

Burnout among UK Prison Officers: The relationship with PTSD, Depression, and Resilience

Sydney Ward is a former BSc Psychology student, now a MSc Forensic Psychology Student, at the University of Lincoln. *Dr Lauren Smith* is a Senior Lecturer in Psychology at the University of Lincoln

Existing literature has identified elevated levels of occupational burnout, depression, post-traumatic stress disorder (PTSD) and low resilience levels in prison staff.¹ However, there is little known regarding the relationships between these variables in a prison officer (PO) sample. Research has identified, in other populations such as health-care workers, that depression, PTSD, and resilience are all significant predictors of job burnout.² Hence, the present study aimed to determine whether POs suffered from higher levels of burnout compared to other professions, in addition to whether there is a significant interaction between a POs' level of burnout and their levels of depression, PTSD, and resilience. It was hypothesised that levels of burnout, depression, and PTSD would be higher in the PO population, compared to the general working population. Resilience levels were also anticipated to be the lowest in the PO sample.

Prison Officer Burnout

Occupational burnout is the inveterate, protracted stress instigated by the chronic interpersonal and emotional pressures of a job role. The primary symptoms that manifest include emotional exhaustion, somatic fatigue, poor psychological wellbeing and physical health complications, such as type two diabetes.³ Professions that are more hazardous, have

high job demands but limited job resources, are associated with elevated burnout, increased turnover rates and higher quantities of 'absenteeism' (habitual non-attendance to one's work without legitimate endorsement from the organisation), impacting employee wellbeing and the economic proficiency of an employer.⁴

The key emergency services (police, fire brigade, physicians, military), are recognised as some of the most stressful vocations. Yet, the limited research conducted into POs has identified comparable job demands to the emergency services, in addition to higher levels of work-related stress, poorer psychopathology and elevated burnout, aptly deeming them the 'forgotten service'⁵ and the 'invisible ghosts of penalty'.⁶ It has been contended that, contrastive to the police force, where interactions with offenders are relatively transitory, POs are in consistent contact with high-risk individuals, therefore are more consistently exposed to stressful conditions. The prison environment has been routinely commented on as a demanding,⁷ unforgiving milieu for those incarcerated, hence the numerous psychiatric aids available to those in prison, yet there are limited resources accessible for prison staff to manage these stressors.

The Conservation of Resources theory hypothesises that, when a circumstance jeopardises or depletes necessary resources,⁸ an objectively stressful environment is generated. Between 2010 and 2013, as

1. Jaegers, L. A., Matthieu, M. M., Werth, P., Ahmad, S. O., Barnidge, E., & Vaughn, M. G. (2020). Stressed out: Predictors of depression among jail officers and deputies. *The Prison Journal*, 100(2), 240-261.
2. Luceño-Moreno, L., Talavera-Velasco, B., García-Albuérne, Y., & Martín-García, J. (2020). Symptoms of posttraumatic stress, anxiety, depression, levels of resilience and burnout in Spanish health personnel during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 17(15), 5514.
3. Lubbadah, T. (2020). Job burnout: a general literature review. *International Review of Management and Marketing*, 10(3), 7.
4. Bakker, A. B., & de Vries, J. D. (2021). Job Demands-Resources theory and self-regulation: New explanations and remedies for job burnout. *Anxiety, Stress, & Coping*, 34(1), 1-21.
5. Beacon, R. (N/A) The Forgotten Service. *Forensic Psychology Consultancy UK*, 1. <https://forensicpsychologyuk.com/the-forgotten-service-%E2%80%93-how-do-prison-staff-cope>
6. Liebling, A. (2000). Prison officers, policing and the use of discretion. *Theoretical criminology*, 4(3), 337
7. Franke, I., Vogel, T., Eher, R., & Dudeck, M. (2019). Prison mental healthcare: recent developments and future challenges. *Current Opinion in Psychiatry*, 32(4), 342-347.
8. Hobfoll, S. E. (1989). Conservation of resources: a new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513.

