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Assessing the Effectiveness of Safety Training Provided To Corrections Personnel in Appalachia

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Dedication

This thesis is dedicated to my family
for their support and courage they have provided me.

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Abstract

The context of the study was assessment of whether corrections officers in Appalachia are receiving adequate health and safety training who attended health and safety trainings sessions provided by the OSHA Training Institute and Education Center on the campus of Eastern Kentucky University. Participants included in the study were corrections officers who have been working in corrections for a minimum of two years. Participants were required to be working in Appalachian corrections during distribution of the questionnaire. Participants were selected by using convenience and snowball sampling procedures. The questionnaire was sent on 4 separate occasions, 10 of the expected 30 respondents participated in the questionnaire. The majority of participants stated that they had received training sessions covering topics of conflict management and inmate mental and physical health, demonstrating the possibility that corrections officers are adequately trained in these subject areas. There may be gaps in trainings provided to corrections officers, only half of participants stated they received anger and stress management training components. The question posed after research analysis is how adequately corrections officers in Appalachia are trained on other intrapersonal, as the research did address other areas of intrapersonal skills outside of anger and stress management.

Keywords: corrections, training, adequate, health, and safety

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Chapter One

Introduction

Corrections department work contains certain levels of danger and various risks. For that reason, corrections personnel have to be well educated and well trained. The corrections officers in today`s prisons need to be trained to provide for the health and safety of everyone on the prison premises. There are a lot of challenges involved with caring for the psychological health, the physical health, and the well-being of inmates and corrections officers themselves.

Fazel and Seewald (2012) expressed that prisoners' psychological health is due to past experiences, which may include unethical behavior and the current experiences of prison life. Prisoners are exposed to various negative external effects from inmates and, at times, from corrections officers, especially in chaotic situations. The various health challenges inmates may have with regard to their own health may be contributing factors to their incarceration. Prisoners may be in their current predicament due to past abuse from role models in their lives and they may experience more abuse in the corrections system (Fazel & Seewald, 2012). Corrections officers are expected to be trained in conflict resolution, self-defense, gun safety, and negotiation skills as part of normal training. The role of the corrections officer can be challenging and dangerous by nature of the job and corrections officers need additional training for skills related to protecting the health and well-being of inmates and themselves. Preventing injuries and death to

corrections officers is helpful. Such issues as these should be addressed in health and safety training for corrections officers, especially for those corrections officers in the Appalachian Region (Brough & Williams, 2007).

Good safety and health training is lacking among service workers like corrections officers and may be more needed in an area like the Appalachian Region. The Appalachian Region is comprised of Alabama, Georgia, Maryland, Kentucky, Tennessee, Mississippi, West Virginia, Virginia, Ohio, North Carolina, South Carolina, Pennsylvania, and New York (The Appalachian Region, 2015). Hudson (2007) detailed that the Appalachia region is known to be one where many families experience economic hardship due to the many rural areas with little economic opportunity. The Appalachian Region is also known to be home to many drug offenders that end up in prison systems (Hudson, 2007). Many of the offenders entering the prison systems in Appalachia have mental illnesses prior to incarceration. These prior mental illnesses may be exacerbated by living in the prison context (Fazel & Seewald, 2012). The risks involved with such corrections officers' jobs require many hours of training and many hours of practice to effectively address specific health and safety issues for care of inmates and care of corrections officers (Jurich, Casper, & Hull, 2001).

The Occupational Safety and Health Administration (OSHA) acknowledges that injuries (even deaths) related to stress and burnout have been the reason for mental and physical health problems that have caused much

expense in workers compensation and health related costs (United States Department of Labor, 2015). OSHA training requirements are particular to distinctive risks and fluctuate broadly in their directions regarding the content and documentation of training, mentor capabilities, and training techniques. In many work environments, work-related safety and well-being training is liable to be a characteristic piece of occupational aptitudes training. In workplaces, "poor strategy" is generally reported as a reason for injury coming about because of insufficient training and an inability of exercises to include basic programs that train laborers to stay away from known perils through the best possible utilization and upkeep of hardware and materials. Notwithstanding, training can, likewise, be proactive, instructing specialists to perceive and address potential issues through cooperation, by means of union or administration endeavors, and urging specialists and administrators to be collectively responsible for harm control (Nyateka et al., 2012).

