societies

MDPI

Review

Beyond Individual Resilience: Organizational Support, Psychosocial Vulnerabilities, and Mental Health Outcomes Among Correctional Officers—A Scoping Review

Francesca Giordano [1,*], Nicole Pojani [2] and Giada Pugliese [2]

[1] Resilience Research Unit, Department of Psychology, Università Cattolica del Sacro Cuore, 20123 Milan, Italy
[2] Department of Psychology, Università Cattolica del Sacro Cuore, 20123 Milan, Italy; nicole.pojani01@icatt.it (N.P.); giada.pugliese02@icatt.it (G.P.)
* Correspondence: francesca.giordano@unicatt.it

Abstract

Correctional officers report high rates of mental disorders, and building individual resilience is increasingly proposed as the remedy. This scoping review examined how resilience and organizational support are conceptualized, measured, and related to correctional officers' mental health across the continuum from distress to well-being. Following the PRISMA-ScR guidelines, we searched APA PsycInfo, Web of Science, and PubMed for peer-reviewed studies in English, Italian, and Spanish; 21 primary studies from seven countries were included. Resilience was directly examined in six studies, measured with validated instruments in only four, and conceptualized inconsistently across them. Organizational factors were charted in every study: understaffing, work–family conflict, and stigmatizing workplace cultures emerged as consistent risks, while organizational and peer support were the most consistent protective factors; in national surveys, organizational stressors outweighed operational trauma exposure. Positive outcomes were measured in only two studies. Findings support shifting the focus from individual resilience training toward modifiable organizational conditions—staffing, leadership, culture, and accessible correctional-specific support.

Keywords: correctional officers; prison staff; resilience; organizational support; occupational stress; burnout; well-being; mental health; scoping review

Check for updates

Academic Editors: Ana Daniela Silva, Catarina Luzia Carvalho and Célia Sampaio

Received: 31 August 2026
Revised: 21 September 2026
Accepted: 21 September 2026
Published: 5 October 2026

Copyright: © 2026 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license.

1. Introduction

The prison represents one of the most complex and critical organizational realities within the criminal justice system [1–3]. Decades of scholarship [4,5] have documented that custodial institutions are not merely places where sentences are served, but environments of sustained suffering, affecting both incarcerated persons and the staff who work there [1]. Correctional officers occupy a demanding and often overlooked position: responsible for security and order, they are simultaneously required to supervise, manage, and care for a population with high rates of mental illness [6,7], substance use [8–10], and prior trauma [11]. The nature of custodial work exposes them daily to psychological and physical risks, including aggression, threats, and the management of potentially traumatic events such as self-harm and suicide [8,12,13].

To these operational demands, distinctive environmental and logistical stressors are added [14]. Officers work in settings frequently characterized by poor air quality, constant noise, overcrowding, and demanding shift patterns that often include mandatory

overtime [15]. Chronic exposure to this combination of operational and environmental stress has substantial consequences for staff well-being. Correctional officers show rates of mental disorders—including post-traumatic stress disorder, major depression, and anxiety [7,8,10,16]—that are elevated relative to the general population and, in several respects, comparable to or exceeding those of other high-risk public safety occupations such as firefighters and paramedics [3]. The prison thus emerges as a high-emotional-intensity environment [2], in which the distress of incarcerated persons and the cumulative burden carried by staff reinforce one another [7].

Against this backdrop, the construct of resilience has become increasingly prominent in scholarship and workplace policy, frequently presented as the resource that enables individuals to withstand or recover from adversity [17]. Yet a persistent tension surrounds the concept. Its common-sense meaning, captured by the Latin resiliere ("to bounce back") [18], draws on a physical metaphor of returning to an original form after deformation; applied to individuals, however, resilience has been defined variously as a stable personal trait [17,19], a dynamic and modifiable process of adaptation [19], and an outcome of successful coping [9]. Much of the literature has concentrated on individual resilience, interpreting it as a personality trait or internal psychological resource [6,17,19,20]. This emphasis carries a risk: when resilience is framed primarily as an individual attribute, responsibility for coping with adverse conditions can be displaced onto the worker [6], and the failure to cope can be implicitly attributed to a personal lack of resilience rather than to the working environment [8,21]. Such framing has been linked to a professional culture of stoicism and invulnerability [9,22], in which the expression of distress is stigmatized and help-seeking is read as weakness [8,9,11,12,21].

A necessary corrective distinguishes the capacity of the individual from the capacity of the systems that surround them [6,20,23,24]. Socio-ecological models of resilience [25–27] make this shift explicit: rather than a fixed individual trait, resilience is reconceived as a multisystemic process in which well-being depends jointly on individuals' capacity to navigate toward the resources they need and on the capacity of their social and organizational ecologies to make those resources available and negotiable [25,28]. Within the correctional literature, this perspective is articulated through Ungar's multisystemic account of resilience [25] and Paton's notion [27] of a protective "stress shield," which locates the sources of adaptation not only within the officer but across the workplace systems in which they are embedded [7,24]. From this standpoint, organizational support—supervisor and peer support [15], a positive workplace culture, procedural fairness [29], role clarity, adequate staffing, and manageable workloads [13]—is not merely an external counterpart to individual resilience but a constitutive part of the resilience system itself: the organizational ecology that supplies, or withholds, the resources on which officers draw [19,20]. Understood this way, moving "beyond individual resilience" does not abandon the construct but relocates it, treating the workplace as a primary site where resilience is enabled or eroded [7,30].

Framed within the salutogenic tradition [19,31], health exists on a continuum ranging from severe distress to positive well-being and growth, with both resistance resources and risk factors determining where individuals fall along it. This complements the socio-ecological view: it directs attention not only to the reduction in pathology but also to the promotion of well-being and post-traumatic growth [9,11,19]—outcomes that have received comparatively little attention in correctional research.

Existing reviews have mapped organizational factors across the broad public safety population, typically treating correctional officers as one group among many and concentrating on the negative pole of the continuum [3–5]. No review to date has specifically examined, within the correctional officer population and without geographic restriction,

how the two most commonly proposed resources—individual resilience and organizational support—are conceptualized, measured, and related to mental health across the full continuum. Mapping this literature is a necessary step toward clarifying whether the field's emphasis on individual resilience is matched by corresponding empirical grounding, and toward identifying where organizational and psychosocial levers may offer more tractable targets for change [8,10,21].

This scoping review therefore addresses: (RQ1) how resilience is conceptualized and operationalized in research on correctional officers' mental health; (RQ2) which individual and organizational factors are examined; and (RQ3) which mental health outcomes, across the distress–well-being continuum, are studied in relation to these factors.

2. Materials and Methods

2.1. Protocol and Registration

A scoping review was conducted to address the three research questions outlined above. Given the breadth of these questions and the emerging nature of this field, a scoping review was considered the most suitable approach to map the extent and nature of available evidence [32]. The review followed Arksey and O'Malley's [33] five-stage framework and was conducted and reported in alignment with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist [34]. The review protocol was not registered.

2.2. Eligibility Criteria

Eligibility followed the Population–Concept–Context (PCC) framework. Population: correctional officers and equivalent institutional custodial staff (prison officers, jail staff, prison personnel); community-based correctional workers (e.g., probation and parole officers) were excluded, and where studies used mixed samples only institutional data were charted. Concept: resilience and/or organizational support in relation to mental health across the full continuum from distress to well-being. Context: custodial correctional settings, without geographic restriction. Included sources were primary empirical studies (quantitative, qualitative, or mixed methods); reviews and non-primary sources were excluded. For the selection of studies included in this review, the following inclusion criteria were applied: peer-reviewed articles published in English, Spanish, and Italian; studies focused on correctional officers working in direct contact with the prison population. Works examining the construct of resilience, understood as a trait, process, and outcome, and/or organizational support in relation to staff mental health were included, considering the entire continuum from distress, such as burnout or occupational stress, to positive well-being and post-traumatic growth. The sample of studies was limited to primary empirical research, including quantitative, qualitative, and mixed-methods approaches. The exclusion criteria for this review were studies focused on correctional officers working in non-prison settings such as communities or probation were not taken into account, as these environments lack the organizational and operational stressors typical of custodial institutions. Populations outside the correctional environment, such as inmates, law enforcement personnel outside prisons, or general healthcare workers, were not considered. An additional exclusion criterion was to consider police officers as part of the prison staff. Systematic reviews, meta-analyses, narrative reviews, book chapters, thesis chapters, conference proceedings, and editorials were excluded from the selection. Finally, studies that did not explicitly examine the link between organizational or psychosocial factors and staff mental health, and studies that did not provide sufficient information on the correctional context, were excluded.