consequence of government ordered staffing cuts, the quantity of POs fell by approximately 30 per cent, losing over 86,000 years of experience.⁹ Looking at statistics from September 2021, these show that 47 per cent of prisons in England and Wales, were classed as overcrowded.¹⁰ Consequently, this means, at a minimum, there is a hazardous officer to prisoner ratio of approximately 1 officer to 3.6 prisoners, however, in some prisons this ratio is estimated to be a lot higher. It is also important to note that these statistics fail to consider that officers are not on shift 24/7, therefore, in reality, POs are dealing with a far larger ratio of prisoners when working on the wings, placing immense pressure on those working in this environment. The limited resources, understaffing, work overload and safety concerns put vast amounts of stress on the prison staff, alluding to why burnout increases significantly in the first year of employment, correlating to brief tenure within the job role.¹¹

Furthermore, it has been argued that there are organisational difficulties that contribute to the raised levels of burnout in PO's. The ambiguity regarding the objectives of one's job role (evident in prison staff being required to implement both rehabilitative and disciplinary procedures), insufficient training, lack of autonomy in decision-making, lack of professional worth and diminutive administrative support, are all prevalent in the prison service and are all associated with higher occupational burnout/emotional exhaustion.¹² Furthermore, job burnout is also correlated with increased chances of making major errors; in the prison service, this places both the officers and the prisoners at increased risk of harm.

Depression is a mood disorder that results in failure to function adequately; symptoms include suicide ideation, feelings of worthlessness and diminished pleasure.

Physiologically, occupational burnout has been equated as a predictor for somatic diseases, including hypercholesterolemia, heart disease and type two diabetes.¹³ Chronic stress results in the prolonged activation of the 'fight or flight' system; when the level of perceived threat does not diminish, endocrinal hormones, specifically cortisol, remain salient in the body, damaging the internal organs.¹⁴ Aptly, it has been reported that POs have significantly shorter life spans, higher rates of heart attacks, obesity, and hypertension compared to the general population.¹⁵ It is also interesting to note the elevated reports of presenteeism (continuing to attend work while sick) in prison staff; 92 per cent of officers stating they remain at work occasionally when unwell and 43 per cent stating that they always work when unwell. Officers are more likely to continue to work while experiencing mental health problems, compared to physical ailments; this is due to the unhealthy 'sickness culture' perpetuated by mental health stigma, minimal organisational support, and work overload in the prison service.¹⁶

Chronic stress exposure has also been linked with neuron atrophy and disrupted typical synaptic plasticity, resulting in dysfunctional psychopathologies, such as depression. Depression is a mood disorder that results in failure to function adequately; symptoms include suicide ideation, feelings of worthlessness and diminished pleasure.¹⁷ Prevalence rates of depression within the prison service have been identified as significantly higher than the general population. A previous study found that approximately one third of their PO sample reported depressive symptoms, with job burnout identified as the most significant predictor

9. Morris, Grahame. (2021). *Easington MP Reveals Prison Service has Lost 86,000 Years of Experience Since 2010*. <https://www.grahamemorrismp.co.uk/2021/04/22/easington-mp-reveals-prison-service-has-lost-86000-years-of-experience-since-2010/>.

10. House of Commons Library. (2021). *UK Prison Population Statistics*. <https://commonslibrary.parliament.uk/research-briefings/sn04334/>

11. Jaegers, L. A., Vaughn, M. G., Werth, P., Matthieu, M. M., Ahmad, S. O., & Barnidge, E. (2021). Work-family conflict, depression, and burnout among jail correctional officers: A 1-year prospective study. *Safety and Health at Work, 12*(2), 167-173.

12. Lubbadeh, T. (2020). Job burnout: a general literature review. *International Review of Management and Marketing, 10*(3), 7.

13. Salvagioni, D. A. J., Melanda, F. N., Mesas, A. E., González, A. D., Gabani, F. L., & Andrade, S. M. D. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PLoS one, 12*(10).

