Article

Work Social Support and PTSD in Police Officers: The Mediating Role of Organizational Commitment

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Abstract: The military police officers of Rio de Janeiro are often exposed to critical incidents in routine work that may have a potentially traumatic effect on their mental health, such as post-traumatic stress disorder (PTSD). This study aims to explore the protective role of work social support (i.e., emotional, instrumental, and informational) and affective organizational commitment (and its mediation effect) in facing PTSD, considering these variables as essential resources in the work context according to the conservation of resources theory (COR) approach. This is a cross-sectional study, with a sample of 329 military police officers from Rio de Janeiro, Brazil, who were administered a questionnaire of sociodemographic variables, the Critical Incident History Questionnaire (CIHQ), the Post-Traumatic Stress Disorder Checklist 5 (PCL-5), the Perceived Social Support at Work Scale (EPSST), and the Affective Organizational Commitment Scale. It was found that only emotional support showed a significant association with affective commitment and PTSD symptoms. Affective organizational commitment, in turn, partially mediated the relationship between emotional support and PTSD. These findings shed light on the importance of organizations, such as the military police, in promoting the development of psychological resources like emotional support and affective commitment to mitigate PTSD and promote a sustainable work environment.

Keywords: post-traumatic stress disorder; police; social support; organizational commitment

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1. Introduction

Police officers are repeatedly exposed to potentially traumatic situations that put them at risk of developing post-traumatic stress disorder (PTSD) [1–3]. This is precisely the case for military police officers in Rio de Janeiro (Brazil), who perform visible policing, intending to deter criminal activity, primarily focusing on crime prevention. This mission involves these professionals' daily and permanent presence on urban streets, often in conflict zones [4,5].

Although there is variability (7% to 19%) in the prevalence rates of PTSD observed among police officers [2,6–8], there is also strong evidence that this disorder is highly prevalent in this occupational group, resulting in significant impacts on their mental and physical health, as well as on their social and professional functioning [9]. Police officers exposed to traumatic incidents report higher levels of fear, guilt, anger, irritability, feelings of giving up, and sleep disturbances [10]. This condition results in impulsivity and self-destructive behaviors [11]. Moreover, factors such as low productivity, early retirement, and absences due to health reasons may be related to the experience of mental illness at work, generating high organizational costs and compromising the quality of service provided [12,13].

According to the conservation of resources theory (COR) [14], PTSD consists of a possible trauma response an individual may exhibit when faced with an acute loss of significant psychosocial resources (i.e., safety, attachment, hope, and efficacy), which frequently occurs in the face of potentially traumatic situations, defined as serious events that include threats to life and well-being [15,16]. However, such resource losses can be facilitated or prevented, as the social environment can provide resources that can replace what is lost or optimize aspects that have been impacted to prevent negative responses to trauma. In other words, PTSD development will depend on the exchanges promoted by the social environment in which individuals are embedded [17,18]. Thus, recognizing that repeated exposure to risk is a structural factor of police officers' function, which results in a greater loss of resources, investing in the acquisition of new resources and maintaining current ones will likely help individuals to build repositories of resilience that are fundamental for PTSD prevention, as people who possess and retain more resources are more resistant to future losses and will better cope with trauma [14]. Therefore, acquiring resources in the workplace context can significantly contribute to preventing the deleterious effects of these experiences, and organizations can play an active role in this direction [18]. It is assumed that organizations with more substantial reserves of resources that promote reciprocal exchange with their members should better resist the effects of stress and respond to the challenges present in their mission [18].

In this sense, social support can be considered an essential source of resources, since individuals can access resources they may have lost or strengthen those they still possess to mitigate the significant loss caused by trauma. Specifically, social support at work has been highlighted as a crucial protective resource for PTSD among police officers [19–21].

However, despite the evidence of the importance of social support in mitigating PTSD, to our knowledge, previous studies have not analyzed the effects of different types of support (i.e., emotional, instrumental, and informational) [22]. This differentiation is particularly relevant given the complexity of police work, which includes using a series of equipment, the application of which is guided by laws, regulations, and protocols in environments with high cognitive and emotional demands. Thus, studying the relationship between different types of support and PTSD is expected to contribute to developing practical strategies for those professionals.