2.3. Information Sources and Search Strategy

The search combined three concept blocks: a population block, a resource block (resilience and organizational support, treated as equally weighted alternatives), and an outcome block spanning the distress–well-being continuum: (prison staff OR correctional staff OR correctional officers OR prison officers OR prison personnel OR jail staff) AND (resilience OR perceived organizational support OR organizational support OR organizational support) AND (psychological distress OR job stress OR occupational stress OR burnout OR wellbeing OR mental health). Parentheses make the intended nesting of the three blocks explicit. A comprehensive search strategy was developed by the research team to incorporate the main elements of the research questions. The search was structured around three core concepts, each mapped to the specific terms defined in our search string. The population was mapped to 'prison staff', 'correctional staff', 'correctional officers', 'prison officers', 'prison personnel', and 'jail staff'. The protective factors and resources were mapped to 'resilience', 'perceived organizational support', 'organizational support', and 'organizational support'. Finally, the outcomes were mapped to 'psychological distress', 'job stress', 'occupational stress', 'burnout', 'wellbeing', and 'mental health'. The bibliographic search was carried out on 22 October 2025, using the electronic databases APA PsycInfo, Web of Science, and PubMed. Given the conceptual heterogeneity of resilience, no single a priori definition was imposed for study inclusion; studies conceptualizing resilience as a trait, process, resource, or outcome were eligible, and their conceptualizations were charted as part of the review. The search was conducted using English-language terms; consistent with the eligibility criteria (Section 2.2), records published in English, Italian, or Spanish were considered for inclusion.

2.4. Selection of Sources of Evidence

Retrieved records were collated and de-duplicated; titles/abstracts were screened, followed by full-text screening. Selection is summarized in the PRISMA-ScR flow diagram (Figure 1). The articles were retrieved from each database and imported into Rayyan [35], which supports the removal of duplicates and the screening of titles/abstracts. The initial imported literature consisted of 166 articles. Of these, 44 were identified as duplicates and removed, leaving 122 articles to be screened. All titles and abstracts were independently reviewed by two members of the research team using the a priori eligibility criteria described above. Each reviewer classified the articles as included, excluded, or uncertain. Discrepancies were resolved through discussion and, when necessary, through consultation with a third reviewer. Full texts were sought for the 38 articles that passed the title and abstract screen; five could not be retrieved, and the remaining 33 were independently assessed for eligibility by the same two reviewers, with conflicts resolved by consensus. The PRISMA flow diagram is presented in Figure 1.

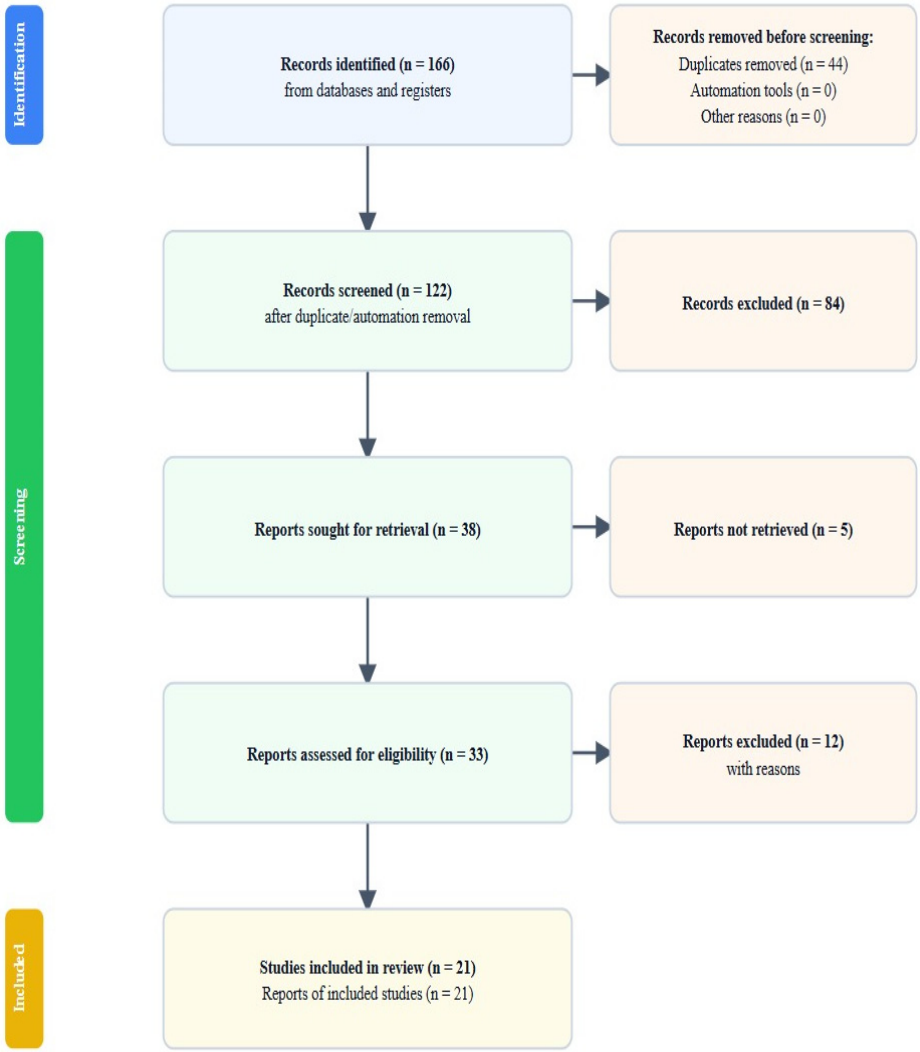

Figure 1. PRISMA-ScR flow diagram of study selection.

2.5. Data Charting and Synthesis

A charting form was developed and piloted. Charted fields included study identifier, country, setting, population, design, sample, and aim; the conceptualization, instrument, and findings for resilience; positive and negative organizational factors; negative and positive mental health outcomes and measures; factors amenable to change; and limitations. Consistent with scoping methodology, results were synthesized descriptively and charted around organizational, operational, and individual factors—each comprising risk and protective elements—with particular attention to how resilience was conceptualized and measured. No formal appraisal of methodological quality was undertaken. A data extraction form was developed a priori and iteratively refined by the research team to capture information relevant to the research questions, including study characteristics (author, year, country, study design, population), conceptualization and measurement of resilience, organizational/operational factors, and mental health outcomes. Data from eligible studies (n = 21) were independently extracted by members of the research team. The extracted data were then qualitatively compared and synthesized through group discussions, with individual notes verified collectively to ensure consistency across the factors represented in the chart. No risk of bias assessment was conducted, as the objective of this review was to map the extent and nature of existing evidence rather than to evaluate the effectiveness of individual interventions. The characteristics of all included studies are summarized in Table 1.

Table 1. Characteristics of included studies (*N* = 21).

No.	Study (Author)	Country	Setting	Design	*N*	Resilience (Examined—Conceptualization—Instrument)	Organizational Factors—Key Findings	Operational Factors—Key Findings	Individual Factors—Key Findings	Mental Health Outcomes Examined
1	Miller, Shakespeare-Finch & Bruenig [19]	Australia	Institutional	Quantitative	142	Yes—predictive variable Trait resilience, conceptualized as a resistance resource within Antonovsky's salutogenic model Brief Resilience Scale (BRS, 6 items)	R: workplace adversity (WREAS) P: workplace belongingness (PSOM)	P: positive relationships, camaraderie	—	High emotional exhaustion Moderate well-being Medium-low post-traumatic growth (PTG)
2	Dennard et al. [15]	UK (England)	Institutional	Qualitative	74	No	R: lack of comfortable resting spaces; lack of resources P: post-incident debriefing; comfortable spaces	P: adequate physical spaces; gallows humor; task variety; role breadth	P: regular physical activity; extra-work hobbies; clinical supervision	Job stress; emotional exhaustion; low morale; hopelessness; feeling overwhelmed; helplessness
3	Klinoff et al. [17]	USA (Broward County, FL)	Institutional	Quantitative	300–301	Yes—mediating process Ability to maintain healthy psychological and physical functioning in the face of adverse events; mediates the effect of personal resources (hope, optimism, social support) on burnout Connor–Davidson Resilience Scale (CD-RISC, 25 items)	R: staff shortages P: perceived organizational support (POS); social support; camaraderie	R: high inmate-related relational load P: positive relationships, camaraderie	R: cynicism P: social support	Resilience (CD-RISC) Burnout: emotional exhaustion; cynicism
4	Miller, Bruenig & Shakespeare-Finch [9]	Australia	Mixed	Qualitative	22	Yes Dynamic process coexisting with the possibility of distress (non-dichotomous model): cognitive distancing, humor, seeking social support Reflexive Thematic Analysis of semi-structured interviews (Appreciative Inquiry approach)	R: machismo-centered organizational culture P: social support	R: chronic daily operational stress; work unpredictability; personal safety worries; job dissatisfaction; prolonged shifts and overtime; exposure to interpersonal violence; harassment P: gallows humor	R: maladaptive coping; exposure to others' suffering R/P: sense of purpose; professional identity	Post-traumatic stress disorder (PTSD) Mental illness Psychological well-being (PWB)