Statement of the Problem

The workplace, many a times, is a dangerous environment, as it is comprised of an amalgamation of hazards and risks that pose various perils to the workers, the society, and employers at large. The prison system provides a perfect example of a dangerous environment that has effect upon employees and society. Additionally, the health and safety of prison inmates needs to be regarded. Organizations, such as corrections facilities, need to undertake workplace training

on health and safety in order to assist in mitigating the perils resulting from such an environment. This is the fundamental reason safety training needs to be undertaken at all times in order to keep everyone in the facility and the community safe (Brough & Williams, 2007).

Potential Significance

In spite of plenty of distinctive health and safety training activities (for example, enactment and conduct-based practices, including objective setting, input, and prize plans) over the previous decades stressing safety, health problems and injuries remain inadmissibly high and keep on creating exorbitant costs to the people, businesses, and the entire society (Fluck, 2005). Jurich, Casper, & Hull (2001) determined that greater health and well-being for inmates and for corrections officers demands better training in safety and health issues. Areas like Appalachia would demand for even more rigid training in safety and health for corrections officers in the area. Forst et al (2013) claim that the study of health and safety activities, particularly for youthful service laborers, have seldom been inspected and assessed. Jurich, Casper, & Hull (2001) determine that without the teaching that comes through extensive safety and health training, service workers, like corrections officers, will continue to have undue stress and health problems, as will the inmates with whom they work. The lack of effective training will incur major costs in workers' compensation and in the quality of life for

corrections workers (Jurich, Casper, & Hull, 2001). The study presented here can have an impact on reducing injuries and deaths in the corrections environment.

Definition of Terms

Appalachia. Appalachia is a cultural region within the Eastern United States that includes vast territory (partly mountainous territory in the Appalachian Mountain range) from the eastern coastal states starting from New York, including parts of Tennessee and Kentucky, and ending at the southern border of Georgia. The population of Appalachia is approximately 25 million people with many living in rural areas (The Appalachian Region, 2015).

Corrections Officer. A corrections officer is a service worker who is responsible for supervising persons who have been arrested or have been sentenced to serve time in jails or prisons (Corrections Officers, 2015).

Corrections System. The corrections system, or penal system, incorporates a network of public and private agencies that manage corrections systems of a jurisdiction or region that may offer services provided by local community-based programs for probation boards and parole boards. The system is an element of the bigger criminal justice system that consists of police, prosecution, and courts (Gostin, Vanchieri, & Pope, 2007).

Inmate. An inmate is an incarcerated person accused or convicted of a crime (Gostin, Vanchieri, & Pope, 2007).

Training. Training includes activities aimed at teaching a person particular skills or types of social behavior (Smith & Mustard, 2007).

Chapter Two

Literature Review

The literature to be reviewed for the purpose of this study includes studies that present the risk for the corrections workers by describing the inmate population the officers must work with and by describing the health and safety impacts that are posed for the corrections officers. The most in depth review is upon the impact of health and safety training to prevent injury and safeguard the health and well-being of the corrections officer.

Health Issues

Fazel & Seewald (2012) found in their international studies that inmates in lower to middle socio-economic areas presented with more mental ill health (depression or psychosis related illnesses) while in prison systems for both men and women prisoners. There was a direct relationship of the length of the prison stay and poor mental health, but not according to the gender of the inmate (Fazel& Seewald, 2012). Experiences in prison can cause long term psychological damage and physical damage and threats to the well-being of inmates. Iverson et al (2014) found that psychological distress in Norwegian male and female inmates was directly related to the physical health of male and female inmates. It does not

matter how an inmate came to be a prisoner or his/her socio-economic status, the person is human and deserves to have their basic health and safety needs met. The corrections officer should strive to protect psychological, physical and well-being of the inmates and the corrections officer must also protect his/her own psychological, physical health and well- being. Working with an inmate population that presents with mental health illness places more pressure on corrections officers to safeguard their own health and wellbeing.