Additionally, it is essential to verify how the perception of different types of support at work contributes to the dynamics of exchanges of important resources to maintain a consistent repertoire that protects professionals against the risks they face, including the development of PTSD. Although receiving support results in the perception of available resources, professionals must also believe that investing in resources will produce future resources [23,24]. Thus, an individual's willingness and ability to invest in resources should be reflected in the relationship established with the organization, particularly in the commitment shown by professionals [25]. In fact, the affective commitment toward an organization, marked by a willingness to belong to it and its involvement in its mission and objectives, is associated with protecting valuable resources in the work context [26].

Based on the theoretical framework of COR [14], this study aims to analyze the mitigating effect of different types of support (i.e., emotional, instrumental, and informational) on PTSD in Rio de Janeiro police officers. Additionally, the current study aims to analyze affective organizational commitment as an explanatory mechanism in this relationship (as a mediating effect). This effect assumes that commitment will demonstrate the sustenance of a dynamic of investment and exchange of resources in this organizational context, contributing to cycles of resource gain and potentially contributing to positive outcomes in the face of traumatic experiences. This effect assumes that the perception of different types of social support at work will trigger an emotional connection with the organization for the worker. In turn, affective organizational commitment will offer protection against PTSD.

This research contributes to a better understanding of PTSD from the perspective of COR by distinguishing instrumental, informational, and emotional resources as protective factors in the face of the potentially traumatic situations faced in the daily execution of

police duties, which, consequently, have negative relationships with PTSD. In this study, on the other hand, considering this theoretical framework, affective organizational commitment is utilized as an explanatory mechanism in the relationship between the sources of social support and PTSD. Unlike previous studies that analyzed the direct relationship between social support and PTSD [9,21,27,28], or considered individual characteristics as mediators (e.g., resilience, gratitude, and life satisfaction) [29,30], this study explores the role of the emotional connection of the police officer with the organization, i.e., their affective organizational commitment, which is enhanced by social support but also protects against the development of PTSD. From a practical standpoint, this study may contribute to improving human resource management in police and military organizations, especially regarding formulating institutional strategies that promote increased trust in sources of organizational support, allowing these organizations to support their professionals and promote mental health. It is worth mentioning that mental health is relevant to all of the Sustainable Development Goals and is explicitly addressed in Goal 3 [31]. Therefore, by contributing to improving human resource management in police and military organizations, the organizations are implementing sustainable management, which will indubitably impact the work environment, but also benefit society, the economy, and the environment [32].

1.1. Social Support and PTSD

COR assumes that individuals and groups make efforts to protect, acquire, and preserve a variety of personal, social, and cultural resources that they employ to manage self-regulation and to respond to the demands they face daily in their personal, social, and professional lives [14]. In this sense, this theory advocates that stress results from the combination of internal and environmental processes of loss or threat of loss of these resources by individuals, groups, and organizations that leave them less capable of dealing with those demands [18]. Specifically, from this perspective, PTSD is a trauma response that occurs as a result of the abrupt and severe loss of sets of personal, social, or material resources that are integral to the self, survival, and social attachments in the face of traumatic events [17]. Moreover, COR posits that resource losses are more prevalent than gains (and that gains require more time and energy), and that cycles of loss are easily triggered after traumatic events, resulting in a successive and detrimental process of exhaustion of resources such as safety, attachment, hope, and self- and communal efficacy [24,33]. In fact, these resources become increasingly challenging to protect and maintain after a traumatic experience. Hence, with a reduced repertoire, individuals become more vulnerable, making the impacts of future stressors more likely and harmful [16]. In other words, multiple risk chains and cycles of resource loss explain the development of PTSD [16,34].

However, individuals do not protect or maintain their resources in isolation, but within what Hobfoll [14] referred to as resource passageways. This refers to individuals', groups', and organizations' abilities to share and exchange resources, keeping their reservoirs rich and accessible [35]. Therefore, containing the cycles of losses promoted by traumatic experiences can be achieved via the proper maintenance and development of resource exchange networks, such as those provided during or after a critical incident. This, thus, prevents the deleterious effect on mental health, namely the onset of PTSD [36]. Therefore, one's response to trauma depends on how the means of passage/transfer of these resources are maintained within the social context [17].

