Associations between Perceived Occupational Prestige and Psychological Symptoms in Correctional Supervisors

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Objective: Low occupational prestige — societal perceptions that certain jobs and workers are of low social status — may affect correctional worker well-being. We hypothesized that (1) low prestige is associated with psychological symptoms and (2) the association is mediated by stress. **Methods:** Correctional supervisors (n = 168) completed a survey with measures of occupational prestige, psychological symptoms, work context, and sociodemographic information. Direct and indirect effects were tested using standard multiple regression. **Results:** The sample consisted primarily of males (74%) who were married or partnered (72%) with a mean age of 42.5 years (SD, 6.4 years). Direct and indirect (through stress) relationships were observed between low occupational prestige and psychological symptoms. **Conclusions:** Findings suggest that corrections workers perceive lower occupational prestige to be a work-related stressor with implications for psychological well-being. Future longitudinal studies may establish causality among variables.

Keywords: occupational prestige, psychological symptoms, stress, correctional supervisors

In 2019, over 420,000 people in the United States (US) were employees of correctional agencies.[1] In this occupational group, high job demands with low control are linked to higher rates of cardiovascular disease, depression, suicide, musculoskeletal disorders, and other chronic diseases, especially when social support is low.[2] Correctional officers and front-line staff experience high stress due to physical dangers, tensions between supervisors and subordinates, underutilization of knowledge and skills, high workloads, lack of autonomy, demanding social interactions, shift work, and work-family conflict.[3]

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LEARNING OUTCOMES

After reading this article, the learner will be able to:

- Provide a definition of occupational prestige
- Discuss why low occupational prestige is relevant to workers in correctional settings
- Explain associations between occupational prestige and psychological outcomes

Correction officers experience higher incidences of stress-related illnesses compared to the general population; anxiety, hostility, and depression are prevalent, and about one-third of correctional workers report at least one symptom of post-traumatic stress disorder.[4] Because work is a determinant of physical health, psychological health, and mortality, it is not surprising that the correctional workforce is at higher risk for morbidity and early mortality.[5]

Efforts to improve the health, safety, and well-being of the correctional workforce can potentially improve worker health, but also has implications for the well-being of their 420,000 families and their communities. Health initiatives may further contribute to the fulfillment of public safety and rehabilitation efforts of the incarcerated people they supervise and potentially improve the performance and productivity of the correctional workplace and criminal justice system.[6]

Low Occupational Prestige of the Corrections Profession

An unexamined stressor potentially associated with correctional employees' health and well-being is the unfavorable societal perception of the profession and its workers, as well as their perceived relationship with society. Occupational prestige is a ranking of occupations that indicates the general level of social status of workers in a given occupation within the socially-stratified (hierarchical) system of a society.[7] Occupational prestige is a social construct rooted in the shared idea held by members of a society about the social position or value of an occupation.[8] Higher-prestige occupations are not necessarily associated with higher income or educational attainment, although their greater social standing may bestow social and/or health benefits to workers. For example, although teachers are not among the most highly paid worker groups, they have historically had high levels of occupational prestige.[9] Similarly, the occupational prestige of firefighters and police is ranked on par with workers in science and engineering occupations, although they have lower education levels and lower pay.[9]

Occupational prestige is independently associated with physical health, psychological health, and mortality, and thus may contribute to occupational health disparities.[8] In addition to increased risk of stress and adverse health outcomes, workers in occupations with low prestige and high stigmatization lack resilience in recovering from physical or psychological health problems.[8] In contrast, higher prestige work seems to have a protective effect, being positively associated with psychosocial benefits, helpful social connections and resources, better health, and a longer life in workers.[8]

Public perceptions of corrections jobs and employees are generally negative.[10] Correctional work is sometimes viewed as a job of last resort due to a common assumption that correctional employees have failed at other jobs or military careers.[10] Correctional work tends to be classified as "dirty work" because it is perceived as socially, morally, or physically undesirable; inherently dangerous; high risk; and exceptionally stressful.[10] Occupational prestige ratings that measure public perceptions of different professions show that the correctional officer job is rated lower in status than the mean rating for all jobs, and lowest among all protective services jobs (e.g., police, firefighters).[9,11] Specifically, within the protective services category, occupational prestige ratings for police and firefighters range from 52 to 62 (out of 100), whereas the rating for correction officers is just under 40.[9]

Because occupational prestige reflects the social value assigned to a job, it determines who is respected and admired because of their work.[7] It may result in occupational disparities related to psychological health when prestige causes workers to experience differential interpersonal treatment in social situations (inclusion vs. exclusion, admiration vs. disrespect) or to feel higher or lower levels of self-esteem.[7] Social and psychological well-being can be more severely affected when occupations are stigmatized, and their workers are negatively stereotyped because of societal misperceptions.[12]

As a result of working with the stigmatized population of incarcerated individuals who are isolated, hidden, and condemned by society, correction officers may be stigmatized themselves. For example, working with incarcerated individuals who have psychological or social disorders can result in the inaccurate characterization that correctional employees themselves have such disorders.[12] In addition to being stigmatized, it can further be difficult for correctional workers to overcome self-perceptions of low occupational status when they are responsible for somewhat demoralizing work tasks such as conducting strip searches and cleaning up feces or body fluids. Having a low-prestige occupation can result in reduced self-esteem, a decreased sense of being valued by others, and poorer social interactions, all factors that are linked to worse health outcomes.[13]

Portrayals of correctional employees in films and television are often unfavorable in comparison to police, firefighters, and lawyers.[12,14] Media reports focus on negative stories, detailing escapes, riots, hostage incidents, and alleged staff misconduct. Correction officers perceive that they are looked down upon by police, doctors, nurses, and the general public.[14] Although media portrayals of corrections work are usually negative, findings from one study have shown that the public perceives correctional work as neither bad nor good but generally of average quality.[11] Highly-educated people viewed prison work less favorably or were less likely to pursue a career as a correction officer; thus, efforts to professionalize the workforce and elevate its status may prove difficult. Salary, benefits (e.g., health insurance, pension), and job security were viewed as the most favorable aspects of the job, but the public had limited perceptions of the positive qualities of prison work, focusing more on the unfavorable aspects, such as inherent dangers and risks. Only the gambling industry received less support than corrections as a desirable means for developing jobs within communities.[11]

Theory and Prior Research

This study seeks to determine whether and how the occupational prestige of correctional work is associated with correctional supervisor psychological symptoms. Occupational prestige was identified as stressor and a priority concern of correctional supervisors in a study using a community-based participatory research (CBPR) approach, and is a novel research topic about which little is known.[15] Occupational prestige has been linked to social status measures like income and education, but its relationship to health and well-being has not been sufficiently studied. Further, much of the literature on occupational prestige relies solely on how outside sources view an occupation, and neglects workers' own subjectively-held perspectives regarding how they perceive other people view their work.[9,13]

In this study, we apply Lazarus and Folkman's[16] transactional model of stress and coping, which posits that stress is experienced when people cognitively evaluate aspects of their environment to be a potential threat to well-being or self-esteem (i.e., they are a stressor). When stressors are unremittingly experienced as part of work or home life, strain may occur in the form of physical, psychological, or behavioral consequences.[16–18] Applying the transactional model of stress and coping to the current study, low occupational prestige may be experienced as a stressor by corrections workers, resulting in experienced stress, and possibly strain in the form of increased depressive, anxiety, and hostility symptoms. In this study, we operationalize occupational prestige as the perceptions of correctional supervisors' perceptions of how people outside of corrections view their work. In the first set of hypotheses, we propose there are direct associations between occupational prestige and psychological symptoms (see Fig. 1). Specifically, it is hypothesized that:

H1. The general public's perceptions of corrections work as low prestige, as perceived by correctional supervisors, are associated with their symptoms of (a) depression, (b) anxiety, and (c) hostility.

