000 correction officers in the state of California (Lerman, 2017).

This survey confirmed the theory that the correction officers' stress levels were high and that they were struggling with their mental and physical health (Lerman, 2017). The same conclusion can be drawn from the current study since the correction officers did provide mostly negative experiences and opinions on their stressors, physical health, mental health, and job satisfaction.

Regarding some additional theoretical implications, there are variables that can be associated with causing stress. According to Bhui, et. al. (2016), some of these variables encountered in public service institutions, such as correctional facilities, include a lack of coping skills, poor communication, staff shortages, insufficient relationships among staff, inability to develop a work/life balance, lack of transparency from the agency, and job insecurity. Working conditions tend to be a major contributing factor of stress for staff, especially when the agency does not attempt to understand their staff or show appreciation for them (Bhui, et. al., 2016). The variables that cause this stress can in turn impact the job satisfaction for the staff since the conditions of the work environment are unpleasant and can result in unhappiness.

In this study, the types of stress that were focused on were physical stress and psychological stress. Future research is needed to examine how (and how often) these two sources of stress impact corrections officers. The physical stress for correction

officers can be attributed to injuries or trauma that they occur while working in the correctional facilities. These injuries and trauma can be associated with bodily injuries, exposure to environmental pollution, illnesses caused by viral, bacterial or fungal agents, noise, dehydration, dietary stress, over-exertion, and fatigue (Friedman, 2023). Regarding psychological stress, the facets involved include emotional stress that stems from sadness, anger or resentment, as well as cognitive stress which involves feelings of guilt, shame, anxiety, self-loathing, and worry (Friedman, 2023). Both physical and psychological stress can make it difficult for an individual to perform adequately in the workplace. Constantly being in pain or having progressive feelings of sadness and/or anxiety can make it difficult for an individual to be satisfied with their jobs, especially when the job itself is the root cause of their stress.

In terms of practical implications, there were numerous ways in which the results could be utilized, but one key implication would be a need for more resources to help the correction officers manage their stress and receive treatment for their physical and mental ailments, especially at the New York City Department of Correction. After all, without correction officers who are well enough to perform their jobs, the correctional agency would not function. Similarly, when the correction officers are at work, it would be important for the environment to be welcoming in order to improve job satisfaction and morale. If the correction officers believe that they are not appreciated or treated fairly at work, absenteeism will be high, and the jails and prisons will suffer from staff shortages (Ryan, 2015).

The results of this study indicated that on-the-job stress did have an impact on physical health, mental health, and job satisfaction for the current sample of correction

officers. This suggests that these correction officers may be suffering, and this can potentially affect the work environment, as well as their personal lives. Considering the large number of correction officers who stated that they would like to resign and would not recommend the job to others, it can be implicated that they are not satisfied at work especially since they do not feel appreciated.

In order to help correction officers to manage their stress levels and improve job satisfaction, the correctional agency can implement various solutions that can benefit the correction officers. It is important for the correctional agency to ensure that the correction officers have the resources, tools, and support to function effectively in their roles, especially since the psychosocial well-being of the correction officers is critical and there is a potentially significant impact if they have a bad day on the job (Armstrong, et. al, 2015). Some of the resources that the correctional agency can implement for the correction officers include an employee assistance program, a peer support program, a critical response team, and an improvement in organizational practices, each of which will be discussed individually.

First, an employee assistance program (EAP) offers specialized services to assist organizations in addressing front-line worker productivity, and in identifying and resolving the personal concerns and issues of the correction officers (Ferdik & Smith, 2017). It should ideally be available 7 days a week, 24 hours a day to all correction officers, who should be encouraged to use the program. Through the EAP, the correction officers can be given access to counseling services, where they are provided with the opportunity to speak with a licensed therapist about any issues or feelings that they may be experiencing. Considering the dangerous nature of their jobs, correction officers may

experience trauma and stress that they are too embarrassed to talk about. Perhaps in a private and confidential setting, they may be more willing to share (Tsirigotis, et. al., 2015).

The counseling sessions can be used for diagnosis, treatment, case management, and follow-up. It can even incorporate psychological treatments, such as Cognitive Behavior Therapy (CBT), Acceptance and Commitment Therapy (ACT), mindfulness, health psychology, positive psychology, psycho-education, and Dialectical Behavior Therapy (DBT) (Trounson & Pfeifer, 2017). These can potentially help to improve the correction officers' well-being based on the types of challenges they may be experiencing. Ideally, the goals of the EAP should be to increase officers' level of wellbeing literacy, assist officers to refine their cognitive skills and coping strategies for managing stress, distress and adversity, and encourage officers to habitually assess and more effectively manage their personal well-being. The EAP will ultimately provide correction officers with a safe space to release the burden of stress in their lives and inevitably improve their mental health (Trounson & Pfeifer, 2017).