Social support is a relevant aspect of these social resource exchange interactions, as it can be understood as the interactive process between individuals and their environments—it aims to provide material, behavioral, or emotional assistance [37]. From this perspective, social support can be considered a privileged way to expand the resources available to individuals in order to meet environmental demands [38]. It can take different forms, such as instrumental, informational, and emotional resources, and it can come from various sources, like friends, family, and colleagues [22,39]. When applied to the work context, social support relies on the worker's belief that emotional (i.e., empathy, trust, and affiliation),

instrumental (i.e., tangible resources, such as instruments and task aid), and informational (i.e., guidance) resources can be offered by both the workplace network and the organization, which then becomes a vital source of support [40]. It should be emphasized that compared to the actual support received, perceived support, understood as the subjective feeling of being helped by others, seems more strongly related to positive outcomes [21].

The work of ostensive police involves acting in a multiplicity of risk situations that entail unpredictability and require competent and resolute action [41,42]. In this sense, police action depends entirely on adequate work support, which presupposes continuous professional qualification, the availability of updated and well-maintained work tools; clear and well-defined intervention protocols and rules applicable to the situations faced daily by these professionals; and bonds of trust between teams [42]. Thus, we can consider that it is essential to have instrumental support that provides material and tangible resources (e.g., adequate weapons, protective equipment, vehicles in good working condition, and investment for professional qualification), which decrease feelings of loss of control [39], a fundamental factor in maintaining a sense of security when carrying out risky activities; informational support that provides resources that allow for guidance and advice (e.g., communication and guidance on norms, laws, and protocols) to be provided in the decision making process in the theater of operations [43]; and emotional support that provides intangible resources (e.g., a spirit of camaraderie and team cohesion), which characterize the affective facet of interpersonal relationships within the corporation and confer the perception of being listened to and cared for, as well as that there is an empathetic and trustworthy environment that enables the expression of feelings and emotions [22].

We argue that all three types of support are important resources for preventing PTSD. As mentioned earlier, the COR theory of post-traumatic response relies on the role played by the loss of a set of resources such as security, hope, self-efficacy, and attachment. Hence, the different types of support described can provide a sense of objectively safe environments in the work context and especially in the execution of police duties. The sense of safety that results from the availability of instrumental, informational, and emotional support provides an objective reason for hope, community efficacy, attachment, and social bonding, important resources for preventing PTSD [17].

Some previous studies have shown that social support is associated with the mitigation of PTSD in police officers. For example, Stephens and Long [28] showed that emotional support from colleagues had a significant negative correlation with PTSD symptoms in New Zealand police officers. In Canada, Martin et al. [27], with police officers, and Vig et al. [21], with public safety professionals, observed that those who reported more social support were less likely to experience PTSD. In a study involving Brazilian police officers from the state of Goiás, it was also observed that social support at work was a negative predictor of PTSD [9].

However, these studies did not analyze different types of social support. As we mentioned earlier, we can distinguish the instrumental, informational, and emotional dimensions of social support [22], which may have prominent roles in the resources available to police officers to meet their situational needs, particularly in facing potentially traumatic situations. In this study, we aim to analyze how these three types of social support relate to PTSD in Rio de Janeiro police officers. Here, we put forward our first hypothesis:

H1. *Perceived social support in the work environment, specifically instrumental, informational, and emotional support, negatively relates to police officers' PTSD.*

1.2. The Mediating Role of Emotional Commitment

To analyze the effective dynamics of resource passageways promoted in the police environment, in this study, we chose to examine affective organizational commitment as a protective resource in the face of the resource losses resulting from the traumatic exposure that is typical in police duties.

This attitude constitutes an emotional bond of workers to the organization and depends on positive experiences that converge to promote well-being and increase the feeling of competence among employees [44]. In fact, the affective bond that a worker establishes with an organization depends on perceived organizational support [45]. Workers who consider that the organization supports them feel their needs are valued and met. In turn, they feel obliged to reciprocate with attitudes that benefit the organization [46]. In this sense, affective organizational commitment is associated with providing valuable resources for job performance [47,48]. In the specific case of police officers, it was found that perceived support at work contributed to increased organizational commitment in a study on 296 Brazilian police officers [49] and another study on 1931 German police officers [50].