H2. Perceptions of corrections work by correctional supervisors' friends and family as low prestige, as perceived by correctional supervisors, are associated with their symptoms of (a) depression, (b) anxiety, and (c) hostility.

H3. Media perceptions of corrections work as low prestige, as perceived by correctional supervisors, are associated with their symptoms of (a) depression, (b) anxiety, and (c) hostility.

In the second set of hypotheses, we posit that experienced stress will mediate associations between low occupational prestige and psychological symptoms (see Fig. 1). The mediating effect of experienced stress has not been explored. Specifically, it is hypothesized that:

H4. Stress mediates associations between the general public's perceptions of corrections work as low prestige (as perceived by correctional supervisors) and supervisors' symptoms of (a) depression, (b) anxiety, and (c) hostility.

H5. Stress mediates associations between perceptions of corrections work by friends and family as low prestige (as perceived by correctional supervisors) and supervisors' symptoms of (a) depression, (b) anxiety, and (c) hostility.

H6. Stress mediates associations between the media's perceptions of corrections work as low prestige (as perceived by correctional supervisors) and supervisors' symptoms of (a) depression, (b) anxiety, and (c) hostility.

METHODS

Participants and Background

The majority of research on the corrections workforce focuses on correction officers, but fewer studies are centered on supervisors,

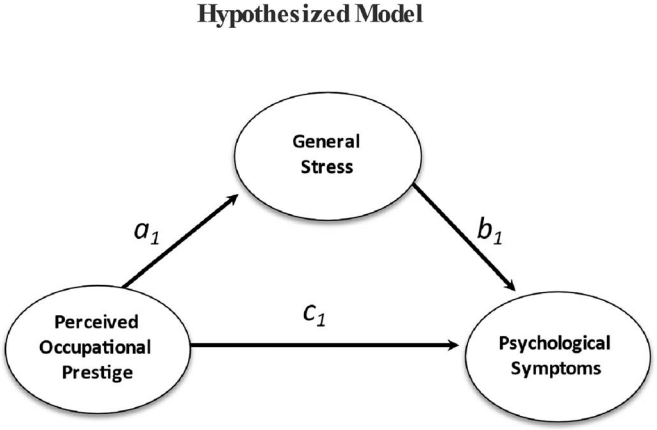

FIGURE 1. Hypothesized mediation model.

which consist of lieutenants, captains, counselor supervisors, deputy wardens, and parole managers. Lieutenants are the lowest and most frontline rank, followed by captains and counselor supervisors as the next highest (equivalent) rank, followed by deputy wardens. Supervisors have a variety of different presupervisory experiences, having started as correction officers, correctional counselors, parole officers, or other prerequisite classifications prior to promotion to a supervisory role, but all are uniquely positioned in the correctional hierarchy as middle managers who are the link between frontline staff, inmates, and administrators.[19] Correctional supervisors bear the greatest responsibility of maintaining safety and institutional order and therefore may be at particular risk for stress and poor well-being.[19]

Recognizing the risks posed to supervisors, investigators from the Center for the Promotion of Health in the New England Workplace (CPH-NEW) partnered with a correctional supervisors' union in 2014 to form a Design Team to improve correctional worker health and well-being using a CBPR approach. The Design Team consisted of academic investigators and correctional supervisors who carried out a research project using CPH-NEW's[20] Healthy Workplace Participatory Program (HWPP) online toolkit to develop and deliver worker health interventions.

Prior to the current work, the Design Team conducted a needs assessment to identify health concerns in the correctional supervisor workforce.[15] One of 12 health concerns identified was the need to promote the positive value of the job to improve worker self-worth and esteem from people outside of the correctional setting.[15] The Design Team found that the low occupational prestige of having a stigmatized profession posed psychological challenges to supervisors, although the team also identified various underappreciated positive aspects of correctional work and reasons for feeling valued as a correctional supervisor.

Following the needs assessment, the Design Team prioritized psychological health as a topic for intervention, which resulted in the creation and implementation of a mental health training.[21] The training was offered to all correctional supervisors, and attendance on a paid work day was contractually guaranteed (per successful union negotiation). To evaluate the training, a paper survey was administered just before the training session, and an online version was administered one month after. We used data from the pretraining survey to test this study's hypotheses.[15] All participants provided written informed consent to participate, and the study protocols were approved by the University's Institutional Review Board.

Measures

Dependent Variables

The dependent variables in this study are psychological symptoms of depression, anxiety, and hostility, assessed using Derogatis and Spencer's[22] Brief Symptom Inventory (BSI) scales. For all items, respondents were asked how they felt during a typical week (e.g., "To what extent do you experience the following? During a TYPICAL WEEK, I experience...") and presented items to which they were instructed to respond on a Likert scale ranging from 1 (not at all) to 5 (extremely). The BSI's internal consistency reliability across all subscales ranges from Cronbach α coefficients of 0.78 to 0.85.[23]

Depressive symptoms were measured using three BSI items ("feeling lonely," "feeling blue," "feeling no interest in things"). Anxiety symptoms were measured using three BSI items ("nervousness or shakiness inside," "feeling tense or keyed up," "feeling so restless I couldn't sit still"). Hostility symptoms were measured using three BSI items ("feeling easily annoyed or irritated," "temper outbursts that I could not control," "getting into frequent arguments"). For all subscales, mean scores were calculated, with higher levels indicating a higher number of self-reported psychological symptoms.

Independent Variables

Occupational prestige of corrections work was measured with a scale developed by Vickovic[24] to assess self-reported perceptions of how corrections workers believe other people in society view their occupation. External perceptions of corrections work, as perceived by the workers themselves, were assessed from three sources: the general public, friends and family, and media (i.e., news stories, television, and movies).[24] Each survey question asked respondents to consider how others thought about the work that they do (e.g., "What do OTHERS THINK about the work you do?") and presented items to which they were instructed to respond on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Some items were reverse coded so that higher scores indicated more negative perceptions (i.e., lower occupational prestige). Internal consistency reliability across all subscales ranges from Cronbach's α coefficients of 0.71 to 0.85.[24]

Perceived perceptions of the general public items were presented with the stem "The general public…" and three items ("shows little respect for correctional workers," "recognizes the importance of the work I do," and "has a positive image of the work I do"). Perceived perceptions of friends and family items were presented with the stem "My friends and family…" and three items ("have a positive image of the work I do," "recognize the importance of the work I do," and "show little respect for correctional workers"). Perceived perceptions of the media items were presented with the stem "When there is a news story about correctional workers…" and two items ("correctional workers are portrayed negatively," and "the importance of our job to society usually is highlighted"). Additional media items were presented with the stem "When I see correctional supervisors on TV or in movies…" and included two items ("correctional supervisors are portrayed negatively" and "the importance of our job to society is usually highlighted"). For all subscales, mean scores were calculated so that higher weights indicate more unfavorable perceptions of corrections (i.e., lower prestige).