The correctional agency will need to work hard to advertise and promote the employee assistance program (EAP) since there may be numerous correction officers who may be reluctant to seek help due to fear of retaliation or appearing weak. According to the results from the 2017 California Correctional Officer Survey (CCOS), only 18% of corrections officers have used the program; 15% were considered about retaliation from management; 11% feared losing their jobs; and 13% were worried about experiencing judgement from their co-workers (Lerman, 2017). Interestingly, 49% of corrections officers were interested in obtaining confidential links to therapists or counselors; 48%



were interested in an anonymous help hotline; and 88% were interested in stress management training (Lerman, 2017).

Second, the implementation of a peer support program will help the correction officers to know that they are not alone and that their own co-workers are experiencing the same kind of stress, struggles, and challenges that they are. This will help them to understand that they do not have to suffer in silence. After all, peer support programs can provide the correction officers with emotional and tangible support and help to anticipate and address potential difficulties. The support that the correction officers receive from their peers can potentially save them from making any devastating decisions, such as committing suicide (Ryan, 2015).

During the peer support meetings, the correction officers can develop friendly relations with one another, and they can build trust to confide in each other during times of need. Sometimes, a correction officer may have a stressful day and they just need someone to vent their frustrations to, and another correction officer may be the best person to provide support, as they have first-hand knowledge and experience of what they are going through. This makes the correction officers the ideal support system for one another, and the peer support program can help to promote these friendships, which can potentially improve the correction officer's mental health. Their physical health can also improve if these individuals decide to participate in bonding activities together, such as exercising or bowling (Brower, 2013).

Third, a critical response team can be implemented to provide support to correction officers who have been exposed to trauma or involved in a violent encounter through on-scene support, de-escalation, debriefing, line-of-duty death support, referrals

and follow-up (Ryan, 2015). If an incident were to ever occur whereby a correction officer is placed in a dangerous situation with an inmate that threatens the life of the correction officer or the inmate, it is important for the correction officer to know that backup and support from the correctional agency is available. Correction officers are typically provided with a device equipped with a button that they keep on their uniforms, so that it can be readily available for them to press in the event of an emergency or serious situation. Once the button is pressed, help is summoned to the correction officer's location right away. This type of initiative helps to promote the safety of the correction officer, which can help to decrease their stress levels and provide them with a peace of mind.

Fourth, the correctional agency can update their organizational practices in order to promote the safety and well-being of the correctional staff, and ultimately reduce the organizational causes of stress. Some suggestions for these organizational practices include emphasizing communication, showing appreciation, using employee satisfaction surveys, reducing involuntary overtime, improving the shift schedule, improving the promotion process, refining fairness and equity of an evaluation process, implementing training, updating facilities, reducing role ambiguity, and clearly defining staff responsibilities. These can potentially help to reduce the stress in the work environment since the correction officers will have more favorable aspects of the job to look forward to during their workdays (Ryan, 2015).

Additionally, correction officers should be encouraged to make time to participate in fun and relaxing activities and hobbies when they are not at work. These can include spending time with family, going on a vacation or trip, doing yoga, playing

sports, fishing, getting a massage, going to the cinema, and even cooking. Participation in these activities can provide comfort, relieve pain, improve communication, promote optimism, boost the immune system, increase happiness, and most importantly, reduce stress (Pittaro, 2017). It is also important to laugh often, enjoy life, and have a sense of humor (Pittaro, 2017). According to the CCOS, 58% of correction officers were interested in obtaining online resources pertaining to health and well-being, and 86% were interested in training on exercise and personal nutrition (Lerman, 2017).

Last, it is essential to let the correction officers know how valuable they are to the correctional agency. An employee recognition program will help to show the agency's appreciation for their employees, and should include rewards for good work performance, excellent attendance, being a team player, and so on. Once the correction officers see that they can be rewarded for effectively conducting their tasks and responsibilities, they may be more motivated to do so. The feeling of support and the ability to provide feedback can help the correction officers to know that they are not alone, and that the agency does not want to add to their stress, but to help manage it (Ryan, 2015).

According to a meta-analysis research study conducted by Evers, et. al. (2019), it was discovered that officers who engaged in a stress treatment program (such as that offered in an EAP) reported that they were able to identify and become aware of symptoms of stress. This ultimately helped them to seek treatment for their symptoms (Evers, et. al., 2019). It was also determined that there are few resources available to target stress for correction officers and there is a need for more evaluations and program development to help correction officers handle and resolve their elevated stress levels (Evers, et. al., 2019).