Furthermore, the sense of identification with the organization associated with affective commitment enhances individuals' self-esteem and, consequently, allows them to face occupational demands without excessively compromising their available resources [38]. As they enjoy this organizational membership, they feel more confident in their abilities because the organization provides them with the resources needed. In addition, they feel more stable and secure [51], and can better deal with the stressors of their work without fearing an excessive loss of resources, which should translate into greater well-being. Although, to our knowledge, there are still no studies that have investigated the effects of affective organizational commitment on PTSD, there are studies in different organizational contexts that have found an association between affective organizational commitment and psychological well-being. For example, in [52], a longitudinal study on 409 Brazilian military personnel, an association was observed between affective organizational commitment and well-being (i.e., work engagement). Similarly, in a study involving 50 employees of a US public agency, Wright and Hobfoll [25] found a negative association between organizational commitment and chronic job stress (i.e., burnout).

Considering that the response to trauma is related to an acute and unexpected loss of socio-emotional resources, containing the cycle of losses promoted by traumatic experiences can be achieved by strengthening and intensifying the circulation of resources in a particular work context [17]. Thus, when police officers perceive the organization's provision of essential resources for coping with the risks inherent in their function (e.g., social support), they tend to reciprocate this investment through an emotional bond with that organization (e.g., affective organizational commitment). In turn, this relationship protects against PTSD in police officers exposed to critical incidents. Indeed, Panaccio and Vandenberghe [48], in a longitudinal study on 220 Canadian workers from different sectors, found that affective commitment had a mediating effect between perceived organizational support and well-being. Therefore, although that study used a different sample than that used in the present investigation, empirical evidence seems to suggest a possible mediating role of affective organizational commitment as a mechanism that contributes to explaining the relationship between social support and PTSD (i.e., a negative indicator of well-being). Thus, we have our second hypothesis:

H2. *Affective organizational commitment has a mediating effect on the relationship between perceived social support at work (i.e., instrumental, informational, and emotional support) and post-traumatic stress in police officers.*

2. Materials and Methods

2.1. Procedures

This cross-sectional study used data obtained through the completion of self-report inventories, the access link for which was made available via email. Firstly, meetings were held with commanders, directors, and team leaders to present the investigation and its objectives. Next, the professionals were presented with informed consent forms. After signing the consent forms, the professionals received the link with access to the questionnaire through the Qualtrics XM Platform.

For the development of this research, ethical aspects were considered to ensure the confidentiality of the evaluated police officers' identification, and the authenticity of the collected data was maintained by following the guidelines presented in CNS resolutions 196/96 (guidelines and regulatory norms for research involving human subjects) and 510/2016 (ethics in research in the area of human and social sciences) from the National Council of Health of the Ministry of Health—Brazil. This investigation was authorized by the Coordinator of Strategic Affairs (CAES) and the General Health Directorate (DGS) of the Rio de Janeiro Military Police State Secretariat.

2.2. Participants

This study included 329 military police officers from Rio de Janeiro (Brazil), which is 41.13% of the 800 invited. The sample consisted of professionals performing operational functions (56.9%: ostensive and ordinary policing on foot or motorized, specialized tactical policing, and police intelligence activities) or administrative functions (43.1%: secretariat, treasury, logistics, personnel control, etc.). The inclusion of professionals in administrative roles in this sample was based on previous findings that indicate that they may also be affected by PTSD in this institution due to the re-exposure to which they are also subjected throughout their careers in operational functions [6], even if they were in an administrative role at the time of participation.

The sample was mainly composed of men (75.7%), with a mean age of 41.2 years (SD = 5.82). Regarding education, 26.1% had completed higher education, 24.6% had completed secondary education, and 23.1% reported having attended university. The majority of participants lived with a spouse/partner (70.2%) and had 1 (31%) or 2 (30%) children. Concerning variables related to work, most participants were non-commissioned officers (38.9% sergeants and 33.4% corporals), 24.6% of participants had between 11 and 15 years of service, 23.1% had between 6 and 10 years, and 21.4% had between 21 and 25 years.

