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## Burnout and Employee Satisfaction of Mental Health Clinicians in Corrections

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### Abstract

Approximately 1.9 million individuals are currently incarcerated within the United States. Rehabilitation and preparation for parole back into the community is common goal amongst correctional facilities. Mental health clinicians (social workers and psychologists) within the correctional facilities are providers who assist in the rehabilitation of inmates. Unfortunately, mental health clinicians in correctional facilities experience high rates of burnout and low levels of job satisfaction, resulting in an increase in turnover rates. This research project looks to investigate the impact burnout and employee satisfaction has on mental health clinicians who work in correctional settings. Furthermore, this research project compares burnout and employee satisfaction of mental health clinicians in correctional settings versus mental health clinicians who work in other settings (community-based, non-profit, etc.). This research project questions, for mental health clinicians in correctional facilities, can a reduction in burnout and improvement in employee satisfaction improve turnover rates? While further research is needed and would benefit this topic, this concludes by offering solutions (additional trainings; improved policies; reduction in role confusion) to reduce burnout of mental health clinicians in correctional facilities.

### Keywords

Burnout; employee satisfaction; prison; jail; correctional facility; social worker; psychologist; retention; turnover

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Approximately 1.9 million individuals are currently incarcerated within the United States. Rehabilitation and preparation for parole back into the community is common goal amongst correctional facilities. Mental health clinicians (social workers and psychologists) within the correctional facilities are providers who assist in the rehabilitation of inmates. Unfortunately, mental health clinicians in correctional facilities experience high rates of burnout and low levels of job satisfaction, resulting in an increase in turnover rates. This research project looks to investigate the impact burnout and employee satisfaction has on mental health clinicians who work in correctional settings. Furthermore, this research project compares burnout and employee satisfaction of mental health clinicians in correctional settings versus mental health clinicians who work in other settings (community-based, non-profit, etc.). This research project questions, for mental health clinicians in correctional facilities, can a reduction in burnout and improvement in employee satisfaction improve turnover rates? While further research is needed and would benefit this topic, this concludes by offering solutions (additional trainings; improved policies; reduction in role confusion) to reduce burnout of mental health clinicians in correctional facilities.

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## **Introduction**

The United States has the highest incarceration rate in the world. The Prison Policy Initiative reports that there are currently 1.9 million individuals incarcerated just within the United States alone [1]. A fair amount of the 1.9 million individuals will eventually be paroled back into the community. A major aspect of the current correctional system within the United States is rehabilitation. Prisons provide educational programming, vocational programming, mental health services, and other opportunities for growth and rehabilitation to assist incarcerated individuals in preparation for parole [2]. Mental health clinicians (social workers and psychologists) often play a huge role in rehabilitation within the correctional system as they are the professionals who provide these services to incarcerated individuals.

It should be noted that burnout, decreased employee satisfaction and turnover are prevalent among mental health clinicians in a variety of settings. Annual turnover rates for behavioral health providers in the United States range between 30% - 35%, with some areas being lower and others higher [3]. Research articles have indicated higher levels of burnout and stress amongst mental health clinicians in correctional settings in comparison to mental health clinicians in public/non-public settings. It has been noted that 90 percent of incarcerated individuals have mental health problems; additionally, these same individuals may also have a substance abuse problem [4]. The turnover rate of mental health clinicians in correctional settings directly impacts inmates/patients who require mental health services. A study explored the relationship between clinician turnover and client outcomes in community behavioral health settings [3]. The study reported that clinician turnover may be more detrimental for patients who have been progressing well and have more clinical gains to lose [3]. The same impact of clinician turnover can be assumed for patients receiving services within a correctional facility. When

clinicians experience burnout and decide to search for other opportunities for employment, this directly impacts patients, and in this case incarcerated individuals. This study hypothesizes that reducing burnout and improving employee satisfaction with mental health clinicians in correctional settings can reduce turnover rates and/or improve retention.