Mediator

General stress was measured using a two-item scale developed by investigators of the Center for the Promotion of Health in the New England Workplace,[25] which assessed stress experienced in the past 30 days (e.g., "In the past 30 days…"). One item measured stress at work ("…how would you rate the average amount of stress at WORK?"), and the second item measured stress at home ("…how would you rate the average amount of stress at HOME?"). A Likert-style response scale ranging from 1 (no stress) to 5 (extreme stress) was used with both scales. A mean score was calculated with higher levels indicating higher stress.

Control Variables

Demographic variables including sex, age, educational attainment level, marital status, family income level, and job tenure were all measured due to their possible confounding of the results, as all have been associated with mental health.[26–32] All variables were controlled for in this study analyses. Age and job tenure were measured as continuous variables in years, and sex was coded as 0 (female) and 1 (male). Family income was measured using a scale with coding of 0 (less than $50,000), 1 ($50,000 to $74,999), 2 ($75,000 to $99,999), 3 ($100,000 to $124,999), 4 ($125,000 to $149,999), or 5 (more than $150,000). Educational attainment was also measured using a scale with coding of 1 (less than high school), 2 (high school graduate or GED), 3 (some college), 4 (2- or 4-year college degree), or 5 (graduate degree). Lastly, marital status was coded as either 0 (widowed/divorced, separated/single, never married) or 1 (married/with a partner).

Analysis Strategy

SPSS Version 28[33] was used to conduct all statistical analysis. A bootstrapping procedure was used for estimation of normality. Bootstrapping is a resampling technique that allows researchers to overcome the need to assume normality when estimating the standard error and confidence intervals of a given sample.[34] Group differences

by the outcome variables (e.g., general stress, depressive symptoms, anxiety symptoms, and hostility symptoms) were examined using independent-samples t test or one-way analysis of variance (ANOVA). Cronbach α was calculated to determine the internal consistency reliability of scales for the current sample.

Hypotheses 1 to 3 were tested using standard multiple regression in SPSS 28. To test for mediation in Hypotheses 4 to 6, the Hayes PROCESS macro Model 4 (a simple mediation model) add-on version 4.2 was used in SPSS.[35] PROCESS is a modeling tool that uses an ordinary least squares regression-based path analytic framework; it is widely used to estimate direct and indirect effects. Significance of the direct and indirect effects was evaluated using 95% confidence intervals, with a statistically-significant finding being established when the confidence interval did not include zero.[35]

RESULTS

Descriptive Statistics

Table 1 summarizes the demographic characteristics of the sample by the major dependent variables (i.e., depressive, anxiety, and hostility symptoms) and the mediator (i.e., general stress). Variances across the means of multiple groups were compared using analysis of variance (ANOVA). There was a statistically-significant difference in stress by sex ($P < 0.05$), with males experiencing less stress than females. Statistically-significant differences were also observed in hostility symptoms of supervisors who are 36 to 40 years of age ($P < 0.01$) and supervisors who are 51 years of age and older ($P < 0.05$). Supervisors in the 36 to 40 years age group reported experiencing more hostility symptoms than any other age group, whereas supervisors in the eldest age group (51+ years) reported fewer hostility symptoms than all age groups.

Overall, sample characteristics are relatively representative of the workforce. The study population was predominantly male (n = 122, 74.4%) with a mean age of 42.5 years (SD, 6.36 years). With regard to education, most respondents (40.5%) reported having either a two-year or four-year college degree. In terms of marital status, almost three-quarters (71.8%) of respondents reported being married or living with a partner. Most participants had a family income between $75,000 and $124,999, with 25.5% reporting earnings in the $75,000 to $99,999 category, and 30.9% reporting earnings in the $100,000 to $124,999 category. Most of the sample consisted of those at the lieutenant rank (52.1%), and the mean job tenure was 15.3 years (SD, 4.77 years).

The zero-order correlation matrix for the study variables, including mean (SD) scores for general stress, depressive symptoms, anxiety symptoms, and hostility symptoms, is presented in Table 2. There were statistically-significant positive correlations between stress and perceived low occupational prestige of corrections by the media ($r = 0.16$, $P < 0.05$). Perceived low occupational prestige of corrections

TABLE 1. Descriptive Statistics by Main Outcome Variables

	n (%)	General Stress, Mean (SD)	Depressive Symptoms, Mean (SD)	Anxiety Symptoms, Mean (SD)	Hostility Symptoms, Mean (SD)
Sex					
Male	122 (74.4%)	**3.00* (0.72)**	1.66 (0.81)	1.99 (0.86)	2.13 (0.90)
Female	42 (25.6%)	3.33 (0.75)	1.88 (1.10)	1.98 (0.94)	1.87 (0.81)
Age (y)					
All (mean [SD])	42.5 (6.36)	—	—	—	
31 to 35 years old	24 (14.8%)	2.89 (0.65)	1.61 (0.89)	1.93 (0.89)	2.10 (0.66)
36 to 40 years old	42 (25.9%)	3.10 (0.77)	1.93 (1.10)	2.11 (1.02)	**2.27** (1.10)**
41 to 45 years old	47 (29.0%)	3.10 (0.75)	1.70 (0.79)	1.94 (0.84)	2.07 (0.85)
46 to 50 years old	31 (19.1%)	3.19 (0.75)	1.71 (0.87)	1.97 (0.81)	2.03 (0.72)
51 and above	18 (11.1%)	3.08 (0.77)	1.37 (0.50)	1.74 (0.79)	**1.43* (0.51)**
Education					
High school or GED	29 (17.8%)	2.97 (0.84)	1.71 (1.00)	1.94 (0.99)	2.06 (0.97)
Some college	46 (28.2%)	3.10 (0.76)	1.87 (1.04)	2.03 (0.89)	2.15 (0.91)
2- or 4-year College	66 (40.5%)	3.10 (0.70)	1.63 (0.75)	1.97 (0.81)	1.97 (0.80)
Graduate degree	22 (13.5%)	3.18 (0.72)	1.69 (0.80)	1.95 (0.97)	2.21 (0.96)
Job classification					
Lieutenant	85 (52.1%)	3.00 (0.73)	1.75 (0.91)	1.96 (0.86)	2.23 (0.91)
Counselor supervisor or captain	68 (41.7%)	3.21 (0.70)	1.72 (0.92)	2.01 (0.92)	1.92 (0.81)
Deputy warden	10 (6.1%)	3.05 (0.86)	1.40 (0.38)	1.77 (0.77)	1.57 (0.45)
Marital status					
Married, partnered	117 (71.8%)	3.06 (0.74)	1.65 (0.81)	1.92 (0.84)	2.10 (0.89)
Widowed, divorced, single, never married	46 (28.2%)	3.16 (0.75)	1.91 (1.05)	2.12 (0.97)	2.01 (0.86)
Family income					
$50,000–74,999	11 (6.7%)	3.14 (0.87)	1.97 (1.19)	2.52 (0.98)	2.48 (0.97)
$75,000–99,999	42 (25.5%)	3.24 (0.82)	1.69 (0.76)	2.08 (0.88)	1.90 (0.82)
$100,000–124,999	51 (30.9%)	3.07 (0.65)	1.87 (1.12)	1.98 (1.02)	2.11 (0.86)
$125,000–149,999	26 (15.8%)	2.96 (0.58)	1.53 (0.62)	1.78 (0.63)	1.96 (0.81)
More than $150,000	35 (21.2%)	3.01 (0.82)	1.56 (0.68)	1.79 (0.88)	2.12 (0.99)
Job tenure (y)					
All (mean [SD])	15.3 (4.77)				
5–10	18 (11.0%)	3.08 (0.67)	1.54 (0.79)	1.85 (0.82)	2.09 (0.72)
11–15	80 (48.8%)	3.09 (0.69)	1.78 (1.00)	2.05 (0.97)	2.14 (0.96)
16–20	50 (30.5%)	3.12 (0.88)	1.79 (0.84)	2.02 (0.76)	2.07 (0.84)
21+	16 (9.8%)	2.94 (0.60)	1.35 (0.43)	1.58 (0.78)	1.65 (0.67)