2.3. Instruments

In terms of perceived social support at work, the Social Support Perception at Work Scale (EPSST), developed by Gomide et al. [43] and previously used in Brazilian studies [53,54], was used to measure perceived social support at work. The scale consists of three dimensions, and for the perception of informational support measurement, six items were used (e.g., "Important information for work is passed on promptly", $\alpha = 0.92$). Six items were used for the assessment of instrumental social support (e.g., "Equipment is always in good condition for use", $\alpha = 0.80$), and five items were used for the measurement of perceived emotional social support (e.g., "People can share their personal problems with each other", $\alpha = 0.89$), evaluated using a four-point Likert scale (1 = totally disagree, to 4 = totally agree). We performed a confirmatory factor analysis (CFA) to examine the measure's psychometric properties. The three-latent-factor model showed an acceptable fit to the data (χ^2 (111) = 327,98, $p < 0.001$; SRMR = 0.08; IFI = 0.93; CFI = 0.93; RMSEA = 0.076). These findings seem to indicate that perceived social support at work can be conceived as a global factor composed of three specific types of support, namely informational support, instrumental support, and emotional support.

The Organizational Commitment Scale, the scale developed by Meyer et al. [55]), validated in Portuguese by Chambel and Sobral [56] and already having been used in a study involving Brazilian military personnel [52], was used to measure affective organizational commitment. An example item included in the scale is "I feel emotionally attached to this organization". The six items were answered on a 5-point Likert scale, ranging from 1 = "totally disagree" to 5 = "totally agree". This study found a satisfactory coefficient of internal consistency for the scale ($\alpha = 0.9$). To examine the psychometric properties of the measure, we performed a CFA. The tested model showed an acceptable fit to the data (χ^2 (7) = 20,873, $p < 0.001$; SRMR = 0.02; IFI = 0.98; CFI = 0.98; RMSEA = 0.078).

The Post-Traumatic Stress Disorder Checklist 5 (PCL-5), developed by Weathers et al. [57], used in a previous Brazilian study on military firefighters [58] and widely used in studies on police officers [59–61], was used to measure PTSD. PCL-5 is a scale where respondents indicate how much they have been bothered by different groups of symptoms in the last month. It is divided into four dimensions according to the DSM-5, containing five items for intrusion symptoms (e.g., "Repeated and disturbing dreams related to the traumatic experience", $\alpha = 0.92$); two items for avoidance symptoms (e.g., "Avoiding memories, thoughts, or feelings related to the traumatic experience", $\alpha = 0.86$); seven items for negative alterations in cognitions and mood (e.g., "Having strong negative feelings such as fear, horror, anger, guilt, or shame", $\alpha = 0.89$); and six items related to alterations in arousal and reactivity (e.g., "Feeling jumpy or easily startled", $\alpha = 0.85$). Responses corresponded to a 4-point Likert scale (1 = a little, to 4 = extremely). To examine the psychometric properties of the measure, we performed a CFA that showed an acceptable fit to the data (χ^2 (164) = 475,84, $p < 0.001$; SRMR = 0.056; IFI = 0.93; CFI = 0.93; RMSEA = 0.06), suggesting that the four dimensions are different types of symptom groups in the same broader construct of PTSD. Accumulated exposure to critical incidents during work was considered a control variable, as it has been identified as a risk factor for PTSD re-exposure [11]. The Critical Incident History Questionnaire (CIHQ) [62], a self-report measure designed to identify the frequency and severity of critical incidents in specific police duties, was used to assess accumulated exposure. The participants quantified the times (frequency) they were exposed to each of the described critical incidents. For this study, among the 34 items that make up the scale, 18 items were selected that described risks frequently experienced in police work in Rio de Janeiro, according to the police victimization report conducted by the military police of Rio de Janeiro [63] and an analysis by experts in the corporation. The final score was obtained by considering the average reported occurrences for each item [9].

2.4. Statistical Analyses

First, as proposed by Anderson and Gerbing [64], we tested our measurement model using confirmatory factor analysis (CFA). Then, we compared it with an alternative model using AMOS ver. 27. The maximum likelihood estimation method and covariance matrix were used in all analyses. Regarding the measurement model, we initially performed a CFA on the full measurement model [64]. This model, i.e., a five-factor model, includes all observed items' loadings on their latent variables: emotional support, instrumental support, informational support, affective organizational commitment, and PTSD. The latent variables were allowed to correlate with each other. We then conducted Harman's single-factor test [65], which involved a CFA where all variables were allowed to load onto one general factor, comprising a one-factor model.