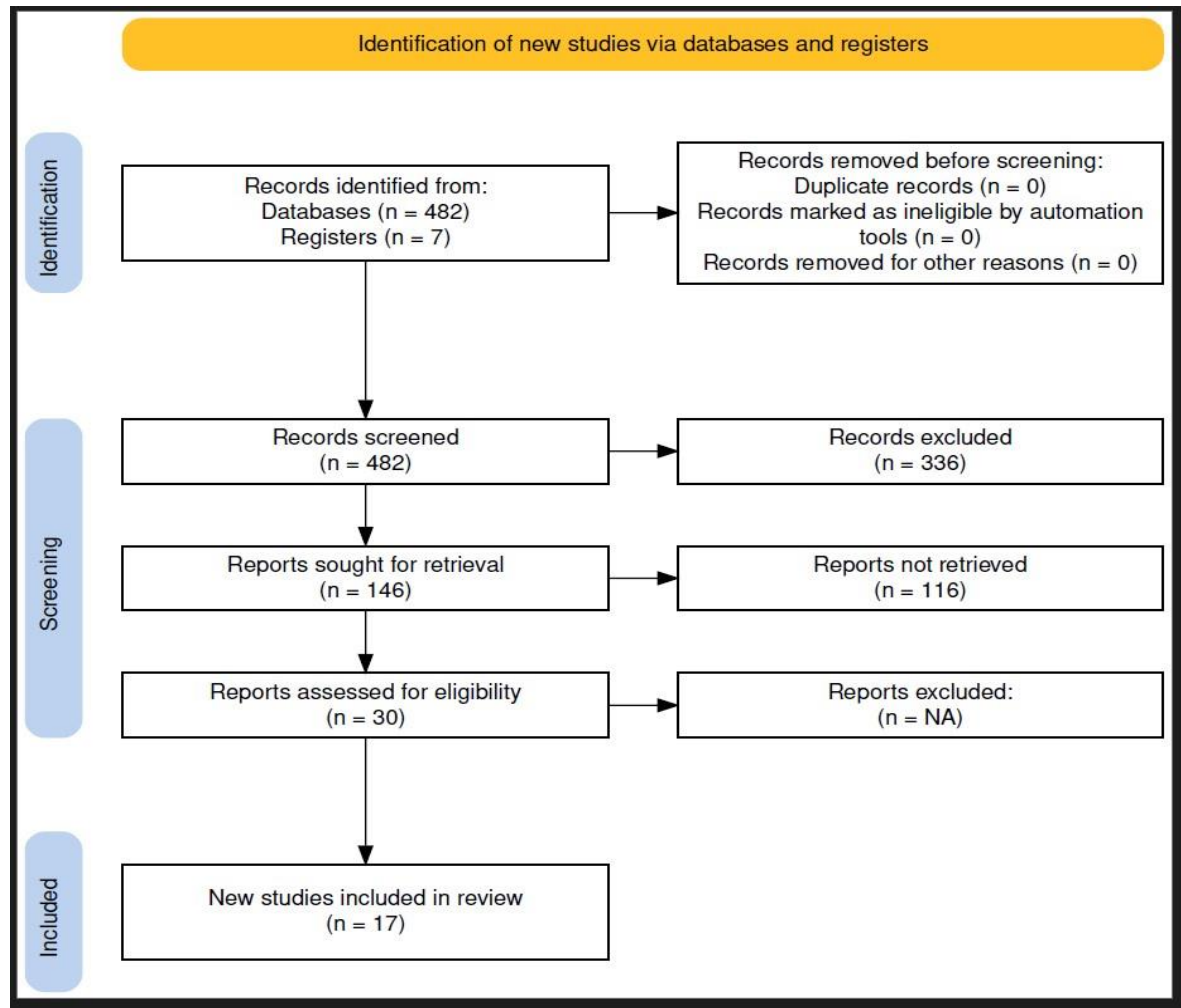
This research project looks to investigate the impact burnout and employee satisfaction have on mental health clinicians who work in correctional settings. Furthermore, this research project compares burnout and employee satisfaction of mental health clinicians in correctional settings versus mental health clinicians who work in other settings (community-based, non-profit, etc). This research project includes a literature review of past studies exploring burnout and employee satisfaction of mental health clinicians in both correctional settings and non-correctional settings. The research question for this study is: In mental health clinicians (social workers and psychologists) working within correctional settings, does a reduction in burnout and improvement in employee satisfaction in comparison to community-based mental health clinicians, reduce turnover rates and/or improve retention?