Table 1. *Cont.*

No.	Study (Author)	Country	Setting	Design	*N*	Resilience (Examined—Conceptualization—Instrument)	Organizational Factors—Key Findings	Operational Factors—Key Findings	Individual Factors—Key Findings	Mental Health Outcomes Examined
5	Jaegers et al. [7]	USA (Mid-western; 2 jails)	Institutional	Mixed methods	320	No	R: work–family conflict (WFC); machismo-centered organizational culture; uncomfortable spaces P: post-incident debriefing; social support	R: trauma exposure P: adequate physical spaces; task variety; role breadth; satisfaction with change-oriented work	P: regular physical activity; extra-work hobbies; post-trauma clinical supervision	PTSD symptoms (high) Depression (high) Overall mental health (PROMIS) lower than general population
6	Konyk & Ricciardelli [11]	Canada (federal; Correctional Service of Canada)	Institutional	Qualitative	100 (86 with prior exposure to potentially psychologically traumatic events, PPTE)	Yes Dynamic, multisystemic process: the capacity to adapt and navigate resources during periods of stress Semi-structured interviews (qualitative)	R: toxic workplace culture; machismo-centered organizational culture P: social support from managers	—	—	PTSD Enduring psychological distress Resilience and PTG
7	Aranda-Hughes et al. [23]	USA (8 states)	Institutional	Qualitative	629	No	R: WFC; perceived replaceability	R: high inmate-related relational load; chronic daily operational stress; work unpredictability; personal safety worries	—	Burnout (emotional exhaustion) General mental distress
8	Gao, Du & Gao [36]	China (Liaoning)	Institutional	Quantitative	1024	No	R: WFC; staff shortages P: POS	R: high inmate-related relational load	P: social support	Occupational burnout, overall and by dimension: emotional exhaustion; depersonalization/negative detachment; reduced personal accomplishment
9	Konyk et al. [16]	Canada (Ontario)	Mixed	Quantitative	868	No	R: staff shortages; inconsistent leadership; bureaucracy	R: trauma exposure	R/P: empathy; empathic communication	PTSD; major depressive disorder (MDD); generalized anxiety disorder (GAD); panic disorder; alcohol use disorder (AUD)

Table 1. *Cont.*

No.	Study (Author)	Country	Setting	Design	*N*	Resilience (Examined—Conceptualization—Instrument)	Organizational Factors—Key Findings	Operational Factors—Key Findings	Individual Factors—Key Findings	Mental Health Outcomes Examined
10	Vlach et al. [37]	Czech Republic	Institutional	Quantitative	34	No	R: inconsistent leadership; bureaucracy P: social support	R: high inmate-related relational load	P: social support	Work-related stress symptoms, anxiety, and tension Burnout syndrome (emotional exhaustion, depersonalization, negative atmosphere) Secondary traumatic stress (STS)
11	Ricciardelli et al. [13]	Canada (national; 13 jurisdictions)	Mixed	Quantitative	3740	No	R: staff shortages; WFC	R: trauma exposure	—	Suicidal ideation; suicidal planning; suicide attempts
12	Johnston & Ricciardelli [12]	Canada	Mixed	Qualitative	94 (of 1999 survey completers)	No	R: machismo-centered organizational culture; staff shortages	—	R: distrust of mental health professionals; social isolation; rumination; effort–reward imbalance P: social support	Suicidal ideation; suicidal planning; suicide attempts Mental distress
13	Huang et al. [20]	China	Institutional	Quantitative	472	Yes—moderator Ability to cope with and adapt to significant stressors (adversity, trauma, threats); protective psychological resource mitigating the negative consequences of burnout on mental health CD-RISC-10	R: WFC	R: trauma exposure	—	Anxiety (high level) Depression (high level)
14	Dong et al. [6]	China (Jiangxi)	Institutional	Quantitative	306 (54 teams)	Yes—depletable internal resource Internal psychological resource enabling individuals to bounce back from adversity; depleted under chronic stress, increasing vulnerability to distress CD-RISC (25 items)	R: job strain P: material support; POS	R: excessive role expansion	R: rumination (mediator of the stress–distress relationship)	Psychological distress (high)

Table 1. *Cont.*

No.	Study (Author)	Country	Setting	Design	*N*	Resilience (Examined—Conceptualization—Instrument)	Organizational Factors—Key Findings	Operational Factors—Key Findings	Individual Factors—Key Findings	Mental Health Outcomes Examined
15	Coulling et al. [8]	Canada (multiple provinces)	Mixed	Qualitative	192 (of 1999 survey completers)	No	R: bullying/intimidation by management; machismo-centered organizational culture; inadequacy of resources; perceived replaceability; individualistic empowerment P: material support	R: trauma exposure	R: maladaptive coping	Mental health disorders (PTSD, MDD, GAD) Suicidal thoughts and attempts Psychological trauma
16	Bourbonnais et al. [1]	Canada (Quebec)	Institutional	Quantitative	1502	No	R: WFC; dangerous and unpredictable nature of the work and safety-related concerns; job strain P: autonomy/decision latitude	R: trauma exposure; chronic daily operational stress; work unpredictability; personal safety worries; job dissatisfaction; prolonged shifts and overtime; exposure to interpersonal violence; harassment; excessive role expansion	R: distrust of mental health professionals; social isolation; rumination; effort–reward imbalance	Psychological distress (high level)
17	Ricciardelli et al. [10]	Canada (national)	Mixed	Quantitative	3740	No	R: staff shortages; WFC; inconsistent leadership; bureaucracy; administrative overload; job strain	R: trauma exposure; excessive role expansion	R: maladaptive coping	PTSD (high prevalence); MDD (high); GAD (high); panic disorder (moderate); AUD (low-to-moderate)
18	Johnston et al. [21]	Canada	Mixed	Qualitative	870	No	R: machismo-centered organizational culture; job strain P: social support; POS	—	—	Burnout Mental disorders (PTSD, MDD, GAD) Suicidal thoughts and behaviors

Table 1. *Cont.*

No.	Study (Author)	Country	Setting	Design	*N*	Resilience (Examined—Conceptualization—Instrument)	Organizational Factors—Key Findings	Operational Factors—Key Findings	Individual Factors—Key Findings	Mental Health Outcomes Examined
19	Lerman et al. [38]	USA (California)	Institutional	Quantitative	8436	No	P: POS	R: trauma exposure; excessive role expansion	—	PTSD (high prevalence) Suicide risk (significant) Anxiety and sleep disorder (very high prevalence); depression and alcohol abuse (moderate prevalence)
20	Gemmano et al. [39]	Italy (Lazio)	Institutional	Quantitative	39	No	P: social support	R: trauma exposure; high inmate-related relational load P: satisfaction with change-oriented work	P: social support from colleagues and supervisors	Work engagement (UWES-9) Job satisfaction Burnout (emotional exhaustion, depersonalization, personal accomplishment): low-to-moderate levels Depression: low levels Suicide risk: low levels
21	Viotti et al. [40]	Italy (Turin; 2 prisons)	Institutional	Quantitative	130	No	P: social support	R: high inmate-related relational load	P: social support	Occupational burnout by dimension: emotional exhaustion moderate; depersonalization medium-to-high; personal accomplishment low

Note. R = risk factor; P = protective factor; R/P = dual-factor construct, whose valence shifts from resource to risk depending on circumstances (see Section 3.4.4). All other abbreviations are defined at first occurrence in the table.

3. Results

3.1. Study Selection

The search of APA PsycInfo, Web of Science, and PubMed identified 166 records. After the removal of 44 duplicates, 122 records were screened at the title and abstract level, and 84 were excluded as not meeting the eligibility criteria. Full texts were sought for the remaining 38 reports; five could not be retrieved (one journal article and four doctoral dissertations), leaving 33 reports assessed for eligibility.

Of these, 12 were excluded with reasons: non-primary or unpublished sources, including two reviews and five doctoral dissertations ($k = 7$); publications in languages outside the eligibility criteria ($k = 2$); and populations outside the custodial correctional scope ($k = 3$). The full list of reports not retrieved and of reports excluded, with reasons, is provided in Table S1 (Supplementary Materials).

Twenty-one primary studies met the inclusion criteria and were included in the review. The selection process is summarized in the PRISMA-ScR flow diagram (Figure 1).

3.2. Characteristics of Included Studies

The 21 included studies spanned seven countries: Canada ($n = 8$), the United States ($n = 4$), China ($n = 3$), Australia ($n = 2$), Italy ($n = 2$), the Czech Republic ($n = 1$), and the United Kingdom ($n = 1$). The evidence base was international and not confined to Anglophone contexts. Most studies were quantitative ($n = 13$), with qualitative ($n = 7$) and mixed-methods ($n = 1$) designs. Fourteen sampled institutional staff exclusively; seven used mixed samples from which institutional data were charted. A substantial subset derived from a single Canadian research program drawing on shared national and provincial survey datasets—relevant for interpretation (Section 4). Full characteristics appear in Table 1.