After checking the fit of the measurement model using AMOS ver. 27, the studied variables' mean scores were computed, and correlational analyses were conducted to obtain a preliminary view of their relationships. Structural models were then performed to test our hypotheses. As mediator variables are explanatory mechanisms between two variables [66], our first step consisted of testing an indirect effects model—i.e., a fully mediated model—in which the direct relationships between the social support dimensions and PTSD were not included (Model 1). Our next step was to test a partially mediated model (Model 2), which included direct relationships between emotional, instrumental, and informational support and PTSD. First, we assessed χ^2. Given that χ^2 is sensitive to sample size [67], we additionally inspected the comparative fit index (CFI), the incremental fit index (IFI), the root mean square error of approximation (RMSEA), and the standardized root mean square residuals (SRMR). Levels of 0.90 or above for CFI and IFI indicate an acceptable fit [68], while values for RMSEA and SRMR below or equal to 0.08 suggest that the models fit the data reasonably well [68,69].

3. Results

3.1. Measurement Models and Descriptive Analysis

A test of the measurement model was conducted to control for common method variance and to establish discriminant validity [65]. The one-factor model (with all items of each studied variable, loading into one latent factor) exhibited a poor fit to the data (χ^2 (853) = 5281,04, $p < 0.01$; SRMR = 0, 13; CFI = 0.53; IFI = 0.53; RMSEA = 0.12). However, the five-factor model, i.e., the theoretical model (emotional support, instrumental support, informational support, affective organizational commitment, and PTSD), obtained an acceptable fit (χ^2 (842) = 1607.37, $p < 0.01$, SRMR = 0.06; CFI = 0.92; IFI = 0.92; RMSEA = 0.05). These analyses revealed that the factor structures of the research variables were consistent with the conceptual model and that the manifest variables loaded, as intended, on the latent variables.

Concerning the mean values, the results presented in Table 1 display that exposition frequency varied considerably among participants. It was also high, given that, on average, these professionals experienced at least one potentially traumatic incident per year (considering a 30-year career). Also, officers showed moderated levels of PTSD (M = 2.16 and SD = 0.74, considering a Likert scale of four points) and had relatively neutral perceptions of social support from the organization in the three different dimensions. Additionally, officers appeared to have slightly positive levels of affective commitment (M = 3.13 and SD = 1.05, considering a Likert scale of five points). Concerning the correlation matrix (Table 1), exposition frequency was significantly and negatively associated with the three types of social support and affective commitment and was significantly and positively related to PTSD. The three types of support showed a positive and significant relationship with affective commitment and a negative association with PTSD. Regarding the relationships among the studied variables, the correlations were generally consistent with the theorized pattern of relationships.

Table 1. Means, standard deviations, and correlation matrix.

	Mean	SD	r Sample				
			1.	2.	3.	4.	5.
1. Exposition frequency	54.36	90.12					
2. Emotional support	2.43	0.88	−0.14 **				
3. Instrumental support	2.03	0.72	−0.25 **	0.52 **			
4. Informational support	2.23	0.90	−0.22 **	0.64 **	0.71 **		
5. Affective commitment	3.13	1.05	−0.16 **	0.46 **	0.36 **	0.40 **	
6. PTSD	2.16	0.74	0.21 **	−0.35 **	−0.22 **	−0.24 **	−0.31 **

Notes: SD = standard deviation; ** $p < 0.01$.

3.2. Structural Models

The fully mediated model, Model 1 (χ^2 (883) = 1688.02, $p < 0.01$; SRMR = 0.075; CFI = 0.92; IFI = 0.92; RMSEA = 0.053), including indirect effects through affective commitment with no direct paths between the three social work support dimensions (emotional, instrumental, and informational) and PTSD showed an acceptable fit. However, the partially mediated model (Model 2) also provided a good fit (χ^2 (880) = 1672.63, $p < 0.01$, SRMR = 0.063; CFI = 0.92; IFI = 0.92; RMSEA = 0.052), this being significantly better than that of the fully mediated model ($\Delta\chi^2$ (3) = 15.39, $p < 0.01$). Therefore, we considered the partially mediated model (Model 2) the final model (Figure 1).