## **Limitations**

Based on the overall study, there were a few limitations. First, there was a threat to external validity through sampling bias since the correction officers were only employed by the New York City Department of Correction (NYC DOC), which was one correctional facility. They were therefore not representative of the general population of correction officers across the state or country. Though these correction officers were selected to participate in the study through the snowball technique, the researcher reached out to numerous units on Rikers Island which comprised of various correction officers with differing specialties and work assignments, so even though the sample of correction officers was not representative of the state/country's correction officer population, it was representative of the NYC DOC correction officer population.

Second, there was a potential threat to internal validity through the possibility of social desirability bias. It was quite possible that some correction officers who completed the questionnaire may have provided responses that would be considered more favorable for the study, instead of their own personal opinions. This can be difficult to directly prove, but the probability of it occurring was worth mentioning.

Last, the feasibility of carrying out the study was, at times, hindered due to the correction officers' hectic work schedules. Even after receiving the electronic questionnaire, some correction officers took a few days to complete it, while others did not even get the opportunity to participate. Once the desired number of participants (based on IRB approval) was attained, access to the questionnaire was closed, so some correction officers missed their opportunity to provide their opinions.

## **Recommendations for Future Research**

To determine the effectiveness of the resources, tools and programs for managing and reducing the stress levels of correction officers, future research studies on correction officers can be conducted and their responses to these potential resources can be analyzed and evaluated.

Additionally, conducting research similar to that of this study regarding the relations between on-the-job stress, mental and physical health, and job satisfaction of correction officers can be very effective in analyzing these factors in other groups of correction officers from various correctional agencies across the New York State and even the United States. This research can potentially provide a perspective on how stress can impact the physical and mental health and job satisfaction of correction officers in other correctional agencies that are in other jurisdictions, which can then be compared for similarities and differences.

## **Conclusion**

It can be concluded that: First, on-the-job stress did directly impact the physical and mental health symptoms of the correction officers. Second, on-the-job stress did not directly impact job satisfaction of the correction officers while controlling for physical and mental health symptoms. Third, physical and mental health symptoms on their own did not directly impact job satisfaction, but when controlling for on-the-job stress, physical and mental health symptoms did directly impact job satisfaction. Last, on-the-job stress did not indirectly impact job satisfaction while using mental and physical health symptoms as mediators. Overall, it was determined that the correction officers in this research study were overworked and undervalued, and they were struggling both

physically and mentally. With the results of this study, it can be hoped that the correctional agency will work towards implementing solutions to help the correction officers improve their health and job satisfaction since without these important factors, the agency will not be able to function effectively.

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Appendix A

Sample of Questionnaire Invitation for Participants

Below is the invitation that will be electronically shared with the correction officers who have volunteered to participate in the research study by completing the questionnaire:

**Welcome!**

Hello,

Thank you for volunteering to participate in this research study by completing a short questionnaire.

Distribution of the questionnaire has been approved by the New York City Department of Correction.

All responses provided on the questionnaire will be anonymous and will be used for educational purposes only. You are not required to provide your name or contact information at any point.

Appendix B

First Draft of Questionnaire



Below is the initial questionnaire developed using recommendations from the formative committee.

*Please answer the following questions openly and honestly:*

## **DEMOGRAPHICS**

1) What is your gender?

- Male
- Female
- Other (Please specify): \_\_\_\_\_

2) What age range do you belong to?

- 21-30
- 31-40
- 41-50
- >50

3) What is your ethnicity?

- Caucasian
- African American
- Asian
- Hispanic
- Other (Please specify): \_\_\_\_\_

4) How many years have you been employed as a correction officer?

- 1 to 5
- 5 to 9
- 10 to 14
- 15 to 20
- >20

5) What is your daily work shift?

- 7am to 3pm
- 3pm to 11pm
- 11pm to 7am

6) How many hours of overtime do you work per week? (Overtime refers to additional hours worked outside of your 40-hour work week.)

- 1 to 5
- 6 to 10

- 11 to 15
- 16 to 20
- >20

### PERCEPTIONS ABOUT STRESS

1) I experience high stress levels from being a Correction Officer.

- Yes
- No

2) I experience low stress levels from being a Correction Officer.

- Yes
- No

3) Please express your agreement or disagreement with the following statement: Being a Correction Officer is my source of stress.