3.3. Conceptualization and Measurement of Resilience

Cutting across the individual-factor findings, the status of resilience itself was a central result. Although resilience appeared in the guiding search, it was directly examined in only six studies (focal in five, conceptualized but not measured in one), based on our primary criterion of direct conceptual or empirical engagement [6,9,11,17,19,20], and measured with a validated psychometric instrument in only four ($k = 4$) [6,17,19,20]. Two instruments were used, reflecting two conceptual traditions: the Brief Resilience Scale [19], framing resilience as the trait-like capacity to "bounce back", and the Connor–Davidson Resilience Scale (10- and 25-item versions) [6,17,20], framing it as a protective resource with trait and process elements. Among the six studies directly engaging with resilience, two addressed it without a dedicated psychometric measure—as a dynamic, multisystemic process of navigating resources [11] and as a process coexisting with distress and growth-related outcomes [9]. In the remaining studies, resilience was not examined at all. The corpus therefore does not converge on a shared definition or operationalization: resilience is invoked far more often than it is measured, and where addressed, it is conceptualized inconsistently, substantially limiting cross-study comparability.

Full characteristics appear in Table 2.

Table 2. Conceptualizations of Resilience across the Included Studies (n = 21).

Category	Instruments	Definition	Studies
Resilience as a Trait	Connor-Davidson Resilience Scale (CD-RISC) [41]	Relatively stable individual capacity to "bounce back" from adversity; in one study, an internal psychological resource potentially depleted under chronic stress.	Dong et al. [6]
	Brief Resilience Scale (BRS) [42],	Relatively stable individual capacity to "bounce back" from adversity; in one study, an internal psychological resource potentially depleted under chronic stress.	Miller, Shakespeare-Finch & Bruenig [19]
Resilience as a Process	10-item Connor-Davidson Resilience Scale (CD-RISC-10) [43]	Dynamic, multisystemic, adaptive, and modifiable capacity.	Huang et al. [20]
	Connor-Davidson Resilience Scale (CD-RISC) [41]	Dynamic, multisystemic, adaptive, and modifiable capacity.	Klinoff et al. [17]
	semi-structured interviews	Dynamic, multisystemic, adaptive, and modifiable capacity.	Miller, Bruenig & Shakespeare-Finch [9]; Konyk & Ricciardelli [11]
Resilience as an outcome	semi-structured interviews	Result of effective coping; linked to post-traumatic growth.	Konyk & Ricciardelli [11]
Not examined	N.A.	Not examined.	Aranda-Hughes et al. [23]; Bourbonnais et al. [1]; Coulling et al. [8]; Dennard et al. [15]; Gao et al. [36]; Gemmano et al. [39]; Jaegers et al. [7]; Johnston & Ricciardelli [12]; Johnston et al. [21]; Konyk et al. [16]; Lerman et al. [38]; Ricciardelli et al. [13]; Ricciardelli et al. [10]; Viotti et al. [40]; Vlach et al. [37]

Note. Resilience was directly examined in six studies; it was a focal construct in five studies and was conceptualized but not psychometrically measured in one additional study. Four studies used validated resilience instruments; two addressed resilience qualitatively.

3.4. Organizational, Operational, and Individual Factors

Across the corpus, the determinants of officers' mental health clustered at three interacting levels—organizational, operational, and individual—a structure adopted explicitly by six of the included studies [7–10,16,40] and used here to organize the synthesis. Organizational factors concern the context of the job: institutional structure, leadership quality, staffing, bureaucratic burden, and a professional culture often marked by mental health stigma [44]. Operational factors refer to the content of the job: direct exposure to potentially psychologically traumatic events—assaults, suicides, and self-harm by inmates—and the relational load of daily contact with a population often marked by suffering or manipulation [10,16,44]. Individual factors encompass personal resources and cognitive or behavioral processes, such as resilience, rumination, and coping strategies; work–family conflict, which sits at the work–home interface, was charted with organizational factors, consistent with its treatment in the included studies. Within each level, findings are presented as risk and protective factors; constructs whose valence shifted with circumstances are reported separately as dual-factor constructs (Section 3.4.4).

3.4.1. Organizational Factors

Organizational factors were the most consistently examined across the corpus, and in the two national surveys their impact equalled or exceeded that of operational stressors [10,16]. The full set of charted factors, with their valence, level, and supporting studies, is reported in Table 3. On the risk side, chronic staff shortages and understaffing

(k = 6), work–family conflict (k = 7), and dysfunctional, machismo-centered workplace cultures (k = 6) were the most recurrent stressors, compounded by inconsistent leadership, bureaucratic and administrative overload, and job strain; culture in particular operated as a barrier to help-seeking, sustaining stigma and social silence around mental health [8,9,12].

Table 3. Risk, protective, and dual-factor constructs charted in the included studies, by level. Study numbers refer to Table 1.

Level	Factor	Valence	*k* (Design)	Studies (No.)
Organizational	Staff shortages/understaffing	R	6 (5 QN, 1 QL)	3, 8, 9, 11, 12, 17
	Work–family conflict	R	7 (5 QN, 1 QL, 1 M)	5, 7, 8, 11, 13, 16, 17
	Dysfunctional organizational culture (incl. machismo-centered, toxic)	R	6 (5 QL, 1 M)	4, 5, 6, 12, 15, 18
	Inconsistent leadership	R	3 (3 QN)	9, 10, 17
	Bureaucracy/administrative overload	R	3 (3 QN)	9, 10, 17
	Job strain	R	4 (3 QN, 1 QL)	14, 16, 17, 18
	Bullying/intimidation by management	R	1 (1 QL)	15
	Perceived replaceability	R	2 (2 QL)	7, 15
	Inadequate resources/uncomfortable spaces	R	3 (2 QL, 1 M)	2, 5, 15
	Workplace adversity (WREAS)	R	1 (1 QN)	1
	Perceived organizational support (POS)	P	5 (4 QN, 1 QL)	3, 8, 14, 18, 19
	Social support (managers, organizational level)	P	8 (4 QN, 3 QL, 1 M)	3, 4, 5, 6, 10, 18, 20, 21
	Workplace belongingness	P	1 (1 QN)	1
	Material support	P	2 (1 QN, 1 QL)	14, 15
	Autonomy/decision latitude	P	1 (1 QN)	16
	Post-incident debriefing/comfortable spaces	P	2 (1 QL, 1 M)	2, 5
Operational	Exposure to potentially psychologically traumatic events	R	9 (7 QN, 1 QL, 1 M)	5, 9, 11, 13, 15, 16, 17, 19, 20
	High inmate-related relational load	R	6 (5 QN, 1 QL)	3, 7, 8, 10, 20, 21
	Chronic operational stress, unpredictability, safety worries	R	3 (1 QN, 2 QL)	4, 7, 16
	Excessive role expansion	R	4 (4 QN)	14, 16, 17, 19
	Prolonged shifts and overtime	R	2 (1 QN, 1 QL)	4, 16
	Exposure to violence/harassment	R	2 (1 QN, 1 QL)	4, 16
	Positive relationships, camaraderie	P	2 (2 QN)	1, 3
	Adequate spaces, task variety, role breadth	P	2 (1 QL, 1 M)	2, 5
	Gallows humor	P	2 (2 QL)	2, 4
	Satisfaction with change-oriented work	P	2 (1 QN, 1 M)	5, 20
Individual	Maladaptive coping (incl. alcohol use)	R	3 (1 QN, 2 QL)	4, 15, 17
	Rumination	R	3 (2 QN, 1 QL)	12, 14, 16
	Distrust of MH professionals, social isolation, effort–reward imbalance	R	2 (1 QN, 1 QL)	12, 16
	Moral injury	R	1 (1 QL)	2
	Cynicism	R	1 (1 QN)	3
	Exposure to others' suffering	R	1 (1 QL)	4
	Regular physical activity, extra-work hobbies	P	2 (1 QL, 1 M)	2, 5
	Clinical supervision	P	2 (1 QL, 1 M)	2, 5
	Social support (individual level)	P	6 (5 QN, 1 QL)	3, 8, 10, 12, 20, 21
Dual-factor	Sense of purpose, professional identity	R/P	1 (1 QL)	4
	Empathy, empathic communication	R/P	1 (1 QN)	9

Note. R = risk factor; P = protective factor; R/P = dual-factor construct (valence shifts with circumstances; see Section 3.4.4). QN = quantitative; QL = qualitative; M = mixed methods. Constructs are reported as charted from each study; the classification of levels declared in Section 3.4 applies.

On the protective side, perceived organizational support and social support from supervisors and peers showed the most consistent associations with better mental health outcomes, together with workplace belongingness [17,19,40]. Material provisions alone—pay, bonuses, or formal programs—proved insufficient where they were not accompanied by relational and psychological support [6,21,23].