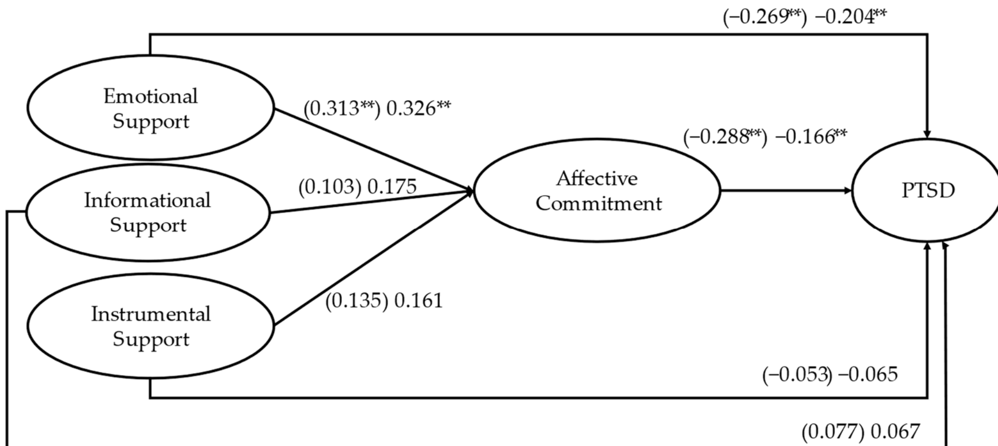

Figure 1. Standardized and unstandardized estimates for the model. Note: The results in brackets correspond to the standardized estimates. The results outside brackets correspond to the unstandardized estimates, ** $p < 0.01$.

Differently from what was expected, only the emotional support dimension was significantly related to PTSD (β = −0.269, $p < 0.01$, SE = 0.06); thus, H1 was partially supported, since instrumental (β = −0.053, n.s.; SE = 0.16) and informational support (β = 0.077, n.s. SE = 0.12) did not present a significant relationship with the dependent variable in the structural equation modeling analysis.

Concerning the mediating role of affective commitment, first, we verified (Figure 1) that the precondition for mediation testing was only met in the case of emotional support, i.e., the independent variable was required to exhibit a significant relationship with the dependent variable [66] (β = −0.269, $p < 0.01$, SE = 0.06). As such, the mediating role of affective commitment was only tested concerning the relationship between the emotional dimension of support and PTSD. The relationship between emotional support and affective commitment, and the relationship between affective commitment and PTSD were significant (β = 0.313, $p < 0.01$, SE = 0.077; β = −0.228, $p < 0.01$, SE = 0.049, respectively). In addition, the indirect effect was found to be significant (indirect effect = −0.071, SE = 0.026, 95% CI: −0.131 to −0.027). Thus, H2 was only partially supported.

The control variable (exposition frequency) contributed to explaining variance, since it was negatively related to instrumental support (β = −0.251, $p < 0.01$, SE = 0.00) and informational support (β = −0.230, $p < 0.01$, SE = 0.00), and positively related to PTSD (β = 0.172, $p < 0.05$, SE = 0.00).

4. Discussion

Based on the conservation of resources theory [18,24], this study observed that emotional support in the workplace had a negative relationship with PTSD among military police officers in Rio de Janeiro (Brazil), and affective organizational commitment partially explained this relationship. In fact, the emotional bond maintained with the police institution, which was also shown to be dependent on this emotional support, was also related to PTSD in these officers. Contrary to the expected, informational and instrumental support were not significant resources in explaining PTSD.

The contribution of emotional support to explaining PTSD is especially relevant. Despite the recognized benefits of social support in general, the specific role of the emotional dimension has been overlooked. For example, previous studies on emergency workers and police have tended to focus only on the presence or absence of social support [70,71], without distinguishing between the types of support that would be classified as functional by Cohen and Wills [22]. Despite the relevance of these previous studies, they constitute a limitation to a better understanding of the mechanisms involved in the process of social support.

According to the COR, understanding PTSD requires a contextual approach that considers the loss and protection of resources in group, organizational, and community contexts as crucial to the trauma response [16]. In fact, traumatic experiences challenge the maintenance of resources that constitute the self, survival, and social ties. This is more related to networks of resources available in events throughout life, particularly in the moments before and after trauma [17]. Repeated events challenge security, hope for the future, self-esteem, self-efficacy, and solid bases for intimate connections with supportive and loving others. These factors best explain PTSD, not only fear conditioning or the establishment of traumatic memories [17]. In addition, the avoidance, emotional dysregulation, and detachment inherent in PTSD [72] end up causing interpersonal difficulties and consequent distancing from social networks over time [73], resulting in successive losses of resources.