## **Methods and Data Set**

This study collected articles for qualitative data analysis. PRISMA methodology was utilized to choose and eliminate articles. Only articles between 2000 and 2024 were included in the search; any articles prior to 2000 were excluded in order to obtain more recent data regarding the subject matter. While searching for articles, Peer Reviewed articles were prioritized, this limited the scope of articles to be reviewed. Research articles were gathered from CINAHL, PubMed, APA PsychArticles, APA PsychInfo, Sociological Abstracts, and Google Scholar. The Boolean search method was utilized in order to obtain articles. The research strings in the

Boolean search first included combined “social worker” with “prison or jail or correction facilities” and “retention or turnover”. Additionally, the Boolean search was expanded to include other keywords such as “work satisfaction or job satisfaction”. While conducting searches there were limited findings when utilizing the keyword “social worker”. In order to expand on the research, the keyword “psychologist” was substituted for “social worker” while canvassing for articles. By including “psychologist” instead of “social worker”, more articles were accessible.

From the Boolean search utilizing keywords from the PICOT method, 17 articles were identified to have relevant information to the PICOT question. Analysis of articles was completed to identify themes and patterns among the articles. “Job satisfaction” and “burnout” were a common theme amongst the articles found. Some articles discussed recruitment and retention among clinical staff in the correctional setting. Another article provided a comparison regarding satisfaction among psychologists working in correctional facilities in comparison to psychologists working in community-based settings. Additional research documents explored burnout and job satisfaction of correctional psychologists in comparison to other psychologists. The articles discussing recruitment and retention discussed methods to improve recruitment and retention of employees. Articles exploring job satisfaction discussed themes/dimensions to further elaborate the findings of job satisfaction.



## Review of the Current Literature

### *Burnout*

Burnout amongst correctional mental health professionals is a common occurrence.

Prisons are one of the work settings in which burnout is more likely to be developed

[5]. Burnout can be viewed in three dimensions: emotional exhaustion, depersonalization, and a decrease in the perception of personal accomplishments [6, 7]. Social workers in prison experience high levels of burnout, emotional exhaustion, and moderate levels of job satisfaction [8]. Correctional employees who endorsed increased levels of job stress experienced higher



levels of emotional exhaustion and depersonalization [9]. Perceived, or actual threat of violence is a unique risk factor for burnout amongst forensic professionals [10]. Forensic professionals are at higher risk of experiencing stressors such as verbal and physical aggression which increases their risk of experiencing burnout [10]. Job satisfaction, job stress and job involvement were more important predictors of burnout than personal characteristics (gender, race, age, education, tenure, supervisory status and position) [9].

The role of mental health professionals in correctional settings may range from providing direct services to inmates via individual or group therapy, crisis and suicide intervention services, psychological and risk of violence assessments, and providing psychoeducational groups, in addition to filling in other roles within a correctional facility [6]. Other roles may include providing services to staff through Employee Assistance Programs (EAP), reducing tensions, and enhancing safety [11]. Mental health professionals may grow discouraged or cynical of their work due to several factors (ex: recidivism rates, negative public attitude towards prisoners and correctional psychology, and extensive bureaucracy) [6].

### ***Job Satisfaction***

Three general facets significantly predicted overall job satisfaction scores: economics; perceived organizational support; and interpersonal relationships [12]. This study explored solutions to improve scores of economics, perceived organizational support and interpersonal relationships [12]. The study noted that increasing salaries may not necessarily affect overall job satisfaction. Regarding economics, individuals may evaluate other factors, in addition to salary, such as health insurance and job security. Modifications in status, opportunities for achievement and recognition were solutions proposed to address perceived organizational support and

interpersonal relationships [12]. Supervision was also noted as a predictor of job satisfaction amongst staff working in correctional settings. The supervision provided by managers/supervisors plays a major impact in shaping staff attitudes and outcomes [13].