Commonly Recorded Injuries for Corrections

Injury to corrections officers can take various forms, including harm from assault and general threats to safety from malicious effects upon physical well-being. Case in point, in 2009/2010, there were 42 lethal wounds in UK development, a rate of 2.2 deaths for every 100,000 laborers (Burke et al., 2006). As far as physical wellbeing, the Labor Power Survey evaluated that in 2010/2011, 79,000 individuals whose present or the latest employment in the earlier year was in development, experienced a sickness (longstanding and new cases), which was brought about or aggravated by their occupation. Work related wounds influence laborers, employers, and the society everywhere through their effect on medical expenses, working environment gains and agony, and enduring related to the anguish of nursing wounds (Starren, Hornikx & Luijters, 2013). For managers, working environment wounds bring conflicts to the work cycle and, sometimes,

may call for substituting laborers. To accomplish gainful objectives to prevent these wounds, managers train laborers in the correct and safe utilization of hardware as often as possible (Robson et al., 2012). Management should put resources into ergonomic gear and test with an assortment of work practices intended to diminish chances of inflicting wounds. The impacts of formal safety training programs on the work environment needs to be considered, concentrating on the most costly wounds which lead to days away from work.

For instance, corrections officers are at risk of experiencing injuries, both fatal and non-fatal due to the assaults from prisoners or inmates, violent acts from inmates, transportation-related fatalities, and overexertion (Jurich, Casper & Hull, 2001). Although there are some preventive measures which have been put in place by the department of corrections to address this unfortunate occurrence, there is still a lot more that should be done to ensure that the injuries sustained by corrections officers are a thing of the past. The threat of physical injury for corrections officers is commonly known, but many corrections officers also suffer from mental anguish and stress that is job related.

Some injuries, which are experienced among corrections personnel, are self-inflicted. This occurs when an officer shoots himself or herself accidentally or intentionally with the driving motive being committing suicide (Dennehy & Nantel, 2006). Hence, safety training for these officers should not only focus on protecting the officers from injuries caused by inmates and other work related

injuries, but should also ensure that the officers are taught how to manage and protect themselves from stress.

Ghaddar et al (2010) found that there is a high psycho-social risk for corrections workers working in direct contact with inmates. High levels of stress and burn-out are common among corrections officers working directly with prison inmates (Brough & Williams, 2007). The United States Department of Justice Office of Justice Programs Diagnostic Center analyzed current literature and concluded corrections officer suffer undue stress in their profession that leads to mental and physical health problems. Self-inflicted wounds can be lessened by addressing the various psychological needs of prison officers so as to ensure that work-related stressors do not have such a great impact on the work of corrections officers (Waehrer & Miller, 2009).

Corrections Training

The type of training given to these corrections personnel is important in determining the effectiveness of the training toward the well-being of the said prison officials (Smith & Mustard, 2007). There is powerful reasoning behind the need for extensive self-defense and gun safety training along with other health and safety training that corrections officers should undergo.

Good health and safety training must entail the prison officers being educated on various prisoners' behaviors and the psychological signs that prisoners exhibit while under stress and the necessary steps which officers must

take to counter the situation before it devolves. This might include counseling or talking to the prisoner, restraining the prisoner, isolating the prisoner, or denying the prisoner several privileges until the violent behavior which the prisoner intends to carry out is addressed and the necessary steps taken to ensure that the prison officers and other inmates are safe and secure from any risks, be it psychological or physical (Dennehy & Nantel, 2006). Training can also involve teaching empathy for the inmate's mental and physical health and teaching to corrections officers social intelligence skills for dealing with inmates. Additionally, good health and safety training might include teaching methods in proper weapon handling, boosting morale at work through various incentives, flexible working hours, and safeguarding the officers from prisoners by providing them with the necessary equipment required in their line of work (Starren, Hornikx, & Luijters, 2013). Importantly, prison management and leadership should set an example to junior officers by modeling rather than just talking without practicing what they are communicating.