14. Mariotti, A. (2015). The effects of chronic stress on health: new insights into the molecular mechanisms of brain-body communication. *Future Science OA, 1*(3).

15. Cheek, F., & Howard, R. (1984). Stress management for correctional officers and their families. *American Correctional Association, 106*, 56-73

16. Kinman, G., & Clements, A. J. (2022). Sickness Presenteeism in Prison Officers: Risk Factors and Implications for Wellbeing and Productivity. *International Journal of Environmental Research and Public Health, 19*(6), 3389.

17. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

of depression.¹⁸ It is implied that POs are more susceptible to suffering with impaired mental wellbeing due to the high job demands, dangerous interactions with prisoners, absence of decision making, lack of social support and lack of resources compared to other professions. The preponderance of both burnout and depression in prison staff has also been linked to negative additional health consequences, including elevated suicide risk and higher risk of addictions.

Prison Officer PTSD

PTSD is stimulated from exposure to a traumatising event(s) resulting in involuntary, distressing recollections of the event(s) through flashbacks or triggering cues which may cause paranoia, detachment, and negative self-perception.¹⁹ A study in the USA found that 53.4 per cent of correctional officers reported PTSD symptoms; this was positively correlated with reports of burnout.²⁰ Burnout symptomology, including depersonalisation, emotional exhaustion and stress, have been identified as early symptoms, leading to PTSD development in PO's.²¹ PTSD prevalence in POs has been largely associated with this elevated exposure to violent encounters within the prison. Disconcertingly, the rates of PTSD in prison staff have been found as equivalent to PTSD rates of veterans who fought in the Iraq/Afghanistan wars.²² This comparison is comprehensible when the level of violence within prisons is considered;

PTSD is stimulated from exposure to a traumatising event(s) resulting in involuntary, distressing recollections of the event(s) through flashbacks or triggering cues which may cause paranoia, detachment, and negative self-perception.

in 2020 there were 8,476 inmate-on-officer assaults in England and Wales.²³

Heightened PTSD rates have also been depicted in officers who encounter suicidal prisoners, and between December 2019-December 2020, the rate of self-inflicted deaths was 0.8 per 1,000 prisoners.²⁴ Thematic analysis concluded that prison staff believe they are accountable when an inmate takes their own life, due to not feeling qualified and appropriately resourced to tackle prisoner mental health concerns.²⁵ However, due to the 'silence culture' among prison personnel, trauma

experienced is not adequately acknowledged and the available mental health support services are perceived as inaccessible. The accumulation of unresolved trauma in POs has been linked to hypervigilance, paranoia and immense distrust; without treatment/trauma interventions, these behaviours persist, even when officers leave the prison service.²⁶

Prison Officer Resilience

Resilience is the adeptness to recuperate after experiencing adversity; higher resilience levels have been suggested as a buffer to the adverse corollaries of stress. Individuals who are more resilient display an increased prospective for post-trauma personal development; it is more probable that they will avert the negative mental health consequences that are often prompted by intense stressors.²⁷ In prison staff, there are several elements ascertained with elevated resilience;