3.4.2. Operational Factors

Operational factors concern the content of daily work and the demands arising directly from interaction with the custodial context and the incarcerated population [10,16,44]. Exposure to potentially psychologically traumatic events—suicides, suicide attempts, self-harm, and assaults—was the principal operational risk (k = 9), followed by the relational load of daily contact with the incarcerated population (k = 6), excessive role expansion, prolonged shifts and overtime, and safety concerns (Table 3). Protective operational features were fewer and relational in nature: positive relationships and camaraderie, adequate physical spaces and task variety, satisfaction with change-oriented work, and gallows humor, whose ambivalence is addressed in Section 3.4.4.

3.4.3. Individual Factors

At the individual level, maladaptive coping—notably alcohol use as self-medication for insomnia and intrusive thoughts—rumination, distrust of mental health professionals, and social isolation were the recurrent risks (Table 3). Moral injury was named in a single study (k = 1): Dennard and colleagues [15] describe it as the psychological distress experienced when staff face circumstances they do not feel skilled or experienced enough to manage, and report it as an additional risk factor for mental ill-health [45]; the construct was cited but not further analyzed or examined in any other included study. Protective individual factors included regular physical activity, extra-work hobbies, clinical supervision, and perceived social support [7,15].

3.4.4. Dual-Factor Constructs

A small set of constructs behaved as dual-factor constructs, shifting from resource to risk with circumstances (Table 3). A sense of purpose and a helper-oriented professional identity sustained motivation and meaning, yet exposed officers to frustration and depersonalization where institutional constraints prevented rehabilitative engagement [9,40]. Empathy and empathic communication enriched officers' relational capacity while demanding sustained emotional investment in a context of high relational demand [11]. Gallows humor bonded teams and defused tension, but could shade into cynicism and normalize distress [9,15]. These constructs are taken up in Section 4.4.

3.5. Mental Health Outcomes Across the Continuum

Outcomes were heavily weighted toward the negative pole of the continuum—burnout, occupational and job stress, distress, post-traumatic stress, depression, and anxiety (Table 4). Positive outcomes consistent with the salutogenic framing were addressed in six of the 21 studies [9,11,15,19,37,39], but measured with validated instruments in only two: well-being and post-traumatic growth [19] and work engagement and job satisfaction [39]. In the remaining four studies, positive outcomes were described without dedicated measures. The evidence base thus remains predominantly pathogenic.

Table 4. Mental health outcomes examined by each included study, by outcome category. Study numbers refer to Table 1.

Study	Trauma-Related	Depression	Anxiety	Suicidality	Alcohol Use	Burnout	Distress/Stress	Positive
1. Miller, Shakespeare-Finch & Bruenig	—	—	—	—	—	●	—	●
2. Dennard et al.	—	—	—	—	—	○	○	○
3. Klinoff et al.	—	—	—	—	—	●	—	—
4. Miller, Bruenig & Shakespeare-Finch	○	—	—	—	—	—	○	○
5. Jaegers et al.	●	●	—	—	—	—	●	—
6. Konyk & Ricciardelli	○	—	—	—	—	—	○	○
7. Aranda-Hughes et al.	—	—	—	—	—	○	○	—
8. Gao, Du & Gao	—	—	—	—	—	●	—	—
9. Konyk et al.	●	●	●	—	●	—	—	—
10. Vlach et al.	●	—	●	—	—	●	●	○
11. Ricciardelli et al.	—	—	—	●	—	—	—	—
12. Johnston & Ricciardelli	—	—	—	○	—	—	○	—
13. Huang et al.	—	●	●	—	—	—	—	—
14. Dong et al.	—	—	—	—	—	—	●	—
15. Coulling et al.	○	○	○	○	—	—	○	—
16. Bourbonnais et al.	—	—	—	—	—	—	●	—
17. Ricciardelli et al.	●	●	●	—	●	—	—	—
18. Johnston et al.	○	○	○	○	—	○	—	—
19. Lerman et al.	●	●	●	●	●	—	—	—
20. Gemmano et al.	—	●	—	●	—	●	—	●
21. Viotti et al.	—	—	—	—	—	●	—	—

Note. ● = examined with quantitative measures; ○ = examined qualitatively or descriptively; — = not examined. Trauma-related includes PTSD symptoms/diagnoses and secondary traumatic stress; positive outcomes include well-being, post-traumatic growth, work engagement, job satisfaction, and meaningfulness. Cell entries reflect what each study examined (charting), not a uniform assessment battery: designs differed, and an em dash indicates that the outcome was outside the scope of that study rather than assessed and found absent.

4. Discussion

This scoping review mapped how individual resilience and organizational support are conceptualized, measured, and related to correctional officers' mental health across the full health continuum in 21 studies from seven countries. Three findings organize what follows. First, resilience is invoked far more often than it is measured, and where it is addressed it is conceptualized in ways that are not mutually compatible. Second, organizational and psychosocial factors were examined consistently across the corpus and emerged as the most salient and the most modifiable correlates of officer mental health. Third, the evidence base remains oriented toward pathology. Together these findings motivate the shift in emphasis captured by the phrase beyond individual resilience: a shift that does not abandon the construct but relocates it within the systems that make adaptation possible [11,25].

4.1. Resilience Is Invoked More Often than It Is Measured

The distance between the prominence of resilience as a concept and its thin, fragmented empirical treatment is this review's most striking observation. Resilience was directly examined in six of the 21 studies and measured with a validated instrument in only four, through two scales carrying distinct conceptual traditions—the Brief Resilience Scale [19] and the Connor–Davidson Resilience Scale [6,17,20]. More consequentially, the causal

position assigned to the construct differed across these studies: resilience appears as a predictor of burnout and well-being [19], as a mediator translating personal strengths or chronic stress into outcomes [6,17], and as a moderator attenuating the effect of work–family conflict [20]. Where resilience was conceptualized without a dedicated psychometric measure, it was framed as a dynamic, multisystemic process of navigating resources [11] or as a process coexisting with distress and growth [9].

This reflects a conceptual inconsistency before it becomes a methodological limitation. In multisystemic accounts, resilience is the capacity of a dynamic system to adapt through processes distributed across interacting levels [28], and it is by definition open, dynamic, and complex rather than reducible to a single individual-level score [25,26]. Farchi and Peled-Avram [46] arrive at the same conclusion from the opposite direction, proposing an integrative framework precisely because trait, process, and systemic perspectives have developed in isolation from one another. Measured as a stable trait, resilience answers a question that a multisystemic framework does not ask.

The stakes are practical rather than semantic. A predominantly trait-based framing locates responsibility for coping within the officer, recasting distress as a personal shortfall rather than as a signal of adverse conditions—and the corpus documents where this leads: management relationships reported as harmful far more often than all other workplace relationships combined [8], stigma suppressing disclosure [12], and a masculine culture rendering formal help-seeking a liability [9]. A trait framing does not merely fail to describe this environment: it supplies its rationale.

Notably, the corpus is not silent about the alternative, only sparse. A single study explicitly adopted a socio-ecological reading, drawing on Ungar's multisystemic account and on Paton and colleagues' [27] protective stress shield to argue that resilience is a dynamic capacity to navigate available resources rather than a static attribute [11]. The framework we advance is therefore not imported from outside this literature; it is already present within it, but has not been taken up.

4.2. From Job Demands–Resources to a Multisystemic Account

The findings map readily onto the Job Demands–Resources framework, which has already been applied to correctional settings [6,14,47–49]. Officers carry a cumulative load of demands that are at once operational—exposure to potentially psychologically traumatic events, aggression, and the relational burden of managing distressed or manipulative residents [13,16,40]—and organizational, with staff shortages, inconsistent leadership, favoritism, and bureaucratic red tape recording the highest mean stress ratings in the two largest national surveys [10,16]. Where demands chronically exceed resources, the health-impairment process described by Bakker and Demerouti [50] unfolds: energies are depleted, emotional exhaustion follows, and more serious outcomes accumulate, including post-traumatic stress, major depression, generalized anxiety, and suicidal ideation [10,13,16].

The Job Demands–Resources framework thus identifies with precision which nodes of the work system generate strain. Its limit is that it is a single-level inventory: it treats resources as present or absent rather than as accessible or inaccessible. The corpus shows why this matters: organizational support consisting of gifts and bonuses rather than psychological support moderated none of the hypothesized stress paths [6]; employee assistance programs existed but were described as inadequate, inaccessible, or hostile, and counseling as capped and not correctional-specific [12,21]; attendance policies made taking mental health leave itself a stressor [8]; and most Czech professional staff judged available support inadequate [37]. In Job Demands–Resources terms these are resources; in practice they were not usable.

This is precisely the distinction a socio-ecological reading supplies. In Ungar's [25] multisystemic account, what determines adaptation is not the presence of resources but their negotiability: the degree to which individuals can navigate toward what they need, and the degree to which their social and organizational ecologies make those resources available and meaningful on terms the individual can accept. Resilience, so understood, is a systemic process belonging to an open, dynamic, and complex system, and it depends on connectivity—the density and quality of interactions among a system's components [18,25]. It also entails trade-offs between systems, a point we return to below. Read this way, supervisor and peer support, leadership quality, and workplace culture are not an external counterpart to individual resilience but the connective tissue through which any resource, material or otherwise, must pass in order to become usable.