Senior prison managers should treat prisoners the way they expect junior prisoners to treat the same inmates. Furthermore, they should attend regular counseling and show interests in their jobs so as to motivate and boost the morale of their employees through good role modeling. These are just some of the areas in which training on safety should be incorporated in their curriculum to ensure that both prison officers and inmates are safe and secure (Robson et al., 2012).

According to Norris (2009), it is the responsibility of prison management to ensure officers are provided with the best training on safety policies and procedures and resources allocated to the same so as to make safety training a priority to the organization. Despite the numerous financial challenges facing prisons, any attempt to cut spending and resources allocated to the training of prison officers on safety and wellness should be discouraged as this is one of the most critical areas in the efficient running of prisons and corrections facilities. Maintaining optimum health and mental wellness for officers is crucial for ensuring that the officers behave and act in a way that not only safeguards inmates, but also protects fellow prison officers from any form of harm (Hudson, 2007).

There are numerous services and trainings, which are available to prison personnel. These training methods seek to equip prison officers with the necessary skills that encourage physical, mental, and nutritional health. Training that focuses on accountability, equipment compliance checks, proper weapons deployment, state of the art equipment, and communication methods and programs that support proper compliance and enforcement of policy and procedure go a long way in ensuring that the corrections officers act and carry themselves in a manner that significantly reduces injuries and fatalities in prisons (Norris, 2009).

With so many training systems available, it is up to the management and leadership of prisons to provide the best possible and most efficient training

methods to staff. Among the many training methods available are the computer-based training methods. Computer based training methods are steadily growing in popularity due to the many advantages they present to the organizations as compared to other methods of training. For instance, computer based training methods for prison personnel can be accessed anytime by corrections personnel just in case they need to revise or remind themselves of how to approach a particular safety concern (Jurich, Casper & Hull, 2001). Additionally, most computerized training systems contain videos and pictures which help give practical experiences to prison officers on how to protect themselves, their colleagues, and inmates during a particular challenge. For example, a computerized training program may be accompanied by videos of how the officers should address the situation or a video showing how to extinguish a fire in case of an emergency may prove more effective when training prison officers as compared to just being taught theoretical approaches. Moreover, computer based training reduces the time taken during training by 20% to 50% thus, making the method cost effective and less time consuming as compared to facilitator-based training (Fluck, 2005). However, it is important to incorporate various training methods together during the training process in order for the organization to get the best possible training results as these methods complement each other (Fluck, 2005).

The U.S. Occupational Safety and Health Administration (OSHA) unequivocally advances security and well-being training as a vital segment of executives' endeavors to provide a safe work environment (Nyateka et al., 2012). Many necessities for security and well-being training are found in the work-related security and measurements offered by OSHA. Additionally, it confines certain occupations to persons receiving specific training. To expand on OSHA prerequisites, firms can acquire specialists and pay premium rebates for their endeavors in damage counteractive action, including security activities (Alarid, 2009). Well-being training can be offered by means of a very organized formal project or through more casual methods. It demonstrates that the U.S. superintendents invest a lot of time and assets on both formal and casual trainings, including wellbeing training programs. For instance, a national overview found foundations with 50 or more workers paid $7.7 billion to in-house training staff and $5.5 billion to outside trainers in 1994, equaling $139 and $98 for every worker separately. Laborers spend around 4% of their work hours training in health and safety, bringing about extra wage costs, accounting for a quarter of the aggregate hours spent in formal training (Nyateka et al, 2012).

Procurement of training personnel for employees is general affirmation by different creators of the profits of security training (Hudson, 2007, Loosemore et al., 2003). Loosemore et al., (2003) noted that most businesses do not have a decent record of putting resources into training their workers and instead opt for