18. Jaegers, L. A., Matthieu, M. M., Werth, P., Ahmad, S. O., Barnidge, E., & Vaughn, M. G. (2020). Stressed out: Predictors of depression among jail officers and deputies. *The Prison Journal*, 100(2), 240-261.
19. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
20. Jaegers, L. A., Matthieu, M. M., Vaughn, M. G., Werth, P., Katz, I. M., & Ahmad, S. O. (2019). Posttraumatic stress disorder and job burnout among jail officers. *Journal of Occupational and Environmental Medicine*, 61(6), 505.
21. Boudoukha, A. H., Altintas, E., Rusinek, S., Fantini-Hauwel, C., & Hautekeete, M. (2013). Inmates-to-staff assaults, PTSD and burnout: Profiles of risk and vulnerability. *Journal of Interpersonal Violence*, 28(11), 2332-2350.
22. James, L., & Todak, N. (2018). Prison employment and post traumatic stress disorder: Risk and protective factors. *American Journal of Industrial Medicine*, 61(9), 725-732.
23. Ministry of Justice (2021). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2020 Assaults and Self-harm to September 2020*. London.
24. Ministry of Justice (2021). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2020 Assaults and Self-harm to September 2020*. London.
25. Sweeney, F., Clabour, J., & Oliver, A. (2018). Prison officers' experiences of working with adult male offenders who engage in suicide-related behaviour. *The Journal of Forensic Psychiatry & Psychology*, 29(3), 467-482.
26. Miller, M. (2019). *Corrections Officers' Scale of Trauma (COST)* (Doctoral dissertation, Carlow University).
27. Finstad, G. L., Giorgi, G., Lulli, L. G., Pandolfi, C., Foti, G., León-Perez, J. M., ... & Mucci, N. (2021). Resilience, Coping Strategies and Posttraumatic Growth in the Workplace Following COVID-19: A Narrative Review on the Positive Aspects of Trauma. *International Journal of Environmental Research and Public Health*, 18(18), 9453.

employment in male prisons with low suicide rates yet higher self-harm statistics, preceding suicide prevention education, personal encounters with suicide, perceived abundance of positive resources, affirmatory inmate-officer relationships and a sense of belonging in the PO social group.²⁸

The schemas and coping mechanisms that officers employ can also influence their resilience levels. Officers who utilise a 'deep acting' approach, actively attempting to experience the emotion perceived to be appropriate for the circumstance, have higher resilience and lower stress levels compared to individuals who employ 'surface acting'; exhibiting the contrasting emotion externally to what they actually feel internally.²⁹ Increased psychological wellbeing, lower burnout and higher life satisfaction has also been identified in officers who implement 'detachment'; compartmentalising their work-self from their home-self.³⁰ 'Detachment' is also used to eliminate emotional connectivity when contending with traumatic incidents, like inmate suicide; this technique has been associated with enhanced resilience. Concerningly, the 'detachment' strategy has also been associated with strained psychological wellbeing and work-family conflict; it is indicated that the frequent use of emotional disconnection leads to callousness becoming a dominant personality attribute.³¹ Hence, detachment techniques should be implemented with caution; although effective in the short-term, long-term consequences are not considered. Additional positive personal factors, including optimism, hopefulness and support systems, have also been correlated with lower PO burnout; these relationships being mediated by higher resilience levels.³²

Detachment is also used to eliminate emotional connectivity when contending with traumatic incidents, like inmate suicide; this technique has been associated with enhanced resilience.

From a neural perspective, resilience training has been demonstrated to alter the structure of the brain, by amending the depiction of fear in the amygdala and modifying brain plasticity.³³ There are no current studies investigating the influence of resilience training on PO's, although, a small pilot study, using mindfulness training on correctional officers in the USA, illustrated lower stress, improved psychological and physical health, post-training.³⁴ Previous research has ascertained an association between low resilience and high burnout in a PO sample, thus the ability to foster resilience may prove beneficial in the reduction of PTSD, depression and occupational stress in the prison service.³⁵

Methodology

The study, under discussion here, was administered using the web-based survey platform Qualtrics™ and distributed across the social media sites Facebook and Twitter; these were publicly available posts therefore available for anyone to access. Demographic information was collected, including age, gender, job title, past or current employment as a PO and if they had previously worked as a police officer/a fire-fighter/a medical professional or served in the military. 165 participants (83 female, 82 male) took part in the study, ages ranging from 18-64 years. 122 responses were retained: 66 (54.10 per cent) current POs (29 female, 39 male), 23 (18.85 per cent) prior POs (14 female, 9 male) and 33 (27.05 per cent) full-time employees in other professions (25 female, 8 male). Other professions included teachers, bus drivers and a postman. Previous research has alluded that employment as a physician, in the emergency services or in the military has significant implications on burnout, mental health and resilience levels.³⁶ To ensure