The socio-ecological model further operates as a meta-model, capable of nesting workplace-level frameworks such as Job Demands–Resources within a multilevel reading [51,52]. Jessiman-Perreault and colleagues [51] show that structural policy changes have had unintended effects on correctional working conditions and argue that interpersonal support programs will achieve limited success where the multilevel conditions producing strain remain unaddressed—an argument our findings support. We therefore retain Job Demands–Resources for what happens at the workplace level, while the socio-ecological frame accounts for how levels connect and where leverage lies.

4.3. Organizational Support as the Consistent, Modifiable Signal

Where the resilience evidence is thin, the organizational evidence is comparatively rich and coherent. Organizational factors were charted in every included study, and the two Canadian national surveys found organizational stressors more salient to mental health than exposure to traumatic events: mean organizational stress exceeded mean operational stress, every organizational and operational stressor was associated with increased odds of every disorder screened, and these associations persisted after adjustment for lifetime exposure to potentially psychologically traumatic events [10,16]. This asymmetry—a robust organizational signal alongside a fragile individual-resilience signal—is itself a principal result of the review.

The evidence also specifies what kind of organizational resource matters, and where it stops. Support shows consistent direct associations with mental health—low supervisor and colleague support with distress [1], colleague support with lower depersonalization [40], and workplace belongingness with well-being and post-traumatic growth [19]. Its buffering role, by contrast, is inconsistent: moderation was found for some outcomes but not others, or not at all [1,6,38]. The corpus therefore supports the value of relational resources more strongly than the buffering mechanism often attributed to them—a distinction future research should test rather than assume.

Two further results sharpen the point. In the only study to test structural organizational features against burnout, none—equity, integration, information flows, or mission clarity—predicted any burnout dimension, whereas colleague support did [40]: what protects appears to be relational quality rather than formal structure. And material responses proved insufficient on their own [6,23], converging with evidence that organizational resilience is not an aggregation of resilient individuals and that the soft elements of a system—governance, leadership, culture—are what mobilize its material resources [18,53].

Read through the socio-ecological frame; these findings converge on connectivity. Where the connective tissue is intact, resources flow; where it is disrupted by stigmatization, punitive management, or chronic understaffing, the system fails to sustain the individual even when resources are nominally available [24,25]. The aim of resilience-oriented approaches

should therefore not be to produce officers who tolerate increasingly harmful conditions, but organizations capable of sustaining the people who work within them.

This conclusion takes an actionable form, because the factors the corpus identifies as most consequential are also those the included studies themselves nominate as amenable to change: staffing levels, leadership quality and training, communication, workplace culture and stigma, and access to correctional-specific mental health care. Two are concrete and recurrent. Recovery requires time, relief from mandatory overtime and unpredictable rotation [21,23], and space: dedicated rest areas, quiet rooms, and wellness facilities separated from the operational environment [7,15,21,37].

4.4. The Ambivalence of the Helper Role: Role Conflict and Moral Injury

The dual-factor constructs identified in the corpus deserve particular attention, because they are where individual experience and organizational conditions meet. A sense of purpose organized around helping sustains motivation and well-being across countries and designs [9,15,37]; yet the same orientation carries risk where a mandate of security and control collides with a rehabilitative one. In the one study examining this directly, role conflict predicted depersonalization, and the relational load of managing ambivalent relationships with residents was the strongest predictor of emotional exhaustion—in a system with roughly one officer per two residents but one treatment professional per hundred [40]. On this evidence the conflict is structural before it is attitudinal.

It is worth noting what the corpus does not allow us to say: the included studies do not report officers' formal institutional mandate in a comparable form, so whether the custody–rehabilitation tension is configured differently where rehabilitation is an explicit mandate remains unrecorded—a variable with plausible system-level explanatory value that is largely missing from this literature.

The tension is intelligible as cognitive dissonance [54]: where officers cannot reconcile the values that drew them to the work with what the work permits, one of the two must give. Miller and colleagues captured the resolution in officers' own terms—the job changes you—reporting growth in relational capacity alongside depersonalization within the same individuals [9], consistent with the dual-continuum model of mental health [55] and with the identity work of frontline occupations [56,57]. Within a multisystemic reading it is a trade-off in Ungar's [25] sense: where the organizational ecology supplies no relational resources, the trade-off resolves toward depersonalization and cynicism.

Moral injury offers a name for the most severe form of this discrepancy, but the corpus does not yet support treating it as an established finding. Only one included study conceptualizes it explicitly, describing the distress arising when staff face circumstances they do not feel skilled or experienced enough to manage, and noting that it constitutes a further risk factor for mental ill-health [15,45]. Adjacent public safety scholarship locates moral injury at the same intersection of duty, care, and constraint, distinguishes it from the less severe moral distress, and links it to organizational betrayal, the perception that an institution has failed those who depend on it [58,59]. Resting on a single source, we advance this as a hypothesis worth testing rather than as a mapped result: moral injury is a plausible mechanism connecting role conflict to psychological harm in custodial work, and its near-absence from a corpus in which role conflict is otherwise well documented is itself a gap.

4.5. A Predominantly Pathogenic Evidence Base

Despite a search strategy designed to capture the full continuum, the corpus remained oriented toward distress. Positive outcomes were addressed in six studies and formally measured in only two—well-being and post-traumatic growth with validated instruments [19], and work engagement and job satisfaction [39]—while in four others

they were described qualitatively rather than assessed [9,11,15,37]. Negative outcomes, by contrast, were measured across the corpus with a broad and well-validated instrument set.

The asymmetry in measurement is itself informative: the field has standardized the pathogenic pole and left the salutogenic one to description. This matters because the two poles do not behave identically. Workplace belongingness predicted well-being and post-traumatic growth but not burnout, and resilience predicted well-being but not growth [19]—that is, the resources that remove distress may not be the resources that build flourishing. A framework in which health spans a continuum from severe distress to growth [31,55] predicts exactly this, and a corpus that measures only one pole cannot detect it.

Ungar's [25] account is a reminder that resilience occurs in contexts of adversity, not in their absence—and in the correctional workplace, adversity is structural and enduring. A salutogenic agenda would ask not only what harms officers but also what allows them to sustain meaningful engagement with demanding work over time, a question that gains urgency once the prison is understood as an occupational ecosystem in which the health of staff and incarcerated persons is interdependent [7,60]. Consistently, resource-based interventions have already been piloted on the incarcerated side of this ecosystem [61].

4.6. Implications

For research, the priority is to report the conceptual model of resilience being used, to distinguish it from coping and from post-traumatic growth, and to state the causal role assigned to it rather than leaving it to be inferred from the analysis; validated and comparable instruments are a precondition for cumulative synthesis. Measurement should be extended to the positive pole of the continuum. The negotiability of resources, rather than their availability, is the more informative question: whether support exists is weaker than whether it can be reached and used. Designs capable of supporting multisystemic claims are rare but not absent in this corpus, a three-wave, team-nested study being the exception [6]. The geographic concentration of the evidence also warrants attention, with eight of the 21 studies conducted in Canada and several drawing on shared datasets.

For practice and policy, the levers the corpus identifies as both consequential and modifiable should take priority: staffing, leadership quality and training, communication, and workplace culture. Mental health provision should be correctional-specific, embedded, and accessible rather than nominal [21], and the time and space required for recovery should be protected rather than treated as discretionary. Participative organizational intervention targeting psychological demands, decision latitude, support, and reward—rather than intervention targeting individuals—has been proposed within this literature and remains untested at scale [1].

For framing, the implication is cumulative: resilience-building programs cannot substitute for organizational reform, and delivering them in its absence risks placing on officers the burden of managing their own mental health in the face of conditions they do not control.

4.7. Limitations

As a scoping review, this study mapped the extent and nature of the evidence without appraising methodological quality; findings therefore describe how the field has studied these constructs rather than establishing the strength of individual results. A substantial portion of the corpus originated from a single research program using overlapping survey datasets, so the count of studies should not be read as an equivalent number of independent samples. The restriction to institutional correctional staff, while deliberate, limits transferability to community-based correctional workers. Finally, the search was restricted to three databases and to peer-reviewed publications in English, Spanish, and

Italian; gray literature, including doctoral dissertations, was excluded, and five potentially eligible reports could not be retrieved. These decisions shape the yield of any review and should be considered when interpreting coverage.