- Yes
- No

4) If you consider yourself to be impacted by job-related stress, please express your agreement or disagreement with the following sources of stress by checking the yes or no boxes:

Potential Stressor	Yes	No
Inmates	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory overtime	<input type="checkbox"/>	<input type="checkbox"/>
Prison facilities	<input type="checkbox"/>	<input type="checkbox"/>
Organizational structure and politics	<input type="checkbox"/>	<input type="checkbox"/>
Lack of available resources	<input type="checkbox"/>	<input type="checkbox"/>
Lack of training	<input type="checkbox"/>	<input type="checkbox"/>

5) If you have experienced any noticeable effects on your mental health, please express your agreement or disagreement with experiencing the following symptoms by checking the yes or no boxes:

Mental Health Symptoms	Yes	No
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
PTSD (Post-traumatic stress disorder)	<input type="checkbox"/>	<input type="checkbox"/>

Mood swings	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>

6) If you have experienced any noticeable effects on your physical health, please express your agreement or disagreement with experiencing the following symptoms by checking the yes or no boxes:

<b>Physical Health Symptoms</b>	<b>Yes</b>	<b>No</b>
Hypertension (Elevated blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease (Heart attacks)	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Weight gain	<input type="checkbox"/>	<input type="checkbox"/>
Hair loss	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Muscular aches and pains	<input type="checkbox"/>	<input type="checkbox"/>

7) Please express your agreement or disagreement with the following statement: If I were not a Correction Officer, I would feel less stressed.

- Yes  
 No

8) Please express your agreement or disagreement with the following statement: If I were not a Correction Officer, I would be physically healthier.

- Yes  
 No

9) Please express your agreement or disagreement with the following statement: If I were not a Correction Officer, I would be mentally healthier.

- Yes  
 No

### **JOB SATISFACTION**

1) Please express your agreement or disagreement with the following statement: The stress of being a Correction Officer fuels the thought of resigning from the job.

- Yes  
 No

2) Please express your agreement or disagreement with the following statement: I am dissatisfied with my job as a Correction Officer, and I would change careers if I could.

- Yes
- No

3) Please express your agreement or disagreement with the following statement: I am still a Correction Officer because I genuinely like the job.

- Yes
- No

4) Please express your agreement or disagreement with the following statement: I am genuinely satisfied with being a correction officer and I look forward to coming to work everyday.

- Yes
- No

Appendix C

Second Draft of Questionnaire

Below is the first revision of the newly developed questionnaire based on feedback from the summative committee. All changes made to the original questionnaire are highlighted to differentiate between the original and revised versions.

*Please answer the following questions openly and honestly:*

### **DEMOGRAPHICS**

1) What is your gender?

- Male
- Female
- Other (Please specify): \_\_\_\_\_

2) What is your age? \_\_\_\_\_

3) What is your ethnicity?

- Caucasian/White
- African American/Black
- American Indian or Alaska Native
- Asian
- Hispanic
- Native Hawaiian or Pacific Islander
- Other (Please specify): \_\_\_\_\_

4) How many years have you been employed as a correction officer? \_\_\_\_\_

5) What is your daily work shift?

- 7am to 3pm
- 3pm to 11pm
- 11pm to 7am

6) On average, how many hours of overtime do you work per week? (Overtime refers to additional hours worked outside of your 40-hour work week.) \_\_\_\_\_

### **PERCEPTIONS ABOUT STRESS**

1) My level of stress while on the job as a Correction Officer.

Not Stressful at all (1)	Sometimes stressful (2)	Very Stressful (3)
0	0	0

2) On a scale of 1 to 5, please express your agreement or disagreement with the following statement: Being a Correction Officer is my source of stress.

Strongly Disagree (1)   Disagree (2)   Neutral (3)   Agree (4)   Strongly Agree (5)  
           

3) If you consider yourself to be impacted by job-related stress, on a scale of 1 to 5, please express your agreement or disagreement with the following sources of stress by checking the relevant box:

Potential Stressor	Response				
Inmates	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Management	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Colleagues	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Mandatory overtime	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Prison facilities	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Organizational structure and politics	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Lack of available resources	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Lack of training	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>

4) If you have experienced any noticeable effects on your mental health, please express your agreement or disagreement with experiencing the following symptoms by checking the relevant box:

Mental Health Symptoms	Response				
Depression	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Thoughts of suicide	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Anxiety	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
PTSD (Post-traumatic stress disorder)	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Mood swings	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Nightmares	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Insomnia	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>

5) If you have experienced any noticeable effects on your physical health, please express your agreement or disagreement with experiencing the following symptoms by checking the relevant box:

<b>Physical Health Symptoms</b>	<b>Response</b>				
Hypertension (Elevated blood pressure)	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Heart disease (Heart attacks)	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Headaches	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Weight loss	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Weight gain	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Shortness of breath	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>
Muscular aches and pains	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Neutral (3) <input type="radio"/>	Agree (4) <input type="radio"/>	Strongly Agree (5) <input type="radio"/>

6) On a scale of 1 to 5, please express your agreement or disagreement with the following statement: If I were not a Correction Officer, I would feel less stressed.

Strongly Disagree (1)   Disagree (2)   Neutral (3)   Agree (4)   Strongly Agree (5)

7) On a scale of 1 to 5, please express your agreement or disagreement with the following statement: If I were not a Correction Officer, I would be physically healthier.