28. Slade, K., & Lopresti, S. (2013). *Promoting resilience in prison staff: research findings*. Nottingham Trent University.
29. Lee, L., & Madera, J. M. (2019). Faking it or feeling it: The emotional displays of surface and deep acting on stress and engagement. *International Journal of Contemporary Hospitality Management*, 31(4), 1744-1762.
30. Kinman, G., Clements, A. J., & Hart, J. (2017). Working conditions, work-life conflict, and well-being in UK prison officers: The role of affective rumination and detachment. *Criminal Justice and Behavior*, 44(2), 226-239.
31. Arnold, H. (2005). The effects of prison work. In A. Liebling & S. Maruna (Eds.), *The effects of imprisonment* (pp. 391-420).
32. Klinoff, V. A., Van Hasselt, V. B., Black, R. A., Masias, E. V., & Couwels, J. (2018). The assessment of resilience and burnout in correctional officers. *Criminal Justice and Behavior*, 45(8), 1213-1233.
33. Tabibnia, G., & Radecki, D. (2018). Resilience training that can change the brain. *Consulting Psychology Journal: Practice and Research*, 70(1), 59.
34. Hillhouse, M., Farabee, D., Smith, K., Nerurkar, J., Sahd, D., Bucklen, K. B., & Hawken, A. (2021). Mindfulness Training for Correctional Staff: A Randomized Pilot Study. *Corrections*, 1-15.
35. Klinoff, V. A., Van Hasselt, V. B., Black, R. A., Masias, E. V., & Couwels, J. (2018). The assessment of resilience and burnout in correctional officers. *Criminal Justice and Behavior*, 45(8), 1213-1233.
36. Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194-200.

it was only repercussions of working in the prison environment that were analysed, participants who currently or had previously worked as a police officer, fire-fighter, in the medical field or in the military, were excluded. Hence, 28 responses were removed because of the exclusion criteria. Responses from participants who had previously worked as prison officers were analysed separately from the PO and full-time employee samples, to determine whether no longer working in the prison service had any implications on their levels of burnout/mental health/resilience.

Participants were asked to complete a series of four questionnaires. The Brief Resilience measure (BRM)³⁷ to assess an individual's ability to recuperate after experiencing stress; The Burnout Test Maslach-Pines Burnout Measure Short Version (BMS-10)³⁸ to evaluate workplace emotional, physical, and mental exhaustion; The Abbreviated Post-Traumatic Checklist—civilian edition (PTL-6),³⁹ to screen for PTSD; and Beck's depression inventory short form (BDI-SF)⁴⁰ to evaluate the severity of depressive symptoms. The research received ethics approval from the University of Lincoln and links to support helplines, such as the Samaritans were provided.

Results and Discussion⁴¹

Contrary to what was hypothesised, a non-significant difference in the mean average of occupational burnout was found between POs, past POs, and full-time employees. Significance refers to the statistical probability that an effect on the outcome data is unlikely to be the result of chance. Thus, a non-significant finding suggests that effects observed are likely attributable to chance and not a specific cause or variable. Although a significant difference was not concluded between the samples, high levels of burnout were demonstrated by the PO population. It was not anticipated, however, that reports of burnout would also be raised in the full-time

worker population. However, when analysing this finding holistically, the overall heightened burnout levels may be attributable to the COVID-19 pandemic, which was still ongoing during data collection. Increased stress and burnout levels have been illustrated among a plethora of professions, from healthcare workers to teachers since the commencement of COVID-19.⁴² Interestingly, the prior PO sample displayed, although still relatively high, the lowest mean rank burnout level out of the three populations. Hence, the removal of the origin of the stress, by leaving the prison service, may have resulted in this lower mean rank of burnout.

Globally, prisons were unequipped to handle a highly infectious disease; the crowded structure of prisons did not easily allow for safety precautions such as social distancing.