The mean difference was detected using independent-samples t test and one-way analysis of variance. Statistical significance is set at $P < 0.05$ and $P < 0.01$; significant effects are in bold font. Numbers do not add to 168 due to missing cases (pairwise deletion).

*$P < 0.05$; **$P < 0.01$.

TABLE 2. Means, Standard Deviations, and Intercorrelations of Study Variables

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Low perceived occupational prestige — general public	3.78	0.97	(0.84)												
2. Low perceived occupational prestige — friends/family	2.23	0.79	**0.31****	(0.77)											
3. Low perceived occupational prestige — media	4.14	0.68	**0.60****	0.12	(0.71)										
4. General stress	3.09	0.74	0.11	0.15	**0.16***	—									
5. Depressive symptoms	1.71	0.89	**0.17***	**0.18***	**0.18***	**0.45****	(0.84)								
6. Anxiety symptoms	1.97	0.88	**0.25****	**0.16***	**0.23****	**0.38****	**0.66****	(0.80)							
7. Hostility symptoms	2.06	0.88	**0.22****	**0.24****	**0.22****	**0.34****	**0.64****	**0.62****	(0.80)						
8. Sex (male)	—	—	0.13	0.05	0.08	**−0.20***	−0.11	−0.01	0.13	—					
9. Age (y)	42.5	6.36	**−0.17***	−0.14	−0.05	0.07	−0.09	−0.09	**−0.21****	−0.12	—				
10. Education level	—	—	−0.06	0.01	0.00	0.08	−0.05	−0.00	0.00	**−0.26****	**−0.21****	—			
11. Marital status (partnered)	—	—	0.03	−0.09	0.04	−0.07	−0.13	−0.10	0.05	**0.29****	−0.11	−0.08	—		
12. Family income level	—	—	0.01	−0.01	−0.04	−0.11	−0.11	**−0.19***	−0.00	0.12	0.02	0.04	**0.40****	—	
13. Job tenure (y)	15.3	4.77	−0.15	−0.12	−0.11	−0.01	−0.08	−0.08	−0.15	−0.11	**0.64****	−0.15	−0.06	**0.22****	—

n = 168. Demographic variables do not contain a mean and SD due to categorization of variables in data analysis. Cronbach α's are listed in parentheses along the diagonal, where applicable. Significant effects are in bold font.

*$P < 0.05$; **$P < 0.01$.

by the general public was positively correlated with symptoms of depression ($r = 0.17$, $P < 0.05$), anxiety ($r = 0.25$, $P < 0.01$), and hostility ($r = 0.22$, $P < 0.01$). Statistically significant correlations were found between perceived low occupational prestige of corrections by friends and family and symptoms of depression ($r = 0.18$, $P < 0.05$), anxiety ($r = 0.16$, $P < 0.05$), and hostility ($r = 0.24$, $P < 0.01$). Statistically significant correlations were also found between perceived low occupational prestige of corrections by the media and symptoms of depression ($r = 0.18$, $P < 0.05$), anxiety ($r = 0.23$, $P < 0.01$), and hostility ($r = 0.22$, $P < 0.01$). In addition, statistically significant correlations were found between general stress and symptoms of depression ($r = 0.45$, $P < 0.01$), anxiety ($r = 0.38$, $P < 0.01$), and hostility ($r = 0.34$, $P < 0.01$). For all scales, Cronbach α showed an acceptable level of internal consistency (ranging from 0.71 to 0.84).

Hypothesis Tests

All analyses were conducted by controlling for sex, age, marital status, education level, family income, and job tenure.

Direct Effects

Hypothesis 1 proposed that low perceived occupational prestige of corrections from the general public, as perceived by correctional supervisors, is directly related to psychological symptoms (depressive, anxiety, and hostility symptoms) (see Table 3). Low public perceptions were only positively associated with symptoms of anxiety ($b = 0.17$, SE = 0.06, LLCI = 0.06, ULCI = 0.28), but not depression or hostility. These results indicate support of Hypothesis 1b, but not Hypothesis 1a or 1c (see Figs. 2A–C).

Hypothesis 2 proposed that low perceived occupational prestige from friends and family, as perceived by correctional supervisors, is directly related to psychological symptoms. Low perceptions of friends and family of correctional supervisors were found to be directly related to hostility symptoms ($b = 0.18$, SE = 0.09, LLCI = 0.00, ULCI = 0.36), but not to anxiety or depressive symptoms (Figs. 3A–C). These results show that only Hypothesis 2c was supported, while Hypotheses 2a and 2b were not.

Hypothesis 3 proposed that low perceived occupational prestige from the media, as perceived by correctional supervisors, is directly related to psychological symptoms. Low perceptions of the media were found to be directly related to symptoms of anxiety ($b = 0.20$, SE = 0.10, LLCI = −0.01, ULCI = 0.38), but not to hostility or depressive symptoms (Figs. 4A–C). Thus, Hypothesis 3b was supported, whereas Hypotheses 3a and 3c were not.