Strongly Disagree (1)   Disagree (2)   Neutral (3)   Agree (4)   Strongly Agree (5)

8) On a scale of 1 to 5, please express your agreement or disagreement with the following statement: If I were not a Correction Officer, I would be mentally healthier.

Strongly Disagree (1)   Disagree (2)   Neutral (3)   Agree (4)   Strongly Agree (5)

**JOB SATISFACTION**

1) On a scale of 1 to 5, please express your agreement or disagreement with the following statement: The stress of being a Correction Officer decreases my job satisfaction.

Strongly Disagree (1)   Disagree (2)   Neutral (3)   Agree (4)   Strongly Agree (5)

2) On a scale of 1 to 5, please express your agreement or disagreement with the following statement: I have thoughts about resigning.



Strongly Disagree (1)   Disagree (2)   Neutral (3)   Agree (4)   Strongly Agree (5)  
           

3) On a scale of 1 to 5, please express your agreement or disagreement with the following statement: I am still a Correction Officer because I genuinely like the job.

Strongly Disagree (1)   Disagree (2)   Neutral (3)   Agree (4)   Strongly Agree (5)  
           

4) On a scale of 1 to 5, please express your agreement or disagreement with the following statement: If my physical health was better, I would be more satisfied with being a correction officer.

Strongly Disagree (1)   Disagree (2)   Neutral (3)   Agree (4)   Strongly Agree (5)  
           

5) On a scale of 1 to 5, please express your agreement or disagreement with the following statement: If my mental health was better, I would be more satisfied with being a correction officer.

Strongly Disagree (1)   Disagree (2)   Neutral (3)   Agree (4)   Strongly Agree (5)

Appendix D

Final Draft of Questionnaire

Below is the final revision of the newly developed questionnaire based on feedback from the summative committee. All changes made to the first revision of the questionnaire are highlighted to differentiate between the first and final revisions.

*Please answer the following questions openly and honestly:*

### **PART 1: DEMOGRAPHICS**

1) What is your gender?

- Male  
 Female  
 Other (Please specify): \_\_\_\_\_

2) What is your age? \_\_\_\_\_

3) What is your ethnicity?

- Hispanic  
 White alone, non-Hispanic  
 Black or African American alone, non-Hispanic  
 American Indian and Alaska Native alone, non-Hispanic  
 Asian alone, non-Hispanic  
 Native Hawaiian and Other Pacific Islander alone, non-Hispanic  
 Some Other Race alone, non-Hispanic  
 Multiracial, non-Hispanic

4) How many years have you been employed as a correction officer? \_\_\_\_\_

5) What is your daily work shift?

- 7am to 3pm  
 3pm to 11pm  
 11pm to 7am

6) On average, how many hours of overtime do you work per week? (Overtime refers to additional hours worked outside of your 40-hour work week.) \_\_\_\_\_

### **PART 2: PERCEPTIONS ABOUT ON-THE-JOB STRESS**

On a scale of 1 to 4, please express how often you experience on-the-job stress from each of the listed potential stressors by checking the relevant box:

Potential Stressor	Response			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Inmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Management	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Colleagues	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mandatory overtime	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Prison facilities	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Organizational structure and politics	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Lack of available resources	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Lack of training	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

### PART 3: PERCEPTIONS ABOUT MENTAL HEALTH SYMPTOMS

On a scale of 1 to 4, please express how often you experience each of the listed mental health symptoms by checking the relevant box:

Mental Health Symptoms	Response			
Depression	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Thoughts of suicide	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Anxiety	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
PTSD (Post-traumatic stress disorder)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mood swings	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Nightmares	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Insomnia	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Poor sleeping habits	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

#### PART 4: PERCEPTIONS ABOUT PHYSICAL HEALTH SYMPTOMS

On a scale of 1 to 4, please express how often you experience each of the listed physical health symptoms by checking the relevant box:

Physical Health Symptoms	Response			
Hypertension (Elevated blood pressure)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Heart disease (Heart attacks)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Headaches	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight loss	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight gain	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Shortness of breath	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Muscular aches and pains	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Gastro-intestinal ailments	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

#### PART 5: PERCEIVED JOB SATISFACTION

On a scale of 1 to 4, please express your amount of agreement or disagreement with the following thoughts or feelings about your job by checking the relevant box:

Thoughts/Feelings	Response			
I have thoughts about resigning	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Agree (3) <input type="radio"/>	Strongly Agree (4) <input type="radio"/>
I genuinely like my job	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Agree (3) <input type="radio"/>	Strongly Agree (4) <input type="radio"/>
My workload is reasonable	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Agree (3) <input type="radio"/>	Strongly Agree (4) <input type="radio"/>
I am treated fairly by my supervisor	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Agree (3) <input type="radio"/>	Strongly Agree (4) <input type="radio"/>
I am provided with the resources I need to do my job	Strongly Disagree (1) <input type="radio"/>	Disagree (2) <input type="radio"/>	Agree (3) <input type="radio"/>	Strongly Agree (4) <input type="radio"/>