other commercial ventures. A study carried out in the UK by the Training Agency (1989) likewise uncovers that the development business gives less training to its workers than other industry segments, incorporating tantamount commercial enterprises in which easygoing work is regular, for example retail or providing food. Key peculiarities of these businesses may generate ideas for the procurement of work-related health and safety training (Forst et al, 2013). Case in point, the way that development is a task-based industry is a critical logical issue. Robson et al., (2012) noted that venture-based associations pose specific difficulties for endeavors to diffuse and insert new information inside the firm because of their decentralized nature and time-constrained methods for working. As tasks are regularly erratic and independent, interim worksites comprised of a complex blend of distinctive exchanges and exercises do not fit into routine authoritative methodologies (Bresnan et al. 2004). Development of staff through activities is normal, given the staging of the undertaking and the time-compelled nature of the action (Robson et al., 2012). In such an environment, training exercises are thought to be costly (Loosemore et al., 2003). The circumstance is further exacerbated by the arrangement of focused tendering and the act of recompensing contracts to the bidder (Hudson, 2007). Key staff is uprooted briefly from their operational obligations, bringing about extra weight for over stretched groups (Waehrer & Miller, 2009). They are utilized for a short-term and afterward discharged toward the end of a task. In addition, development is related

to climate, bringing about occasional variances in work. Such course of action may disintegrate the motivating force for training. Burke et al., (2008), noted that small subcontractors focus on the well-being and safety of people. The greater part of the development workforce confound training obligations and are so exceptionally equipped that long haul interests have been troublesome. Indeed, in real situations, training and advancement exercises are frequently pressed in the face of project weights and little net revenues and there is little feeling of paternalism toward the subcontractors they utilize.

Waehrer & Miller, (2009) stated that it was likely that trained representatives will take their abilities somewhere else. Alternatively, it is conceivable to draw in training representatives from different organizations through the utilization of gainful motivating forces (Waehrer & Miller, 2009). These issues have suggestions for the training of employees on health and safety. Training is still a crucial prerequisite for enhancing work-related health and safety execution. In addition, numerous cutting edge development customers are progressively requesting that development firms exhibit the fitness of their task groups through their training and improvement exercises.

Numerous systems for training exist or can be made to impart data and to include members in preparing training routines. Such systems shift from those that request minimal member association to the ones where members can be

included and dedicated to the training process. Burke et al., (2006) and Waehrer & Miller (2009) explained short training strategies as:

1. Detached, data-based methods, e.g., addresses, features, flyers, handbooks or different sorts of composing materials.
2. Reasonably engaging information, e.g. criticism medications, in which execution data are given, permitting learners to rectify their mistakes. Different cases are modified.
3. Profoundly captivating/interactive methodologies, which concentrate on the advancement of learning in stages, including perception of practice and criticism intended to adjust conduct.

Samples incorporated involved shows and reproduction based systems. In the instance of behavioral reproductions and involved training, Burke et al. (2006) stated that associations in the midst of trainees and mentors will often draw in trainees in the dialog concerning the learning obtained or moves made. Such dialog is essential in light of the fact that it is designed to upgrade the nature of reflection concerning moves made by the trainees (Burke et al. 2006).

Dynamic and captivating strategies for training are better than fewer active methodologies (Burke et al. 2006, Frost et. al., 2013). Burke et al., (2006) analyzed the viability of distinctive routines for health and safety training in enhancing the well-being of the trainees lessening negative results (mischance, diseases, and wounds) and found that as the technique gets captivating, the impact

of the training is more noteworthy. Those in participation should be motivated in order to boost morale. Their discoveries propose that the less captivating systems, for example, PC-based and separation learning systems, ought to incorporate dynamic interest from learners such as criticism and dialog to improve their insight. In a comparable study, Burke et al., (2008) discovered an inclination among youthful learners to modern, inventive methods, for example, web-based exercises, DVDs, and classroom exercises. Where composed data were utilized, it was more successful when the content was restricted and pictures were incorporated.

The research presented here will build upon existing research related to health and safety training. However, the focus will be on the effectiveness of health and safety training conducted through the OSHA Training Institute and Education center on the campus of Eastern Kentucky University

Methodology

Context of Study

The objective of this study was to assess whether corrections officers in Appalachia are receiving adequate health and safety training. A questionnaire inquiring about the current health and safety training available to corrections officers was be administered to participants who had attended health and safety training for corrections officers provided by the OSHA Training Institute and Education Center on the campus of Eastern Kentucky University.