Demographics such as age and gender were unrelated to job satisfaction [14]. Higher salary was positively correlated with higher job satisfaction [14]. Furthermore, psychologists working in institutions with a larger number of inmates endorsed lower levels of job satisfaction [14]. Boothby and Clements hypothesized that greater numbers of psychologists and/or other health professionals per institution would be related to higher work satisfaction; the data in their study did not support their hypothesis [9]. In regard to job satisfaction:

“Satisfaction with the job implies that the job is meeting the needs and desires of the person. As such, the employee reports a sense of enjoyment of the work, even when comparing themselves to other employees. This general sense of satisfaction may very well act to protect the employee from job-related burnout” [9].

From the review of the articles, there are numerous factors to take into consideration while discussing job satisfaction among mental health clinicians. The needs and desires of the person need to be identified in order to be able to assess job satisfaction [9]. Monitoring of job satisfaction can also be a tool/intervention to mitigate burnout among mental health clinicians.

### ***Role Confusion/Dual Role***

An article explored the tension between the goals of social workers versus the overall goal of corrections [15]. The article discusses opportunities for social workers to apply their professional values within correctional settings. Social workers in prison often face uncommon

ethical challenges and value dilemmas [15]. While prisons are focused on punishment and control, social workers should be focused on rehabilitation [15]. The expectation to act as a treatment provider and correctional officer may result in some role confusion (dual-role conflicts) [14]. To add to the role confusion/dual role theme, in some federal facilities, correctional mental health professionals may also act as correctional staff [6].

### ***Prison vs Community Workers***

A study explored whether correctional psychologists experience higher levels of occupational burnout and life stress in comparison to psychologists in other public/non-public settings [16]. Other sector psychologists in the study included: veterans affairs; public psychiatrist hospitals; and university counseling centers. The study reported that correctional psychologists experience significantly more burnout compared to psychologists who work with veteran affairs and university counseling centers. Correctional psychologists also reported significantly less job satisfaction than university counseling center psychologists [16]. In regard to burnout, correctional psychologists scored higher on the Depersonalization scale in comparison to veteran's affairs and university counseling center psychologists. In regard to job satisfaction, correctional psychologists scored significantly lower on the Intrinsic Satisfaction scale in comparison to university counseling center psychologists [16].

## **Discussion**

Burnout is prevalent among mental health professionals working in correctional settings. Some interventions can be implemented in hopes of reducing burnout. By offering training and exposure to the correctional settings while applicants are in school, this may increase levels of

job satisfaction, as opposed to individuals who have minimal knowledge of correctional settings [4]. As with any occupational setting, some individuals are not well suited to work in a correctional setting. Should individuals have more exposure to the correctional setting while in school, this may reduce experiences of burnout should they choose to go into corrections as they will have a fair grasp of the environment they are joining.

Mitigating burnout can decrease the negative impact on the quality of work provided by mental health clinicians [17]. “I hope my burnout is not affecting them, but we are having tremendous turnover right now, and I know that affects them. They get accustomed to working with someone, developing trust, then that person leaves” [17]. This quote is a revolving door of the impact of burnout on mental health clinicians and incarcerated individuals. A majority of individuals who are incarcerated will eventually parole back into the community. When mental health clinicians in correctional settings are experiencing burnout and exploring other employment opportunities, it directly impacts incarcerated individuals. With the current issue we have to question, how effective are current mental health services for incarcerated individuals of mental health clinicians are experiencing burnout and leaving their positions? Does the current status and quality of mental health services for incarcerated individuals effectively prepare individuals for parole and reduce recidivism?

Efforts to improve job satisfaction may result in decreasing the turnover among mental health clinicians in correctional settings. Burnout is associated with job dissatisfaction, low organizational commitment, absenteeism, intention to leave the job, and turnover [18]. Administrative policies have the ability to influence issues of job stress, job satisfaction and job involvement [9]. If administrators can identify and implement policies that promote positive work outcomes, they also have the capacity to manage negative work outcomes such as burnout

and turnover. A solution to improve job satisfaction among mental health clinicians may be to offer alternative work schedules such as a four-day work week. A four-day work week has been positively associated with increased productivity, increased job satisfaction and reduced absenteeism [19]. Another administrative policy to improve job satisfaction may be limiting caseloads and simplifying job roles/duties. Research has shown that increasing salaries may or may not improve job satisfaction amongst staff. Efforts to improve perceived organizational support can be catered to each correctional facility. Staff surveys to address and pinpoint triggers for burnout and stress amongst employees may serve as an effective tool that highlights areas of need when exploring interventions to improve job satisfaction amongst staff.