5. Conclusions

This scoping review set out to map how resilience is conceptualized and operationalized in research on correctional officers' mental health (RQ1), which individual and organizational factors are examined (RQ2), and which outcomes across the distress–well-being continuum are studied (RQ3). The answers converge on a clear asymmetry. Resilience is invoked far more often than it is measured: directly examined in six of 21 studies, measured with validated instruments in four, and assigned incompatible conceptual roles where addressed. Organizational and psychosocial factors, by contrast, are examined consistently across the corpus and emerge as the more clearly evidenced—and, crucially, the more modifiable—correlates of officer mental health, with organizational stressors outweighing operational trauma exposure in the largest national surveys. Outcomes remain skewed toward distress: the positive pole of the continuum was measured in only two studies, leaving well-being, growth, and engagement largely uncharted. Advancing the mental health of correctional officers will therefore require moving beyond individual resilience: clarifying the construct conceptually and measuring it comparably where it is retained; extending measurement to the salutogenic pole; and, above all, investing in the organizational conditions that the evidence most consistently identifies as levers for change—adequate staffing, leadership quality and training, communication, destigmatizing workplace cultures, and accessible, correctional-specific mental health support. Resilience-building programs can complement, but cannot substitute for, this organizational work.

Supplementary Materials: The following supporting information can be downloaded at https://www.mdpi.com/article/10.3390/soc16100326/s1, Table S1: Reports not retrieved and reports excluded at the full-text eligibility assessment, with reasons (n = 17). Table S2: PRISMA-ScR Checklist.

Author Contributions: Conceptualization, F.G.; methodology, F.G., N.P. and G.P.; formal analysis, F.G., N.P. and G.P.; investigation, N.P. and G.P.; data curation, N.P. and G.P.; writing—original draft preparation, F.G.; writing—review and editing, F.G., N.P. and G.P.; visualization, N.P. and G.P.; supervision, F.G.; project administration, F.G. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Acknowledgments: During the preparation of this manuscript, the authors used Claude Opus 4 (Anthropic) for the purposes of drafting support, language editing, and consistency checking of the extracted data. The authors have reviewed and edited the output and take full responsibility for the content of this publication.

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Bourbonnais, R.; Jauvin, N.; Dussault, J.; Vézina, M. Psychosocial Work Environment, Interpersonal Violence at Work and Mental Health among Correctional Officers. *Int. J. Law Psychiatry* **2007**, *30*, 355–368. [CrossRef]
2. Carleton, R.N.; Ricciardelli, R.; Taillieu, T.; Mitchell, M.M.; Andres, E.; Afifi, T.O. Provincial Correctional Service Workers: The Prevalence of Mental Disorders. *Int. J. Environ. Res. Public Health* **2020**, *17*, 2203. [CrossRef]

3. Edgelow, M.; Scholefield, E.; McPherson, M.; Legassick, K.; Novecosky, J. Organizational Factors and Their Impact on Mental Health in Public Safety Organizations. *Int. J. Environ. Res. Public Health* **2022**, *19*, 13993. [CrossRef]
4. Finney, C.; Stergiopoulos, E.; Hensel, J.; Bonato, S.; Dewa, C.S. Organizational Stressors Associated with Job Stress and Burnout in Correctional Officers: A Systematic Review. *BMC Public Health* **2013**, *13*, 82. [CrossRef]
5. Schultz, W.J.; Ricciardelli, R. Correctional Officers and the Ongoing Health Implications of Prison Work. *Health Justice* **2025**, *13*, 4. [CrossRef]
6. Dong, M.; Ren, Z.; Li, Y.; Ye, Q. Stress Begets Distress: The Association of Job Stress with Psychological Distress among Prison Police Officers. *Psychol. Crime Law* **2025**, *31*, 754–772. [CrossRef]
7. Jaegers, L.A.; Ahmad, S.O.; Scheetz, G.; Bixler, E.; Nadimpalli, S.; Barnidge, E.; Katz, I.M.; Vaughn, M.G.; Matthieu, M.M. Total Worker Health® Needs Assessment to Identify Workplace Mental Health Interventions in Rural and Urban Jails. *Am. J. Occup. Ther.* **2020**, *74*, 7403205020. [CrossRef]
8. Coulling, R.; Johnston, M.S.; Ricciardelli, R. "We Must Be Mentally Strong": Exploring Barriers to Mental Health in Correctional Services. *Front. Psychol.* **2024**, *15*, 1258944. [CrossRef]
9. Miller, O.; Bruenig, D.; Shakespeare-Finch, J. "The Job Changes You": A Reflexive Thematic Analysis of Australian Correctional Officer Mental Health. *J. Crime Justice* **2024**, *47*, 404–420. [CrossRef]
10. Ricciardelli, R.; Johnston, M.S.; Dorniani, S.; Taillieu, T.L.; Afifi, T.O.; Carleton, R.N. Occupational Stressors and Mental Health Disorders: A National Study of Correctional Service Providers in Canada's Provincial and Territorial Systems. *Int. Crim. Justice Rev.* **2026**, *36*, 101–122. [CrossRef]
11. Konyk, K.; Ricciardelli, R. Tough Lessons: Pathways toward Correctional Officer Resilience and Growth. *Traumatology* **2023**, *29*, 340–351. [CrossRef]
12. Johnston, M.S.; Ricciardelli, R. Documenting the Mental Health Climate in Correctional Work and the Realities of Suicide. *Front. Psychol.* **2023**, *13*, 1026821. [CrossRef]
13. Ricciardelli, R.; Carleton, R.N.; Johnston, M.S.; Dorniani, S.; Taillieu, T.L.; Afifi, T.O. A Canadian National Study of Provincial and Territorial Correctional Workers' Suicidal Ideation, Plans, and Attempts. *Stress Health* **2024**, *40*, e3476. [CrossRef]
14. Steiner, B.; Wooldredge, J. Individual and Environmental Sources of Work Stress among Prison Officers. *Crim. Justice Behav.* **2015**, *42*, 800–818. [CrossRef]
15. Dennard, S.; Tracy, D.K.; Beeney, A.; Craster, L.; Bailey, F.; Baureek, A.; Barton, M.; Turrell, J.; Poynton, S.; Navkarov, V.; et al. Working in a Prison: Challenges, Rewards, and the Impact on Mental Health and Well-Being. *J. Forensic Pract.* **2021**, *23*, 132–149. [CrossRef]
16. Konyk, K.; Ricciardelli, R.; Taillieu, T.; Afifi, T.O.; Groll, D.; Carleton, R.N. Assessing Relative Stressors and Mental Disorders among Canadian Provincial Correctional Workers. *Int. J. Environ. Res. Public Health* **2021**, *18*, 10018. [CrossRef]
17. Klinoff, V.A.; Van Hasselt, V.B.; Black, R.A.; Masias, E.V.; Couwels, J. The Assessment of Resilience and Burnout in Correctional Officers. *Crim. Justice Behav.* **2018**, *45*, 1213–1233. [CrossRef]
18. Stoverink, A.C.; Kirkman, B.L.; Mistry, S.; Rosen, B. Bouncing Back Together: Toward a Theoretical Model of Work Team Resilience. *Acad. Manag. Rev.* **2020**, *45*, 395–422. [CrossRef]
19. Miller, O.; Shakespeare-Finch, J.; Bruenig, D. Predicting Burnout, Well-Being, and Posttraumatic Growth in Correctional Officers. *Crim. Justice Behav.* **2024**, *51*, 724–742. [CrossRef]
20. Huang, Y.; Guo, H.; Wang, S.; Zhong, S.; He, Y.; Chen, H.; Zhou, J.; Wang, X. Relationship between Work–Family Conflict and Anxiety/Depression among Chinese Correctional Officers: A Moderated Mediation Model of Burnout and Resilience. *BMC Public Health* **2024**, *24*, 17. [CrossRef]
21. Johnston, M.S.; Ricciardelli, R.; McKendy, L. Improving the Mental Health of Correctional Workers: Perspectives from the Field. *Crim. Justice Behav.* **2022**, *49*, 951–970. [CrossRef]
22. Kahn, J.H.; Hucke, B.E.; Bradley, A.M.; Glinski, A.J.; Malak, B.L. The Distress Disclosure Index: A Research Review and Multitrait–Multimethod Examination. *J. Couns. Psychol.* **2012**, *59*, 134–149. [CrossRef]
23. Aranda-Hughes, V.; Wilson, J.; Rivera, N.; Richmond, I. "You Are Replaceable": A Social Exchange Analysis of Correctional Officer Burnout and Attrition. *Corrections*, 2026; *ahead of print*. [CrossRef]
24. Kossek, E.E.; Perrigino, M.B. Resilience: A Review Using a Grounded Integrated Occupational Approach. *Acad. Manag. Ann.* **2016**, *10*, 729–797. [CrossRef]
25. Ungar, M. Systemic Resilience: Principles and Processes for a Science of Change in Contexts of Adversity. *Ecol. Soc.* **2018**, *23*, 34. [CrossRef]
26. Ungar, M.; Theron, L.; Murphy, K.; Jefferies, P. Researching Multisystemic Resilience: A Sample Methodology. *Front. Psychol.* **2021**, *11*, 607994. [CrossRef]
27. Paton, D.; Violanti, J.M.; Johnston, P.; Burke, K.J.; Clarke, J.; Keenan, D. Stress Shield: A Model of Police Resiliency. *Int. J. Emerg. Ment. Health* **2008**, *10*, 95–107.