Mediating Effect Testing

Hypothesis 4 (a–c) proposed that low occupational prestige of corrections from the general public, as perceived by correctional supervisors, is indirectly related to depression, anxiety, and hostility symptoms through stress (see Table 4). General public perceptions

TABLE 3. Direct Effects of Occupational Prestige on Psychological Symptoms

			95% Confidence Intervals	
Direct Paths	**Standardized Effect Size**	**SE**	**Lower CI**	**Upper CI**
(H1a) General public → depressive symptoms	0.08	0.06	−0.04	0.20
(H1b) General public → anxiety symptoms	**0.17**	**0.06**	**0.06**	**0.28**
(H1c) General public → hostility symptoms	0.09	0.06	−0.03	0.21
(H2a) Friends and family → depressive symptoms	0.10	0.10	−0.10	0.28
(H2b) Friends and family → anxiety symptoms	0.10	0.10	−0.08	0.29
(H2c) Friends and family → hostility symptoms	**0.18**	**0.09**	**0.00**	**0.36**
(H3a) Media → depressive symptoms	0.14	0.10	−0.06	0.33
(H3b) Media → anxiety symptoms	**0.20**	**0.10**	**0.01**	**0.38**
(H3c) Media → hostility symptoms	0.18	0.10	−0.02	0.38

n = 168. Significant effects are bolded. Bootstrap confidence intervals were constructed using 10,000 samples.

CI, confidence interval; SE, standard error.

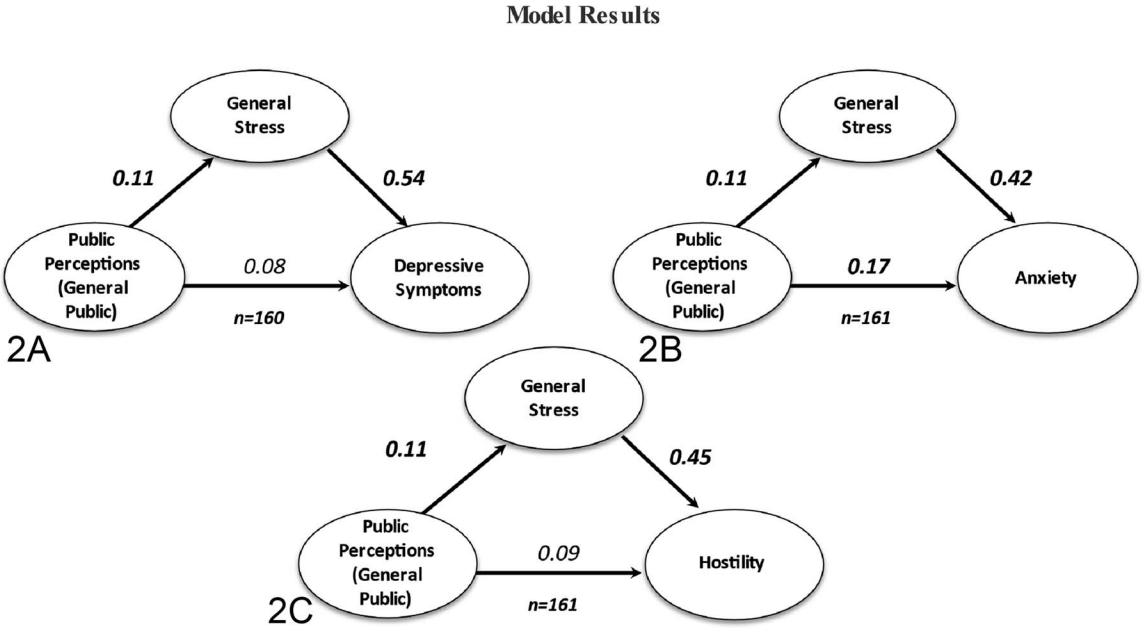

FIGURE 2. 2A-2B-2C, General public perceptions mediation model.

were only positively related to symptoms of anxiety (Figs. 2A–C). However, general public perceptions, as perceived by correctional supervisors, were found to be indirectly related to depressive symptoms through stress (indirect effect = 0.06, BootSE = 0.03, BootLLCI = 0.00, BootULCI = 0.12), symptoms of anxiety through stress (indirect effect = 0.05, BootSE = 0.02, BootLLCI = 0.01, BootULCI = 0.10), and symptoms of hostility through stress (indirect effect = 0.05, BootSE = 0.02, BootLLCI = 0.01, BootULCI = 0.10). Mediation analysis demonstrated support for Hypothesis 4 (a–c).

Hypothesis 5 (a–c) proposed that low occupational prestige of corrections from friends and family, as perceived by correctional supervisors, is indirectly related to depressive, anxiety, and hostility symptoms through stress (Figs. 3A–C). As described previously, friends and family perceptions were not positively related to depression or anxiety symptoms. Only symptoms of hostility were positively associated. However, friends and family perceptions, as perceived by correctional supervisors, were indirectly related to depressive symptoms through stress (indirect effect = 0.10, BootSE = 0.04, BootLLCI = 0.02, BootULCI = 0.18), anxiety symptoms through stress (indirect effect = 0.08, BootSE = 0.04, BootLLCI = 0.01, BootULCI = 0.16), and symptoms of hostility through stress (indirect effect = 0.08, BootSE = 0.03, BootLLCI = 0.02, BootULCI = 0.15). Mediation analysis showed support for Hypothesis 5 (a–c).

Hypothesis 6 (a–c) proposed that low perceived occupational prestige of corrections by the media, as perceived by correctional supervisors, is indirectly related to depression, anxiety, and hostility symptoms through stress (Figs. 4A–C). As described previously, media perceptions were positively related to symptoms of anxiety, but

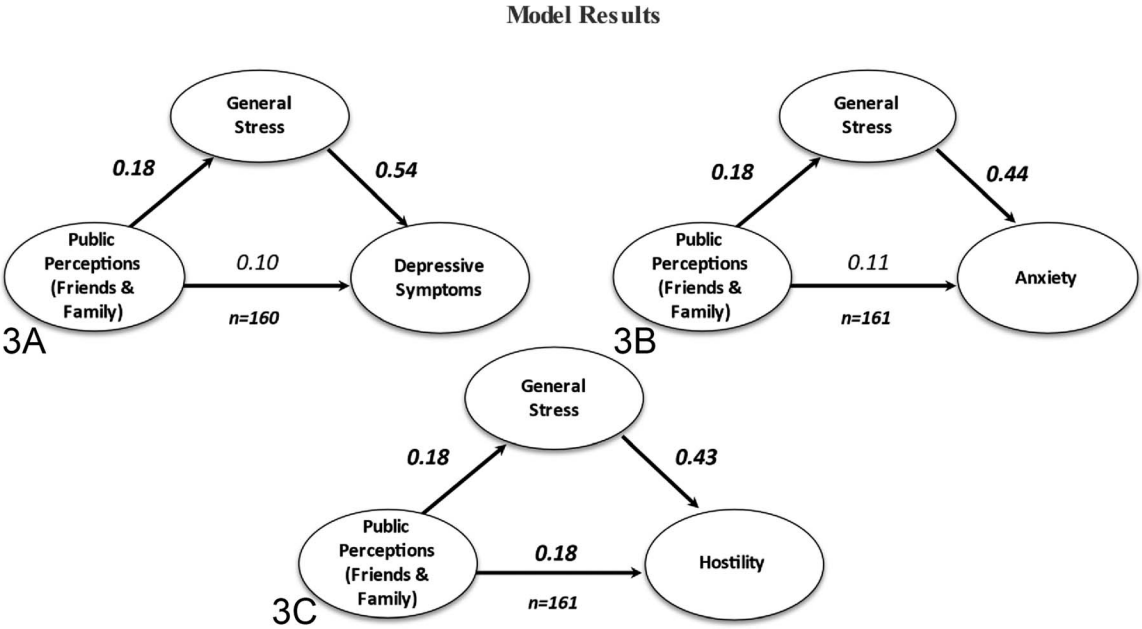

FIGURE 3. 3A-3B-3C, Friend and family perceptions mediation model.