Another potential explanation for the non-significant difference in burnout levels also regards COVID-19. Globally, prisons were unequipped to handle a highly infectious disease; the crowded structure of prisons did not easily allow for safety precautions such as social distancing. Subsequently, prisoners were confined to their cells for up to 23 hours a day, resulting in prison violence decreasing by 34 per cent.⁴³ It can be interpreted that the increase in prisoner isolation reduced workload, caused less safety concerns and created more clear role guidelines for PO's. These alterations in prison protocols potentially mitigated some of the key sources of PO

burnout, ergo resulting in the smaller difference in burnout between the three populations. It is theorised that, prior to the pandemic POs would have augmented burnout; future research must consider the impact COVID-19 had, not only within the prisons but, globally.

Correlational analysis determined that there was a positive correlation between occupational burnout and depression, in all three samples; as burnout increased, as did levels of depression. However, despite depression and burnout being presented as distinct paradigms, some argue that these conditions are not separate, rather they are the same thing (poor discriminative

-
37. Malach-Pines, A. (2005). The burnout measure, short version. *International Journal of Stress Management*, 12(1), 78.
38. Lang, A. J., & Stein, M. B. (2005). An abbreviated PTSD checklist for use as a screening instrument in primary care. *Behaviour Research and Therapy*, 43(5), 585-594.
39. Beck, A. T., & Beck, R. W. (1972). Screening depressed patients in family practice: A rapid technic. *Postgraduate Medicine*, 52(6), 81-85.
40. Full statistical findings can be accessed by contacting the author.
41. Jalili, M., Niroomand, M., Hadavand, F., Zeinali, K., & Fotouhi, A. (2021). Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study. *International Archives of Occupational and Environmental Health*, 94(6), 1345-1352.
42. Ministry of Justice (2020). *Violence involving prisoners*. Ethnicity facts and figures. London.
43. Meier, S. T., & Kim, S. (2022). Meta-regression analyses of relationships between burnout and depression with sampling and measurement methodological moderators. *Journal of Occupational Health Psychology*, 27(2), 195.

validity).⁴⁴ Contradictory to this, others argue that the pathologies are separate but are both influenced by stress; burnout being associated with work stressors and depression being 'context-free'.⁴⁵ Due to the underdetermined relationship between the two constructs, it is important to exhibit caution when interpreting the present study's findings; future research is needed to distinguish the relationship between the two features.

Furthermore, a significant positive correlation was identified between burnout and PTSD, in all samples. The significant interactions between burnout and mental health disorders, identified in the present study, emphasises the negative consequences fostered by an unhealthy work environment. It is argued that organisational change is required, within the prison service and other occupations, to manage understaffing, provide role clarity, increase safety and provide managerial support, to enhance employee wellbeing.

Preliminary research using stress-reduction interventions has shown promise in reducing burnout in prison personnel; stress management programmes used on correctional officers in the USA, enhanced their physiological markers (blood pressure, cholesterol etc.), improved their productivity and reduced their self-perceived emotional distress.⁴⁶ Due to the lack of overall research into wellbeing interventions for POs, it is difficult to determine an efficacious approach to mitigate stress in prison personnel. However, research has identified that trauma interventions, debriefs and routine screenings are beneficial in mitigating the effects of PTSD in other professions.⁴⁷ Thus, it is advised that further research is

conducted to identify the efficacious interventions that aid in the reduction of PO PTSD and burnout.

The current study identified a significant negative correlation between burnout and resilience in all three samples. This implies that, the more resilient an individual is, the less susceptible they are to becoming emotionally exhausted. Preceding literature has highlighted that, in POs, increased resilience is a mediating factor between reduced burnout and resilient-promoting factors, such as having an optimistic perspective and social support systems.⁴⁸ Providentially, resilience training has been portrayed as a tool that can promote cognitive growth and adaptation to adversity.⁴⁹ Unfortunately, there are no current studies exploring the effect of fostering resilience in the PO population, although, a previous pilot study using mindfulness training on correctional officers in the USA, did depict reductions in stress and an increase in psychological and physical wellness.⁵⁰ Further, resilience interventions, such as mindfulness practices, used on police officers have demonstrated enhanced overall wellbeing, increased job satisfaction and decreased stress/burnout.⁵¹ It is theorised that these improvements observed in police officers, would be generalisable to PO's due to the comparable job demands, reports of high burnout and rates of absenteeism. Hence, it would be of interest for future studies to examine the efficacy of resilience training techniques in increasing

the wellbeing of prison personnel.