28. Masten, A.S.; Lucke, C.M.; Nelson, K.M.; Stallworthy, I.C. Resilience in Development and Psychopathology: Multisystem Perspectives. *Annu. Rev. Clin. Psychol.* **2021**, *17*, 521–549. [CrossRef]
29. Lambert, E.G.; Boateng, F.; Liu, J.; Tewksbury, R.; Zhang, J.; Jiang, S. Exploring the Effects of Multiple Dimensions of Organizational Justice on Correctional Staff Job Stress. *Prison J.* **2023**, *103*, 374–396. [CrossRef]
30. Luthans, F.; Avolio, B.J.; Avey, J.B.; Norman, S.M. Positive Psychological Capital: Measurement and Relationship with Performance and Satisfaction. *Pers. Psychol.* **2007**, *60*, 541–572. [CrossRef]
31. Antonovsky, A. The Structure and Properties of the Sense of Coherence Scale. *Soc. Sci. Med.* **1993**, *36*, 725–733. [CrossRef]
32. Munn, Z.; Peters, M.D.J.; Stern, C.; Tufanaru, C.; McArthur, A.; Aromataris, E. Systematic Review or Scoping Review? Guidance for Authors When Choosing between a Systematic or Scoping Review Approach. *BMC Med. Res. Methodol.* **2018**, *18*, 143. [CrossRef]
33. Arksey, H.; O'Malley, L. Scoping Studies: Towards a Methodological Framework. *Int. J. Soc. Res. Methodol.* **2005**, *8*, 19–32. [CrossRef]
34. Tricco, A.C.; Lillie, E.; Zarin, W.; O'Brien, K.K.; Colquhoun, H.; Levac, D.; Moher, D.; Peters, M.D.J.; Horsley, T.; Weeks, L.; et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann. Intern. Med.* **2018**, *169*, 467–473. [CrossRef]
35. Ouzzani, M.; Hammady, H.; Fedorowicz, Z.; Elmagarmid, A. Rayyan—A Web and Mobile App for Systematic Reviews. *Syst. Rev.* **2016**, *5*, 210. [CrossRef]
36. Gao, J.; Du, X.; Gao, Q. Analysis of Burnout and Its Influencing Factors among Prison Police. *Front. Public Health* **2022**, *10*, 891745. [CrossRef]
37. Vlach, F.; Klugerová, J.; Daněk, A. Tras las Rejas y Más Allá de los Límites: La Tensión Psicológica del Personal Penitenciario Profesional en la República Checa. *Interacción Perspect. Rev. Trab. Soc.* **2026**, *16*, 294–316. [CrossRef]
38. Lerman, A.E.; Harney, J.; Sadin, M. Prisons and Mental Health: Violence, Organizational Support, and the Effects of Correctional Work. *Crim. Justice Behav.* **2022**, *49*, 181–199. [CrossRef]
39. Gemmano, C.G.; Manuti, A.; Puleo, F.; Grattagliano, I. Le Relazioni tra Richieste/Risorse Lavorative, Benessere Organizzativo e Benessere Individuale in Agenti di Polizia Penitenziaria: Uno Studio Correlazionale. *G. Ital. Psicol.* **2024**, *51*, 489–516. [CrossRef]
40. Viotti, S.; Iob, G.; Converso, D. La Polizia Penitenziaria tra Compiti di Sorveglianza e Riabilitazione: Uno Studio sui Predittori del Burnout. *G. Ital. Med. Lav. Ergon.* **2017**, *39*, 240–248.
41. Connor, K.M.; Davidson, J.R.T. Development of a New Resilience Scale: The Connor–Davidson Resilience Scale (CD-RISC). *Depress. Anxiety* **2003**, *18*, 76–82. [CrossRef]
42. Smith, B.W.; Dalen, J.; Wiggins, K.; Tooley, E.; Christopher, P.; Bernard, J. The Brief Resilience Scale: Assessing the Ability to Bounce Back. *Int. J. Behav. Med.* **2008**, *15*, 194–200. [CrossRef]
43. Campbell-Sills, L.; Stein, M.B. Psychometric Analysis and Refinement of the Connor–Davidson Resilience Scale (CD-RISC): Validation of a 10-Item Measure of Resilience. *J. Trauma. Stress* **2007**, *20*, 1019–1028. [CrossRef]
44. McCreary, D.R.; Thompson, M.M. Development of Two Reliable and Valid Measures of Stressors in Policing: The Operational and Organizational Police Stress Questionnaires. *Int. J. Stress Manag.* **2006**, *13*, 494–518. [CrossRef]
45. Greenberg, N.; Tracy, D. What Healthcare Leaders Need to Do to Protect the Psychological Well-Being of Frontline Staff in the COVID-19 Pandemic. *BMJ Lead.* **2020**, *4*, 101–102. [CrossRef]
46. Farchi, M.U.; Peled-Avram, M. The ART of Resilience: A Theoretical Bridge across Resilience Perspectives. *Front. Psychol.* **2025**, *16*, 1556047. [CrossRef]
47. Clements, A.J.; Kinman, G. Job Demands, Organizational Justice, and Emotional Exhaustion in Prison Officers. *Crim. Justice Stud.* **2021**, *34*, 441–458. [CrossRef]
48. Okros, N.; Vîrgă, D. How Could They Feel Good? The Role of Psychological Needs Satisfaction in the Relationship between Stressors and Ill-Being. *Psihol. Resur. Um.* **2022**, *20*, 38–52. [CrossRef]
49. Zhang, Z.; Li, Y.; Wang, S.; Wang, J.; Huang, Y.; Wang, X.; Guo, H.; Zhou, J. Exploring the Impact of Workplace Violence on the Mental Health of Chinese Correctional Officers: A JD-R Model Approach. *Psychol. Res. Behav. Manag.* **2024**, *17*, 2865–2874. [CrossRef]
50. Bakker, A.B.; Demerouti, E. The Job Demands–Resources Model: State of the Art. *J. Manag. Psychol.* **2007**, *22*, 309–328. [CrossRef]
51. Jessiman-Perreault, G.; Smith, P.M.; Gignac, M.A.M. Why Are Workplace Social Support Programs Not Improving the Mental Health of Canadian Correctional Officers? An Examination of the Theoretical Concepts Underpinning Support. *Int. J. Environ. Res. Public Health* **2021**, *18*, 2665. [CrossRef]
52. Sallis, J.F.; Owen, N. Ecological Models of Health Behavior. In *Health Behavior: Theory, Research, and Practice*, 5th ed.; Glanz, K., Rimer, B.K., Viswanath, K., Eds.; Jossey-Bass: San Francisco, CA, USA, 2015; pp. 43–74.
53. Barasa, E.; Mbau, R.; Gilson, L. What Is Resilience and How Can It Be Nurtured? A Systematic Review of Empirical Literature on Organizational Resilience. *Int. J. Health Policy Manag.* **2018**, *7*, 491–503. [CrossRef]
54. Festinger, L. Cognitive Dissonance. *Sci. Am.* **1962**, *207*, 93–102. [CrossRef]

55. Keyes, C.L.M. Mental Illness and/or Mental Health? Investigating Axioms of the Complete State Model of Health. *J. Consult. Clin. Psychol.* **2005**, *73*, 539–548. [CrossRef]
56. Compton, C.A.; Brandhorst, J.K. Prison Is Power: Federal Correctional Officers, Gender, and Professional Identity Work. *Gend. Work Organ.* **2021**, *28*, 1490–1506. [CrossRef]
57. Dick, P. Dirty Work Designations: How Police Officers Account for Their Use of Coercive Force. *Hum. Relat.* **2005**, *58*, 1363–1390. [CrossRef]
58. Lentz, L.M.; Smith-MacDonald, L.; Malloy, D.; Carleton, R.N.; Brémault-Phillips, S. Compromised Conscience: A Scoping Review of Moral Injury among Firefighters, Paramedics, and Police Officers. *Front. Psychol.* **2021**, *12*, 639781. [CrossRef]
59. Williamson, V.; Murphy, D.; Lamb, D.; Kothari, R.; Tracy, D.; Greenberg, N. Experiences and Impact of Moral Injury in Prisons. *Eur. J. Psychotraumatology* **2025**, *16*, 2445899. [CrossRef]
60. Rogers, B.; Schill, A.L. Ethics and Total Worker Health®: Constructs for Ethical Decision-Making and Competencies for Professional Practice. *Int. J. Environ. Res. Public Health* **2021**, *18*, 10030. [CrossRef]
61. Cesana, M.L.; Giordano, F.; Boerchi, D.; Rivolta, M.; Castelli, C. Drawing to Reconstruct: Pilot Study on Acknowledging Prisoners' Internal and External Resources in a Penitentiary Institution. *World Futures* **2018**, *74*, 392–411. [CrossRef]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.