Selection of Participants

A sample size of thirty subjects was desired to determine the adequacy of health and safety training received by corrections officers in the Appalachian Region. Fincham (2008) noted that responses rates are higher when participants are given multiple options of returning questionnaires to researchers. The survey was sent a total of 4 separate times to respondents in attempts to receive a higher response rate. A response rate of 25 to 30 percent was expected because participants are only given one option of returning the questionnaires, via Internet submission (Fincham, 2008). A meeting was held with corrections officers at a training event, where they provided their contact information. They were informed research was being conducted to determine the adequacy of the health and safety training program provided to corrections officers in the Appalachian Region. The corrections officers stated they were willing to participate in the study. An email was sent to the corrections officers present at the training event, asking them to send the questionnaire to their colleagues in the Appalachian Region. The questionnaire was distributed via email to corrections officers, male and female, who have been working in corrections for at least two years. Participants were selected by convenience sampling and were able to send the survey to people whom they knew, using snowball sampling procedures.

Data Collection

The questionnaire was developed through analysis of research provided through the literature review detailing health and safety issues, commonly recorded injuries in corrections, and corrections training. The questionnaire was distributed via a link from Qualtrics Survey Software, an online survey development program (Qualtrics, 2015). The link was distributed via email to corrections personnel in the Appalachian region. Data was imported into Microsoft Excel and viewed in the Qualtrics Survey Software for analysis (Qualtrics, 2015). The survey was sent 4 separate times to participants via the corrections officer, only 10 responses were received out of the expected 30 responses. The first survey was sent and opened on November 10th, 2015, the second was sent November 17th, 2015, the third was sent December 2nd, 2015, and the final survey was sent on January 10th, 2016. The last survey response was received on January 31st, 2016.

Data Analysis

Descriptive analysis was utilized to address the main focus of the study, determining the adequacy of health and safety training received by corrections officers in the Appalachian Region. Percentages of question responses were analyzed to determine the degree to which trainees agreed or disagreed with the effectiveness of training received.

Bias

The researcher had personal interest in the topic of health and safety training in the Department of Corrections due to being employed as a Corrections Officer in the United Arab Emirates and has received limited annual training. This bias was in the process of this study by remaining aware of keeping personal ideas out of the raw data presented, and instead only presenting potential implications suggested by the research. The researcher remained thoughtful throughout the research process by keeping in mind cultural, national, and organizational differences when reviewing research and analyzing responses by participants to lessen personal bias or interest from entering the data collection and analysis process.

Research Findings and Analysis

Demographics. Of the respondents, 90 percent worked on a federal or state level within the government as a corrections officer during the time of survey distribution. Of the respondents, 50 percent have worked as a Corrections Officer between 2 to 5 years and 50 percent have worked 6 years or longer as a Corrections Officer.

Training. Each participant had received training as a corrections officer, 40 percent had taken 1 to 2 training courses, 20 percent had taken 3 to 4 training courses, and 40 percent had taken 5 or more training courses prior to their participation in the survey. Of the participants, 20 percent stated that they were

not required to do annual trainings, 60 percent stated they were required to complete trainings one to two times annually, and 20 percent stated they were required to complete five or more trainings annually. All respondents either agreed or strongly agreed that training objectives were clear in their mind when undergoing training. Regarding the topics of training participants covered annually, 80 percent stated they covered the topics of conflict management and inmate mental and physical health at least once. Trainings that covered stress and anger management were, at a minimum, covered once annually by 50 percent of participants. Of the participants, 70 percent stated they received, at minimum, one annual reminder to take care of their own mental health. When asked to rate how well training met the needs and expectations of the participants, 70 percent reported their initial training was good to very good and 60 percent reported that additional annual trainings were good to very good.

Regarding the most recent annual training received through the OSHA Training Institute and Education center, 90 percent of participants reported the presentation skills of the trainer were good to very good and 80 percent agreed or strongly agreed the presenter communicated clearly and effectively. All participants agreed or strongly agreed, that their most recent trainer was knowledgeable and all reported the trainer was available for consultation outside of training time. Regarding participants opinions on the quality of their most recent training, 80 percent reported the quality of information presented was good

or excellent, 80 percent reported the quality of training material to be good or very good, and 70 percent reported they agreed or strongly agreed that the training was well organized. Of participants, 90 percent stated the presented materials/research was current and among best practice in the Department of Corrections. Of the participants, 80 percent agreed or strongly agreed that training participants were helped in diagnosing their own needs and 80 percent reported that training activities in their most recent training were specifically related to health and safety problems they had recently encountered while on duty. Of participants, 90 percent stated that their most recent training had increased their knowledge and skill sets. Of the participants, 90 percent stated they would recommend their most recent training for other correctional facilities.