Correspondingly, resilience training should also be considered to reduce the severity of depression and PTSD in POs; the present study's findings revealed significant negative correlations between resilience and

The significant interactions between burnout and mental health disorders, identified in the present study, emphasises the negative consequences fostered by an unhealthy work environment.

-
44. Koutsimani, P., Montgomery, A., & Georganta, K. (2019). The relationship between burnout, depression, and anxiety: A systematic review and meta-analysis. *Frontiers in Psychology, 10*, 284
 45. McCraty, R., Atkinson, M., Lipsenthal, L., & Arguelles, L. (2009). New hope for correctional officers: an innovative program for reducing stress and health risks. *Applied Psychophysiology and Biofeedback, 34*(4), 251-272.
 46. Skogstad, M., Skorstad, M., Lie, A., Conradi, H. S., Heir, T., & Weisæth, L. (2013). Work-related post-traumatic stress disorder. *Occupational Medicine, 63*(3), 175-182.
 47. Klinoff, V. A., Van Hasselt, V. B., Black, R. A., Masias, E. V., & Couwels, J. (2018). The assessment of resilience and burnout in correctional officers. *Criminal Justice and Behavior, 45*(8), 1213-1233.
 48. Tabibnia, G., & Radecki, D. (2018). Resilience training that can change the brain. *Consulting Psychology Journal: Practice and Research, 70*(1), 59.
 49. Hillhouse, M., Farabee, D., Smith, K., Nerurkar, J., Sahd, D., Bucklen, K. B., & Hawken, A. (2021). Mindfulness Training for Correctional Staff: A Randomized Pilot Study. *Corrections, 1*-15.
 50. McCraty, R., & Atkinson, M. (2012). Resilience training program reduces physiological and psychological stress in police officers. *Global Advances in Health and Medicine, 1*(5), 44-66.
 51. Brassington, K., & Lomas, T. (2021). Can resilience training improve well-being for people in high-risk occupations? A systematic review through a multidimensional lens. *The Journal of Positive Psychology, 16*(5), 573-592.

both depression and PTSD in all samples. Building resilience has been shown to mitigate the symptoms of depressive and trauma disorders, though resilience training has been conveyed as more successful when used as a prevention technique, prior to the development of poor psychological wellbeing, by equipping individuals to face adverse circumstances.⁵² Therefore, it is proposed that resilience techniques should be taught as part of prison officer training. Complementary use of counselling techniques following traumatic incidents, such as cognitive behavioural therapy, may also be beneficial in mitigating poor psychopathology in officers. However, a social change is also imperative to alter the PO 'sickness' culture; by increasing mental health awareness, accessibility to counselling services and reducing the stigma of asking for help, it is hypothesised that stress/depression/PTSD levels will decrease.

Regression analysis found, in accordance with former research, that high PTSD, high depression and low resilience were significant predictors of high occupational burnout. The model explained the most variance in the past officer sample (79.3 per cent); the higher the percentage, the more comprehensive the predictor variables are in explaining the outcome variable. Thus, it is implied that the high rates of PO turnover may be attributable to job burnout. Interestingly, when the PTSD variable was isolated from the model, it was non-significant for the prior officer sample. It has been posited that returning to a trauma site may exasperate PTSD symptoms such as flashbacks; since retired officers are no longer obliged to visit the prison, this may reduce their encounters with their PTSD triggers. When resilience was isolated from the model it was also non-significant; this was repeated in all three samples. Hence, it is suggested that a lack of

resilience on its own does not inherently result in burnout.