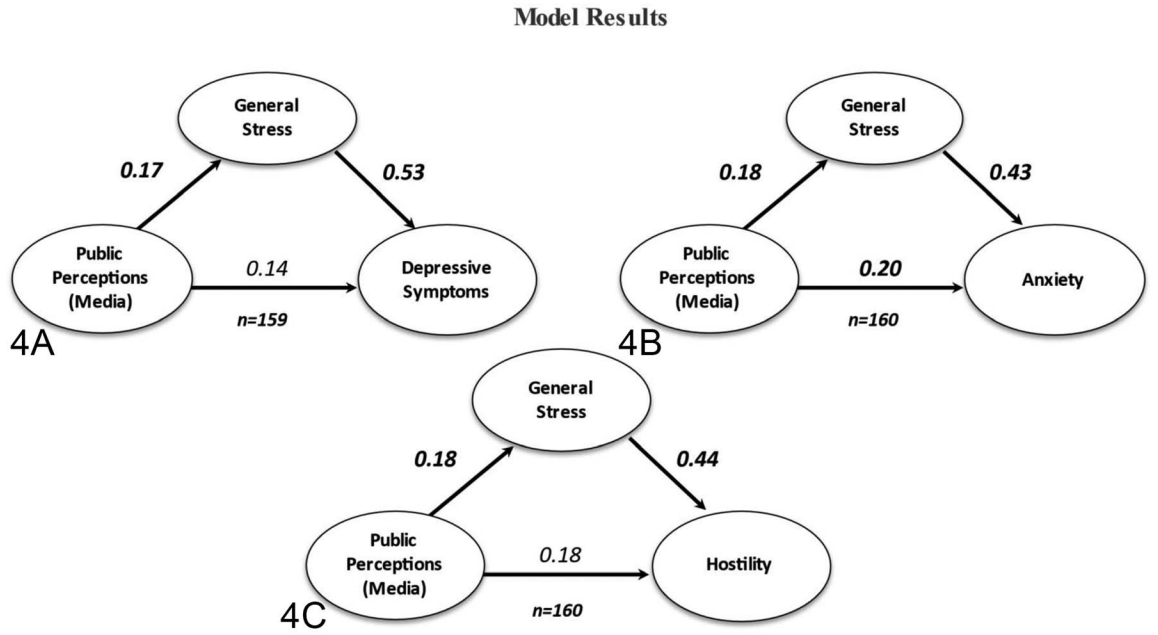

FIGURE 4. 4A-4B-4C, Media perceptions mediation model.

not to depression or hostility symptoms. However, media perceptions of corrections, as perceived by correctional supervisors, were found to be indirectly related to depressive symptoms through stress (indirect effect = 0.09, BootSE = 0.04, BootLLCI = −0.00, BootULCI = 0.17), symptoms of anxiety through stress (indirect effect = 0.08, BootSE = 0.04, BootLLCI = −0.01, BootULCI = 0.15), and symptoms of hostility through stress (indirect effect = 0.08, BootSE = 0.04, BootLLCI = −0.01, BootULCI = 0.14). Mediation analysis showed support for Hypothesis 6 (a–c).

DISCUSSION

The purpose of this study was to examine both direct associations of perceived occupational prestige with correctional supervisor psychological health and indirect associations, mediated by stress. Results were mixed in terms of support for direct effect hypotheses, but all hypotheses regarding indirect associations through stress were supported. Overall, findings suggest that perceived low occupational prestige is distressing to correctional supervisors and associated with poor psychological well-being.

Findings from this study about supervisor perceptions align with existing research that occupational prestige of correctional work is often viewed unfavorably.[9,36,37] Nonetheless, recent research on occupational prestige also shows that the corrections profession is sometimes viewed positively by the public.[12,36,37] The findings of this study suggest that, consistent with Lazarus and Folkman's stress theory,[16] correctional supervisors' perceptions that their profession is unfavorably viewed by outsiders (particularly by the general public and media) can have harmful effects on how they appraise their professional experiences and may contribute to adverse psychological outcomes. Likely, low occupational prestige poses a threat to a basic human need, the supervisor's self-esteem and sense of being valued or respected by others, which can act as a source of stress and result in strain in the form of psychological symptoms.[16,38]

Direct and Indirect Associations

Perceived low occupational prestige of corrections work from the general public was found to be directly related to symptoms of anxiety, and it was indirectly associated with self-reported symptoms of depression, anxiety, and hostility through stress. Future research

TABLE 4. Mediation Analysis: Bootstrap Results for Indirect Effects on Psychological Symptoms

			Bias-Correlated Bootstrap 95% CI	
Indirect Paths	**Standardized Effect Size**	**Boot SE**	**Lower Limit**	**Upper Limit**
(H4a) General public → general stress → depressive symptoms	**0.06**	**0.03**	**0.00**	**0.12**
(H4b) General public → general stress → anxiety symptoms	**0.05**	**0.02**	**0.01**	**0.10**
(H4c) General public → general stress → hostility symptoms	**0.05**	**0.02**	**0.01**	**0.10**
(H5a) Friends and family → general stress → depressive symptoms	**0.10**	**0.04**	**0.02**	**0.18**
(H5b) Friends and family → general stress → anxiety symptoms	**0.08**	**0.04**	**0.01**	**0.16**
(H5c) Friends and family → general stress → hostility symptoms	**0.08**	**0.03**	**0.02**	**0.15**
(H6a) Media → general stress → depressive symptoms	**0.09**	**0.04**	**0.00**	**0.17**
(H6b) Media → general stress → anxiety symptoms	**0.08**	**0.04**	**0.01**	**0.15**
(H6c) Media → general stress → hostility symptoms	**0.08**	**0.04**	**0.01**	**0.14**

n = 168. Significant effects are in bold font. Bootstrap confidence intervals were constructed using 10,000 samples.
CI, confidence interval; SE, standard error.

should seek to identify the reason for any discrepancies between the general public's actual perceptions and correctional supervisors' perceptions of them. Once identified, interventions could be designed to reduce gaps in actual versus perceived occupational prestige. Moreover, because correctional supervisors work in environments of hypervigilance and suspicion,[12] the effectiveness of any interventions based on improving public views would depend on disseminating credible information through trustworthy sources as perceived by the corrections community.