Limitations

The use of convenience and snowball sampling procedures may have created either an underrepresentation or overrepresentation of corrections officers in the Appalachian Region, potentially limiting the ability for the data acquired to be utilized to make generalizations about corrections officers in the Appalachian Region as a collective. The majority of survey questions presented were meant to determine adequacy of the participants most recent training experience, this may have limited the study because most research was obtained about one specific training event rather than many throughout a longer period of time. Potentially

limiting the data's ability to be used to make generalizations about the participants' experiences with training collectively.

There was no pre-constructed and statistically significant survey available for use in the research. The survey was created based on prior and current knowledge gained by examining and critically thinking over previous peer-reviewed literature and statistics to form questions that would be relevant to addressing the adequacy of training among corrections officers in the Appalachian Region. As the survey was designed, awareness of potential bias was maintained, making every attempt to eliminate bias from the survey through a process of critical thinking and self-awareness. Questions were framed in ways to eliminate leading participants into answering in specific ways based on the terminology and framing of the questions asked on the survey. Despite self-awareness and the greatest attempts to eliminate potential bias, there still could be underlying bias in the survey questions.

Discussions and Implications

The majority of participants received training sessions that covered conflict management and inmate mental and physical health. This may suggest corrections officers are trained adequately in these subjects as suggested by the majority of corrections officers stating their initial and annual trainings met their needs and expectations. However, there may be potential gaps in knowledge provided in the trainings. This appears to be suggested by only half of participants

reporting they received anger and stress management related training components. This provides evidence that greater emphasis may need to be placed by policymakers in requiring anger and stress management components to trainings, in attempts to provide more comprehensive skills and resources to corrections officers. An apparent decline in anger and stress management training in comparison to other measures of training adequacy, so the question is raised of how well corrections officers in Appalachia are trained on other intrapersonal skills. The survey did not address questions related to intrapersonal skills addressed in training other than stress and anger management, leading to the possibility that more research could be conducted on these skill sets that may have the potential to affect adequacy of interpersonal outcomes when applied in everyday circumstances.

Conclusions

Through research, it has been demonstrated that there is limited data available regarding the adequacy of health and safety training among corrections officers in the Appalachian Region. The study conducted was limited because of the small sample size and lack of random sampling available. More comprehensive and thorough research must be conducted on a larger scale to better determine the adequacy of training of corrections officers in the Appalachian Region. This research is needed to fill potential gaps in training requirements, appropriateness of training, and adequacy of training among

corrections officers in the Appalachian Region. Further research may lead to the development of culturally sensitive and important training measures that target corrections officers within the Appalachian Region, as well as targeting the unique cultural aspects related to the prisoners whom they oversee on a day-to-day basis.

References

Alarid, L. F. (2009). Risk factors for potential occupational exposure to HIV: A study of corrections officers. *Journal of Criminal Justice*, *37*(2), 114-122.

Brough, P., & Williams, J. (2007). Managing occupational stress in a high-risk industry: Measuring the job demands of corrections officers. *Journal of Criminal Justice and Behavior*, 34, 555–567.

Burke, M. J., Sarpy, S. A., Smith-Crowe, K., Chan-Serafin, S., Salvador, R. O., & Islam, G. (2006). Relative effectiveness of worker safety and health training methods. *American Journal of Public Health*, *96*(2), 315.

Brower, J., Psy.D. ABPP. (2013, July). Corrections officer wellness and safety literature review. *U.S. Department of Justice Office of Justice Programs Diagnostic Center.* Retrieved from http://www.middlesexsheriff.org/CorrectionsOfficerWellnessSafety_LitReview.pdf

Burke, M. J., Chan-Serafin, S., Salvador, R., Smith, A., & Sarpy, S. A. (2008). The role of national culture and organizational climate in safety training effectiveness. *European journal of work and organizational psychology*, *17*(1), 133-152.