Furthermore, a comprehensive percentage of the variance for the PO sample was explained by the model (77.4 per cent); this suggests that PTSD, depression and resilience can be used to identify PO burnout. However, additional research has identified other variables associated in PO burnout, not acknowledged in the model; for example, anxiety disorders and insomnia.⁵³ Future research is encouraged to enhance the present

model by incorporating supplementary notions, such as anxiety, to explain the further variance in PO burnout.

Notably, the least variance explained by the model was identified in the full-time employee sample. PTSD, depression, and resilience separately were not significant predictors of burnout, however, when combined the model was significant, explaining 64.8 per cent of the variance. Thus, it is implied that there are other variables that significantly influence burnout in the non-officer population. Alternative research has theorised that personality type impacts susceptibility to occupational burnout; lower self-esteem, introversion, negative affectivity, and external locus of control have been linked with higher burnout.⁵⁴

Intriguingly, a longitudinal study discerned that after 4 years of working as POs, the sample demonstrated a decline in agreeableness and conscientiousness; these personality traits have been negatively correlated with burnout.⁵⁵ Neuroticism, which is positively correlated with burnout, was also shown to increase after 3-4 years of employment as a PO. Hence, it can be interpreted that the disparity in the amount of variance explained by the model, between the PO and non-PO samples, may be as a result of the prison officer occupation altering the personality dispositions of the officers.

Building resilience has been shown to relegate the symptoms of depressive and trauma disorders, though resilience training has been conveyed as more successful when used as a prevention technique.

52. Sygit-Kowalkowska, E., Piotrowski, A., & Hamzah, I. (2021). Insomnia among prison officers and its relationship with occupational burnout: the role of coping with stress in Polish and Indonesian samples. *International Journal of Environmental Research and Public Health*, 18(8), 4282.

53. Lovell, B., & Brown, R. (2017). Burnout in UK prison officers: the role of personality. *The Prison Journal*, 97(6), 713-728.

54. Einat, T., & Suliman, N. (2021). Prison changed me—and I just work there: Personality changes among prison officers. *The Prison Journal*, 101(2), 166-186.

55. Jaegers, L. A., Vaughn, M. G., Werth, P., Matthieu, M. M., Ahmad, S. O., & Barnidge, E. (2021). Work-family conflict, depression, and burnout among jail correctional officers: A 1-year prospective study. *Safety and Health at Work*, 12(2), 167-173.

Limitations

Foremost, participants were not asked to state how long they had been employed as a PO. The absence of this data poses an issue as it cannot be determined if newer officers participated; burnout has been shown to increase in the first year in the occupation but continues to increase year on year, thus inexperienced officers, theoretically, would report lower burnout, impacting the data collected.⁵⁶ Further, a lack of demographic detail was collected regarding rank/position of the officers; for example, the job role requirements differ between Band 3 POs and Band 4 supervising officers, therefore burnout may impact prison staff differently depending on their authority/position. This is fitting when considering that lack of job autonomy and poor managerial support is heavily associated with raised burnout. Future research should collect more comprehensive information to further understand the potential differences within the prison staff sample.

The use of self-report methodology produces additional shortcomings within the findings. A prominent disadvantage to self-administered questionnaires is the potential introduction of social

desirability bias. Likewise, it is contended that individuals lack introspective ability, therefore are unable to assess their ability, for constructs like resilience, accurately. Unlike experimental studies, causality cannot be directly established. Hence, it is suggested that prospective research should supplement self-report data, with longitudinal observations to determine the progression and prevalence of burnout in PO's.

Conclusion

Irrespective of the aforementioned drawbacks, the present study identifies the prominence of occupational burnout within current and former POs, but also within the general working public. Corresponding with preceding research, the current findings emphasise that PTSD and depression symptomology is correlated with raised burnout, yet higher resilience is associated with lower burnout. Thus, resilience is a skill that should be amplified; resilience training has been shown to influence better overall psychopathology, job satisfaction, reduce burnout and increase performance at work. This is impactful in guiding the practical applications for, not only the prison service, but to all working environments.