In this study, correctional supervisors reported the perceptions of corrections work by their friends and family to be more positive than the views of the general public or media. Perceptions of friends and family showed no significant direct association to symptoms of depression or anxiety. However, perceptions of friends and family did show a direct link to correctional supervisor symptoms of hostility. Within the social-ecology[39] of a person's life, it is possible that negative perceptions at the interpersonal level (i.e., family and friends), which are more proximal to the individual, have a different psychological effect as compared to more distal sources of perception at the community or societal levels (i.e., the general population or media), prompting stronger defensive and hostile reactions. Follow-up studies should examine this further and seek to determine why unfavorable perceptions of friends and family are associated with symptoms of hostility, as compared to anxiety or depressive symptoms.

Perceptions of corrections by supervisors' friends and family were indirectly linked to symptoms of depression, anxiety, and hostility through stress. Again, considering the social-ecological model,[39] these results suggest that the views of correctional supervisors' friends and family are likely more important to them than those from more distal sources and are more threatening to self-esteem and thus a source of greater distress. Results also suggest that correctional supervisors highly value the thoughts and opinions of those closest to them, perhaps because friends and family members have a real-world understanding of the occupation that is more difficult to disregard.

Results showed that correctional supervisors found media perceptions of their occupation to be highly unfavorable, more so than perceptions of the general public and friends/family. However, direct associations were only found between media perceptions and symptoms of anxiety, not hostility or depressive symptoms. Indirect associations, through stress, were found between the perceived occupational prestige of the media and symptoms of depression, anxiety, and hostility. Findings in this study about media perceptions are in line with recent research showing media coverage of corrections to be predominantly negative,[12,24,36,37] focusing on worker misconduct and corruption but failing to highlight the more positive aspects of the work, which include providing care, safety, or rehabilitation. Mumford et al.[37] also found that public safety workers reported that the media tend to (knowingly and unknowingly) omit key pieces of contextual information that provide better situational understanding, and the public draws conclusions based on the incomplete information presented. Thus, public beliefs based on such media reports are not informed by the full facts known to the correctional supervisors or the corrections agency. Correctional supervisors recognize the disconnect between accurate information and the information reported by media, which likely results in additional distress due to an awareness that unreliable or less informed reports are contributing to unfavorable portrayals and perceptions of their occupation. In terms of the social-ecological model,[39] media are situated at the more distal societal or community levels, which may have less impact on individual workers than more proximal sources.

Other Notable Findings

There were two notable findings unrelated to study hypotheses. First, there was a statistically-significant difference in stress by sex such that males experienced lower stress levels compared to females, which is consistent with well-documented findings showing greater psychological symptomology and higher stress in women compared to men.[28,29,31] Further, this difference could be attributed to the masculine culture of correctional work, or the predominantly male workforce and incarcerated population. Recent research suggests that the correctional work environment has a culture of masculinity where all workers, male and female, are obliged to enact masculine norms, such as emotional detachment, and to continuously display power and strength.[15,21] Future studies that investigate sex and gender differences in stress in correctional settings should seek to provide a better understanding of these findings.

Second, symptoms of hostility differed by age. Supervisors aged 36 to 45 years had significantly higher levels of hostility, whereas those aged 51 years and above had significantly lower hostility symptoms. Supervisors aged 36 to 40 years who reported greater hostility have less life experience and likely fewer years of job tenure and, in turn, may have less ability than their older counterparts to cope with the frustrations of a relatively newer and demanding work role. However, this difference was not observed in the younger 31 to 35 age group, who (despite likely having less job tenure) may still be focused on making a strong impression and building a positive reputation at work, or may be less affected by cumulative psychosocial work exposures than their older peers. Research by Barefoot and colleagues[40] offers a rationale for why the oldest age group reported the least hostility; they suggest that hostility manifests in different ways as people age, overtly when people are younger and in a more internal way when they are older. It could also be that those who are 51 years and over are ready or able to retire, which may diminish engagement with stressors and diffuse hostile reactions. An examination of age differences in psychological symptoms is needed in future studies.

Strengths and Limitations

Several strengths and limitations of the study must be considered. One study strength is that we examined the health of correctional supervisors, a significantly smaller portion of the correctional workforce than frontline correction officers, but one that is infrequently reflected in correctional research. Supervisors are ranked higher in the correctional hierarchy and perform work that is substantively different from frontline officers. Although supervisors share some of the same stressors, their responsibilities exceed those of frontline officers and make them accountable to multiple levels leadership within the chain of command. However, generalizability may be a concern. Because of the unique position of supervisors in the correctional hierarchy, a study weakness is that findings may not generalize to frontline correction workers, agency administrators, or executives.

The present study emerged from prior Design Team work in which correctional supervisors identified low occupational prestige as a major concern of the supervisory workforce.[15] Using CBPR methods, researchers and Design Team members developed a survey to assess various factors affecting mental health, including occupational prestige. The CBPR approach is a strength because it involves frontline workers who are subject matter experts of their workforce and occupational environment. With worker input through CBPR methods of engagement, a relevant and worker-informed perspective can yield deeper and more relevant research and insights. Worker engagement in applied research can result in the development of interventions that are perceived as more appropriate and acceptable to the workforce and can ultimately be more effective and successfully implemented, as compared to top-down intervention efforts.

Another strength is that this study fills gaps in existing knowledge. Occupational prestige, a perceptual construct, is insufficiently studied in terms of its associations with health; examining links to psychological health is even more rare. When linked to health, occupational prestige is usually measured using perspectives of the general population, not workers within the occupation,[12,36,37] and studies tend to focus on physical outcomes like mortality[8] or physical health in general.[13] The correctional supervisor perspective of how outsiders view their work and links to their psychological health are a major strength of this study.

Investigating the mediating effect of general stress on associations between occupational prestige and correctional worker psychological health is also a study strength. No evidence was found that these relationships have previously been explored. Mediation allowed for the examination of an intermediary variable (stress) that may explain the association of occupational prestige to correctional supervisor psychological health. This was based on our reasoning, per Lazarus and Folkman's[16] stress appraisal framework, that low perceived occupational prestige is a stressor associated with psychological strain. This study supports the application of that theory, showing that low prestige from three sources is distressing and associated with poorer psychological health outcomes.

An important study limitation is that causal conclusions cannot be drawn because the study design was cross-sectional, providing a single point-in-time snapshot of exposures and outcomes within the correctional supervisor workforce. A temporal order of events cannot be established, so alternate explanations for findings may exist, including that people with poor psychological health systematically selected this low-prestige occupation or that the occupation causes poor psychological health over time causing unfavorable feelings about the job. Additionally, data collected in this study were self-reported by a single-source, correctional supervisors, and may be subject to recall bias or measurement error. To lessen these concerns, future studies should consider direct observation data collection or confirmation of the data by surveying multiple worker sources.