Corrections officers. (2015). *Occupational Outlook Handbook.* Retrieved from http://www.bls.gov/ooh/protective-service/corrections-officers.htm

Dennehy, K. M., & Nantel, K. A. (2006). Improving prison safety: Breaking the code of silence. *Wash. UJL & Pol'y*, *22*, 175.

Fazel S, Seewald K (2012). Serious mental illness in 33, 588 prisoners worldwide: Systematic review and meta-regression analysis. *The British Journal of Psychiatry* 200: 364–373.

Fincham, J. (2008). Response rates and responsiveness for surveys, standards, and the journal. *American Journal of Pharmaceutical Education, 72*(2), 43. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2384218/

Fluck, J. C. (2005). Computer-based programs: Pennsylvania's cost-effective approach to staff training. *Corrections Today*, *67*(7), 64.

Forst, L., Ahonen, E., Zanoni, J., Holloway-Beth, A., Oschner, M., Kimmel, L., & Sokas, R. (2013). More than training: Community-based participatory research to reduce injuries among Hispanic construction workers. *American journal of Industrial medicine*, *56*(8), 827-837.

Ghaddar A, Ronda E, Nolasco A, Álvares N, Mateo I. (2011). Exposure to psychosocial risks at work in prisons: does contact with inmates matter? A pilot study among prison workers in Spain. *Journal Of the International Society for the Investigation of Stress* 27(2):170-176.

Gostin, L. O., Vanchieri, C., Pope, A. (Eds.). (2007). Ethical considerations for research involving prisoners. *National Academies Press.* Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK19878/

Hudson, P. (2007). Implementing a safety culture in a major multi-national. *Safety Science*, *45*(6), 697-722.

Iversen, Valentina C, David L Sam, and Anne-S Helvik. (2014). Psychological distress and perceived health in inmates in Norwegian prisons. *Scandinavian Journal of Public Health,* 42(2), 171-176.

Jurich, S., Casper, M., & Hull, K. A. (2001). Training corrections educators: A needs assessment study. *Journal of Corrections Education*, 23-27.

Loosemore, M., & Andonakis, N. (2003). Barriers to implementing OHS reforms–the experiences of small subcontractors in the Australian construction industry. *International Journal of Project Management*, *25*(6), 579-588.

Mackey, A., & Gass, S. M. (2013). *Second language research: Methodology and design*. Routledge.

Norris, T. (2009). Corrections safety: It doesn't happen by accident. *Corrections Today*, *71*(2), 60-62.

Nyateka, N., Dainty, A., Gibb, A., & Bust, P. (2012). Evaluating the role and effectiveness training interventions in improving the occupational health and safety of younger construction workers: A literature review. In *Proceedings 28th Annual ARCOM Conference* (pp. 3-5).

Occupational Safety and Health Administration: We Can Help. (2015). *The United States Department of Labor*. Retrieved from https://www.osha.gov/Publications/safety-health-addvalue.html

Qualtrics. (2015). *Qualtrics.* Retrieved from http://www.qualtrics.com/

Robson, L. S., Stephenson, C. M., Schulte, P. A., Amick III, B. C., Irvin, E. L., Eggerth, D. E., & Grubb, P. L. (2012). A systematic review of the effectiveness of occupational health and safety training. *Scandinavian journal of work, environment & health*, *38*(3), 193-208.

Smith, P. M., & Mustard, C. A. (2007). How many employees receive safety training during their first year of a new job?. *Injury Prevention*, *13*(1), 37-41.

Starren, A., Hornikx, J., & Luijters, K. (2013). Occupational safety in multicultural teams and organizations: A research agenda. *Safety science*, *52*, 43-49.

The Appalachian region. (2015). *Appalachian Regional Commission.* Retrieved from http://www.arc.gov/appalachian_region/TheAppalachianRegion.asp

Waehrer, G., & Miller, T. (2009). Does safety training reduce work injury in the United States?. *The Ergonomics Open Journal*, *2*, 26-39.