My coworkers and I work well together

Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would recommend my job to others

Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel appreciated at work

Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix E

Table of Corresponding Questions from Questionnaire for Applicable Research  
Questions

This following table displays the corresponding questions from the questionnaire that will be used to address the research questions presented in the study:

Research Question	Corresponding Questions from Questionnaire																																																		
<p>RQ #1: To what extent do the perceptions about on-the-job stress directly impact the perceptions about physical health symptoms of correction officers?</p> <p>Independent Variable: Perceptions about on-the-job stress</p> <p>Dependent Variable: Perceptions about physical health symptoms</p>	<p><b>PART 2: PERCEPTIONS ABOUT ON-THE-JOB STRESS</b></p> <p>On a scale of 1 to 4, please express how often you experience on-the-job stress from each of the listed potential stressors by checking the relevant box:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"><b>Potential Stressor</b></th> <th colspan="4" style="text-align: center;"><b>Response</b></th> </tr> <tr> <td></td> <th style="text-align: center;">Never (1)</th> <th style="text-align: center;">Rarely (2)</th> <th style="text-align: center;">Sometimes (3)</th> <th style="text-align: center;">Always (4)</th> </tr> </thead> <tbody> <tr> <td>Inmates</td> <td style="text-align: center;">Never (1) <input type="radio"/></td> <td style="text-align: center;">Rarely (2) <input type="radio"/></td> <td style="text-align: center;">Sometimes (3) <input type="radio"/></td> <td style="text-align: center;">Always (4) <input type="radio"/></td> </tr> <tr> <td>Management</td> <td style="text-align: center;">Never (1) <input type="radio"/></td> <td style="text-align: center;">Rarely (2) <input type="radio"/></td> <td style="text-align: center;">Sometimes (3) <input type="radio"/></td> <td style="text-align: center;">Always (4) <input type="radio"/></td> </tr> <tr> <td>Colleagues</td> <td style="text-align: center;">Never (1) <input type="radio"/></td> <td style="text-align: center;">Rarely (2) <input type="radio"/></td> <td style="text-align: center;">Sometimes (3) <input type="radio"/></td> <td style="text-align: center;">Always (4) <input type="radio"/></td> </tr> <tr> <td>Mandatory overtime</td> <td style="text-align: center;">Never (1) <input type="radio"/></td> <td style="text-align: center;">Rarely (2) <input type="radio"/></td> <td style="text-align: center;">Sometimes (3) <input type="radio"/></td> <td style="text-align: center;">Always (4) <input type="radio"/></td> </tr> <tr> <td>Prison facilities</td> <td style="text-align: center;">Never (1) <input type="radio"/></td> <td style="text-align: center;">Rarely (2) <input type="radio"/></td> <td style="text-align: center;">Sometimes (3) <input type="radio"/></td> <td style="text-align: center;">Always (4) <input type="radio"/></td> </tr> <tr> <td>Organizational structure and politics</td> <td style="text-align: center;">Never (1) <input type="radio"/></td> <td style="text-align: center;">Rarely (2) <input type="radio"/></td> <td style="text-align: center;">Sometimes (3) <input type="radio"/></td> <td style="text-align: center;">Always (4) <input type="radio"/></td> </tr> <tr> <td>Lack of available resources</td> <td style="text-align: center;">Never (1) <input type="radio"/></td> <td style="text-align: center;">Rarely (2) <input type="radio"/></td> <td style="text-align: center;">Sometimes (3) <input type="radio"/></td> <td style="text-align: center;">Always (4) <input type="radio"/></td> </tr> <tr> <td>Lack of training</td> <td style="text-align: center;">Never (1) <input type="radio"/></td> <td style="text-align: center;">Rarely (2) <input type="radio"/></td> <td style="text-align: center;">Sometimes (3) <input type="radio"/></td> <td style="text-align: center;">Always (4) <input type="radio"/></td> </tr> </tbody> </table>	<b>Potential Stressor</b>	<b>Response</b>					Never (1)	Rarely (2)	Sometimes (3)	Always (4)	Inmates	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>	Management	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>	Colleagues	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>	Mandatory overtime	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>	Prison facilities	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>	Organizational structure and politics	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>	Lack of available resources	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>	Lack of training	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
<b>Potential Stressor</b>	<b>Response</b>																																																		
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Lack of available resources	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>																																															
Lack of training	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>																																															



**PART 4: PERCEPTIONS ABOUT PHYSICAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed physical health symptoms by checking the relevant box:

<b>Physical Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Hypertension (Elevated blood pressure)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Heart disease (Heart attacks)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Headaches	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight loss	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight gain	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Shortness of breath	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Muscular aches and pains	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Gastro-intestinal ailments	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

<p>RQ #2: To what extent do the perceptions about on-the-job stress directly impact the perceptions about mental health symptoms of correction officers?</p>	<p><b>PART 2: PERCEPTIONS ABOUT ON-THE-JOB STRESS</b></p>				
<p>Independent Variable: Perceptions about on-the-job stress</p>	<p>On a scale of 1 to 4, please express how often you experience on-the-job stress from each of the listed potential stressors by checking the relevant box:</p>				
<p>Dependent Variable: Perceptions about mental health symptoms</p>	<p><b>Potential Stressor</b></p>	<p><b>Response</b></p>			
	<p>Inmates</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Management</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Colleagues</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Mandatory overtime</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Prison facilities</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Organizational structure and politics</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Lack of available resources</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Lack of training</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>

**PART 3: PERCEPTIONS ABOUT MENTAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed mental health symptoms by checking the relevant box:

<b>Mental Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Depression	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Thoughts of suicide	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Anxiety	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
PTSD (Post-traumatic stress disorder)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mood swings	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Nightmares	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Insomnia	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Poor sleeping habits	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

RQ #3: To what extent do the perceptions about on-the-job stress directly impact perceived job satisfaction for correction officers, while controlling for the perceptions about mental health symptoms and perceptions about physical health symptoms?

Independent Variables:  
Perceptions about on-the-job stress, perceptions about mental health symptoms and perceptions about physical health symptoms

Dependent Variable:  
Perceived job satisfaction

**PART 2: PERCEPTIONS ABOUT ON-THE-JOB STRESS**

On a scale of 1 to 4, please express how often you experience on-the-job stress from each of the listed potential stressors by checking the relevant box:

<b>Potential Stressor</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Inmates	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Management	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Colleagues	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mandatory overtime	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Prison facilities	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Organizational structure and politics	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Lack of available resources	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Lack of training	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

**PART 3: PERCEPTIONS ABOUT MENTAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed mental health symptoms by checking the relevant box:

<b>Mental Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Depression	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Thoughts of suicide	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Anxiety	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
PTSD (Post-traumatic stress disorder)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mood swings	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Nightmares	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Insomnia	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Poor sleeping habits	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

**PART 4: PERCEPTIONS ABOUT PHYSICAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed physical health symptoms by checking the relevant box:

<b>Physical Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Hypertension (Elevated blood pressure)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Heart disease (Heart attacks)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Headaches	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight loss	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight gain	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Shortness of breath	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Muscular aches and pains	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Gastro-intestinal ailments	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

**PART 5: PERCEIVED JOB SATISFACTION**

On a scale of 1 to 4, please express your amount of agreement or disagreement with the following thoughts or feelings about your job by checking the relevant box:

<b>Thoughts/Feelings</b>	<b>Response</b>			
	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I have thoughts about resigning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I genuinely like my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workload is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated fairly by my supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am provided with the resources I need to do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coworkers and I work well together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend my job to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel appreciated at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RQ #4: To what extent do the perceptions about physical health symptoms directly impact perceived job satisfaction for correction officers while controlling for the perceptions about on-the-job stress and perceptions about mental health symptoms?

Independent Variables:  
 Perceptions about physical health symptoms, perceptions about on-the-job stress and perceptions about mental health symptoms

Dependent Variable:  
 Perceived job satisfaction

**PART 4: PERCEPTIONS ABOUT PHYSICAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed physical health symptoms by checking the relevant box:

<b>Physical Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Hypertension (Elevated blood pressure)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Heart disease (Heart attacks)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Headaches	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight loss	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight gain	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Shortness of breath	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Muscular aches and pains	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Gastro-intestinal ailments	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>



**PART 2: PERCEPTIONS ABOUT ON-THE-JOB STRESS**

On a scale of 1 to 4, please express how often you experience on-the-job stress from each of the listed potential stressors by checking the relevant box:

<b>Potential Stressor</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Inmates	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Management	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Colleagues	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mandatory overtime	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Prison facilities	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Organizational structure and politics	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Lack of available resources	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Lack of training	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

**PART 3: PERCEPTIONS ABOUT MENTAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed mental health symptoms by checking the relevant box:

<b>Mental Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Depression	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Thoughts of suicide	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Anxiety	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
PTSD (Post-traumatic stress disorder)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mood swings	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Nightmares	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Insomnia	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Poor sleeping habits	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

**PART 5: PERCEIVED JOB SATISFACTION**

On a scale of 1 to 4, please express your amount of agreement or disagreement with the following thoughts or feelings about your job by checking the relevant box:

<b>Thoughts/Feelings</b>	<b>Response</b>			
	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I have thoughts about resigning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I genuinely like my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workload is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated fairly by my supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am provided with the resources I need to do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coworkers and I work well together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend my job to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel appreciated at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RQ #5: To what extent do the perceptions about mental health symptoms directly impact perceived job satisfaction for correction officers while controlling for the perceptions about on-the-job stress and perceptions about physical health symptoms?