Role confusion and dual roles can lead to burnout as mental health professionals in correctional settings are tasked with upholding two professions/roles: mental health provider and correctional staff. Difficulty can arise when attempting to establish rapport with a client, and at the same time be responsible for upholding the rules and policies of a correctional facility. Incarcerated individuals may be reluctant to engage in mental health treatment due to their perception of mental health and custody staff. Mental health clinicians may be asked to prioritize custody aspects (punishment and control) as opposed to rehabilitation. While an interdisciplinary approach (custody and mental health) can be beneficial in some aspects, clear guidelines for their roles should be set for both disciplines so that role confusion is mitigated and mental health professionals can focus on treatment and rehabilitation.

Further studies should be conducted to explore the differences between mental health professionals who work in correctional settings in comparison to mental health professionals in other sectors. There is a discrepancy of burnout and job satisfaction of psychologists in correctional settings compared to psychologists in other sectors [16]. Prison or any correctional

facility can be a fairly restrictive setting to be employed in. Studies have highlighted the issues of burnout, job satisfaction and role confusion for those employed within corrections. Practices, strategies and interventions from community-based organizations or other sectors could be implemented into correctional settings to further support mental health professionals in these settings.

One possible solution to address burnout, job satisfaction and retention of mental health clinicians in the correctional settings, is the implementation of tele-mental health appointments. Telehealth services can be as effective as in-person services when treating individuals with anxiety, depression, post-traumatic stress disorder and adjustment disorders [20, 21]. While telehealth appointments may not be a viable solution and/or appropriate for incarcerated individuals with more severe mental health issues or in an inpatient setting, this can be a solution for incarcerated individuals with low to moderate mental health issues. The usage of tele-mental health appointments is already being conducted in some correctional facilities; the efficacy of this method is yet to be determined. The implementation of tele-health appointments is not unusual as tele-mental health appointments are a current staple for non-incarcerated individuals seeking mental health services in the community. Tele-mental health appointments would merely mirror what mental health services may be like in the community. Furthermore, tele-mental health appointments could possibly address the issues of burnout, role confusion and job satisfaction.

With tele-mental health appointments, the overall dynamic of being a mental health clinician for incarcerated individual changes. Remote positions may encourage mental health clinicians to apply who initially had safety concerns of working within a prison setting. A remote position eliminates the risk of physical aggression which may reduce burnout. If clinicians are

working remotely, this provides an opportunity for clinicians to focus solely on mental health treatment and not try to balance upholding policies as a correctional staff. This change would decrease role confusion and/or dual roles, and may result in an improved job satisfaction. Tele-health appointments do present with some challenges such as: patient's feeling services are less personal; difficulty connecting with clinician; lack of ability to observe body language; online privacy and safety [22]. However, while improving job satisfaction may entail various factors/needs as identified by the clinician, taking the opportunity to reshape working conditions for mental health clinicians in correctional settings may result in decreased burnout, improved retention and an increase in hirings.

### **Limitations of the Study**

The study is primarily focused on through a lens of literature review and qualitative data. Incorporation of quantitative data may provide more insight and detail in regard to burnout and employee satisfaction of mental health clinicians in correctional settings. Furthermore, the literature review was primarily focused on correctional facilities located within the United States. Data utilizing qualitative and/or quantitative data from other countries may have provided additional insight into what the roles consist of for mental health clinicians in correctional facilities in other countries. Lastly, some articles did not clarify what type of correctional facilities these mental health clinicians were working in. Within the United States various forms of correctional facilities include: county; state; federal and private institutions/facilities.

### **Recommendations for Further Study**

A more current study aimed at exploring burnout levels of mental health clinicians in correctional facilities may provide a more accurate and updated description. The need to evaluate a more current scene is necessary as the studies from the literature review occurred 10-15 years ago. The introduction of mental health appointments via video conferencing in correctional facilities is reshaping the current landscape of mental health services within prisons. Whether or not clinicians are experiencing a decrease in burnout due to being able to work remote may serve as an indication that remote work is beneficial to these mental health clinicians.



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