Small sample size was a limitation of this study due to the recruitment strategy and analysis methods. The study sample was limited to 176 of approximately 450 (~39%) correctional supervisors employed by the DOC at the time of data collection. The strategy of recruitment via email, roll call notices, and direct scheduling was not effective in producing a high response rate. Future studies should consider alternative methods to recruit participants such as empowering correctional supervisor "champions" at each worksite to disseminate information about the training and encourage participation. Other means of communication like newsletters, posters, flyers, or personal correspondence from union officials may also be more effective strategies for recruitment.

Another method to increase response rates in future studies might be to employ a qualitative rather than quantitative approach. Focus groups or interviews conducted at worksites during work hours could increase participation, given that individuals in this occupation may be suspicious about surveys and prefer to talk about their experiences in person. Lengthy paper surveys may also be less favorable to correctional supervisors who already generate large amounts of paperwork and reports through their work. Qualitative approaches have been effective in similar studies of occupational prestige with law enforcement workers.[12,14,37]

A final study limitation is that we used a convenience sample of correctional supervisors who attended an optional mental health training and volunteered to complete our paper survey, which introduces the possibility of self-selection bias. The training was open to all members of the correction supervisors' union, but data collected were limited only to those who attended the training and completed all relevant survey questions. Supervisors who refused to attend, refused to accept the informed consent, or who did not complete all relevant survey questions were excluded from analysis. Future studies should confirm findings from this study using a random sample of all correctional supervisors within a correctional agency.

Practical Implications

Results of this study confirm that correctional supervisors believe that the prestige of their occupation is unfavorably perceived by those outside of the profession. Interventions could include the active promotion of a more positive image and fuller depiction of correctional work and workers. Press releases, public service announcements, and other messaging that publicizes the correctional workforce's rehabilitative efforts and successes could improve the public's understanding of correctional work and counteract negative narratives. Further, a shift in the focus and name of agencies from "Department of Correction" to "Department of Correction and Rehabilitative Services" could yield more positive perceptions of an agency and its mission, as well as its workers and incarcerated population.

Given that the correctional workforce cannot be observed in their work environment by outsiders or the surrounding community, public relations efforts and community engagement activities could increase connection and understanding, resulting in improved occupational prestige. Apart from correctional system employees, only select volunteers and contractors have access to the inside of correctional facilities, so much of what is known outside of corrections comes from second-hand sources including unflattering media portrayals. Examples of beneficial community outreach events used by law enforcement and fire officials include "Tip-a-Cop" where law enforcement members assist wait staff in local restaurants for tips to be donated to charitable organizations, or "Penguin Plunges" where fire officials jump into icy ocean waters during the winter months in exchange for donations.[41] Publicizing correctional worker participation at events like these or creating specific events with relevance to corrections personnel could be beneficial to occupational prestige. Further, publicizing existing events like awards ceremonies, employee promotions, and heroic acts that are currently only known within corrections agencies could be another way to effectively humanize the workforce, engage external stakeholders, and promote positive aspects of the occupation.

For any intervention designed to improve the occupational prestige of corrections to be effective, correctional workers must be involved in the development of the solution. Top-down organizational responses to frontline correctional worker concerns, although well-intentioned, may be irrelevant or inappropriate.[12] For example, data from a recent study by the National Institute of Corrections show a disconnect between how useful and effective corrections administrators believed certain employee-centered programs and resources to be, compared to their actual use and benefit to frontline workers, which was much lower.[42] For a solution to be effective, it must be perceived as a feasible and acceptable solution by those that it is designed to help. Employing CBPR processes such as those used this study would provide a voice and role to correctional workers in addressing the problem of low occupational prestige, allowing them to work with researchers to brainstorm root causes of actual and perceived low occupational prestige, develop and evaluate potential solutions, and then implement them.

Improving the occupational prestige of corrections has important implications for social status and health at all levels of the corrections workforce. Higher prestige occupations have been linked to improved social status, which provides workers more social connections that afford them beneficial resources that reduce health risks.[8] In a public safety context, police officers have higher levels of prestige than corrections workers.[9] Through higher prestige, police officers may be able to build social connections and even improve their prestige by having positive interactions in the communities in which they work. Because of the prestige of their occupation and resulting social connections, police are able to gain additional social resources from which they and their health may benefit. Corrections personnel do not have similar opportunities to build social capital and occupational prestige in the community. Improving external perceptions of corrections, its workforce, and its mission can help reshape public opinions, improve and inform media portrayals, and promote all the good that people working behind the walls do.

Future Research

The present study's results show that the beliefs and feelings of correctional supervisors, pertaining to how their occupation is viewed by others, are associated with specific psychological health outcomes

for supervisors. If the beliefs and feelings of correctional supervisors regarding occupational prestige were more in line with the occupational prestige of corrections as actually viewed by the general population, the effect could be lessened. However, the results of this study show that correctional supervisors believe that outsiders' views of their occupation are overwhelmingly negative, regardless of the accuracy of those perceptions. The discrepancy between supervisor beliefs and actual public views should be explored in future studies, with an eye to developing interventions aimed at closing the gaps in perceptions and improving correctional supervisor mental health. Future intervention studies could also assess the effect on correctional workers of seeing more accurate accounts of correctional work in various forms of media, with less stereotyped depictions of correctional workers, which emphasize the positive aspects of corrections.

Interestingly, research on correctional health frequently focuses on either correctional workers or the incarcerated populations they supervise, but not both. There is some existing research regarding officer attitudes related to incarcerated individuals, but there is little research on the attitudes of incarcerated individuals related to those charged with their supervision. Although this study considers correctional supervisor perceptions of occupational prestige from three sources (general public, friends and family, media), it does not consider occupational prestige as perceived by the incarcerated population. Incarcerated individuals are uniquely situated within the correctional system to interact with correctional supervisors. Although the relationship of the two groups is fundamentally a pseudo-occupational relationship, it is also a distinct human relationship that involves thoughts, beliefs, and opinions within an interpersonal context. Future studies could explore actual or perceived occupational prestige of correctional supervisors by the incarcerated population and associations with psychological health, considering similar hypotheses as those in the current study and allowing for comparison with other sources of perceived occupational prestige in relation to correctional supervisor psychological health.

Although the correctional workers surveyed in this study were subjected to a physical health and functional ability assessment prior to employment, they did not undergo psychological screening. To better understand the mental health of correctional supervisors, future longitudinal studies could examine baseline psychological characteristics of those hired to work in corrections to determine how psychological characteristics change or are maintained over time and determine the causes of change throughout employment tenure. This would allow for the development of effective selection and training procedures for supervisors, as well as meaningful interventions to prevent exposure to occupational stressors or enable coping with such exposures to improve psychological health.

CONCLUSION

This study examined perceived occupational prestige of corrections as an occupational determinant of health. Perceived occupational prestige can be a risk factor when low or a protective factor to worker health when high. Improving public perceptions of corrections work generally, revising correctional worker subjective appraisals of public perceptions, and providing effective coping resources are all points of intervention for improving supervisor experiences of stress and psychological well-being. These improvements would have beneficial implications for all correctional workers, incarcerated individuals, communities, and the criminal justice system.

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