Independent Variables:  
Perceptions about mental health symptoms, perceptions about on-the-job stress and perceptions about physical health symptoms

Dependent Variable:  
Perceived job satisfaction

**PART 3: PERCEPTIONS ABOUT MENTAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed mental health symptoms by checking the relevant box:

<b>Mental Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Depression	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Thoughts of suicide	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Anxiety	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
PTSD (Post-traumatic stress disorder)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mood swings	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Nightmares	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Insomnia	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Poor sleeping habits	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

**PART 2: PERCEPTIONS ABOUT ON-THE-JOB STRESS**

On a scale of 1 to 4, please express how often you experience on-the-job stress from each of the listed potential stressors by checking the relevant box:

<b>Potential Stressor</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Inmates	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Management	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Colleagues	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mandatory overtime	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Prison facilities	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Organizational structure and politics	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Lack of available resources	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Lack of training	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

**PART 4: PERCEPTIONS ABOUT PHYSICAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed physical health symptoms by checking the relevant box:

<b>Physical Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Hypertension (Elevated blood pressure)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Heart disease (Heart attacks)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Headaches	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight loss	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight gain	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Shortness of breath	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Muscular aches and pains	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Gastro-intestinal ailments	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

**PART 5: PERCEIVED JOB SATISFACTION**

On a scale of 1 to 4, please express your amount of agreement or disagreement with the following thoughts or feelings about your job by checking the relevant box:

<b>Thoughts/Feelings</b>	<b>Response</b>			
	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I have thoughts about resigning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I genuinely like my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workload is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated fairly by my supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am provided with the resources I need to do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coworkers and I work well together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend my job to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel appreciated at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>RQ #6: To what extent do the perceptions about on-the-job stress indirectly impact perceived job satisfaction through either the perceptions about mental health symptoms or physical health symptoms of correction officers?</p> <p>Exogenous Independent Variable: Perceptions about on-the-job stress</p> <p>Dependent Variable: Perceived job satisfaction</p> <p>Mediators: Perceptions about mental health symptoms and perceptions about physical health symptoms</p>	<p><b>PART 2: PERCEPTIONS ABOUT ON-THE-JOB STRESS</b></p>				
	<p>On a scale of 1 to 4, please express how often you experience on-the-job stress from each of the listed potential stressors by checking the relevant box:</p>				
	<p><b>Potential Stressor</b></p>		<p><b>Response</b></p>		
	<p>Inmates</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Management</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Colleagues</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Mandatory overtime</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Prison facilities</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Organizational structure and politics</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
	<p>Lack of available resources</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>
<p>Lack of training</p>	<p>Never (1) <input type="radio"/></p>	<p>Rarely (2) <input type="radio"/></p>	<p>Sometimes (3) <input type="radio"/></p>	<p>Always (4) <input type="radio"/></p>	



**PART 5: PERCEIVED JOB SATISFACTION**

On a scale of 1 to 4, please express your amount of agreement or disagreement with the following thoughts or feelings about your job by checking the relevant box:

<b>Thoughts/Feelings</b>	<b>Response</b>			
	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I have thoughts about resigning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I genuinely like my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workload is reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated fairly by my supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am provided with the resources I need to do my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My coworkers and I work well together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend my job to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel appreciated at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PART 3: PERCEPTIONS ABOUT MENTAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed mental health symptoms by checking the relevant box:

<b>Mental Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Depression	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Thoughts of suicide	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Anxiety	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
PTSD (Post-traumatic stress disorder)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Mood swings	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Nightmares	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Insomnia	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Poor sleeping habits	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>

**PART 4: PERCEPTIONS ABOUT PHYSICAL HEALTH SYMPTOMS**

On a scale of 1 to 4, please express how often you experience each of the listed physical health symptoms by checking the relevant box:

<b>Physical Health Symptoms</b>	<b>Response</b>			
	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
Hypertension (Elevated blood pressure)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Heart disease (Heart attacks)	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Headaches	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight loss	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Weight gain	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Shortness of breath	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Muscular aches and pains	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>
Gastro-intestinal ailments	Never (1) <input type="radio"/>	Rarely (2) <input type="radio"/>	Sometimes (3) <input type="radio"/>	Always (4) <input type="radio"/>