However, coping and self-regulation are inherently social processes [74], and are, therefore, influenced by individuals' interactions with members of their social network. In fact, the strategies relevant to overcoming trauma require interactions with close relationships, with emotional sharing being a coping process that contributes to satisfying individuals' socio-affective needs [75] and promotes social reintegration, which mitigates the negative interpretations that occur after a traumatic experience [76]. Thus, sharing distressing information can be necessary after a traumatic event to avoid resource losses and develop one's support network, thus avoiding future cycles of loss and possible negative responses to trauma [17]. In this context, emotional support appears to be an essential resource, as it would enable conducive environments for this sharing through empathy, concern, and trust [22].

Supporting these assumptions, Stephens and Long [28], in a study on New Zealand police officers, found that feeling supported in a safe environment where one can talk about a traumatic situation was an organizational factor of protection against PTSD. Similarly, in a study on Canadian police officers, it was observed that the perception of being able to talk about emotions related to trauma (disclosure) with trusted sources (colleagues) played a protective role against PTSD [77]. Additionally, Pitel et al. [78] found that the possibility of sharing reactions resulting from stressful situations, also among Canadian police officers, was associated with adopting more effective help seeking behaviors.

It is important to emphasize that the positive effects of emotional support concerning trauma are especially salient in the police context, which is characterized by a strongly hierarchical structure and a culture based on masculinity values that emphasize strength and discourage the expression of emotions [78]. In fact, in the case of the military police of Rio de Janeiro, the professional identity that combines the military condition with the institutional mission of the corporation gives rise to a sense of belonging based on the valorization of courage, bravery, and a taste for combativeness [79].

On the other hand, it is also worth noting that, contrary to expectations, the results of this study did not allow for the observation of a significant relationship between instrumental, informational support, and PTSD. Mathieu et al. [80] have argued that different types of social support may be salient in terms of explaining different outcomes. Similarly, Jolly et al. [81] emphasize that emotional support may be more critical for a high-quality social exchange relationship than is the instrumental support necessary for completing work. For example, in a meta-analysis that analyzed support from colleagues, Chiaburu and Harrison [82] emphasized that instrumental support was more strongly related to job performance than emotional support. In turn, emotional support was more strongly associated with job attitudes (e.g., satisfaction and commitment). The authors argued that emotional support has a positive impact on social relationships in general, beyond dual relationships. Thus, we can consider that, in this case, instrumental and informational support may not have been sufficient in the face of the complex effects resulting from traumatic events. Although these types of support may help individuals to deal with the practical challenges of police work, such as risky situations, they may not address the emotional and psychological needs essential to preventing these situations from triggering a maladaptive

response that culminates in PTSD. Also, it appears that emotional support, which adds to the maintenance of social ties, is more critical in this case. Therefore, we can consider that a police culture that emphasizes loyalty, solidarity, and a sense of shared identity, which can translate into emotional support, appears to be more protective against possible reactions to traumatic situations. Therefore, we observed that our initial hypothesis (H1) was partially supported, as only emotional support showed a significant association with PTSD.

The salience of emotional support is reinforced by the results of this study, observing that this type of support, unlike instrumental and informational support, is the one that presents a positive relationship with affective organizational commitment. The stronger the perception that there are people in the police institution who care for each other and are willing to help each other [83], the greater the feeling of being emotionally connected to the institution, consequently reinforcing its sense of affiliation. In fact, the greater the perception of support that allows for the satisfaction of emotional needs related to expressions of affection, understanding, and care [22], the greater the desire to remain in the institution because one identifies with its values, goals, and mission. The salience of emotional support in explaining affective commitment can be understood by the fact that emotional support and affective commitment have a common affective substrate [82]. According to COR, resources can have symbolic value when they help individuals to define who they are [14]. Consequently, we can expect that affective identification with the organization is related to this symbolic value of belonging, affiliation, and strengthening of professional identity, which is inherent to emotional support. Future research is desirable so that these findings can be replicated in order to broaden the understanding of the roles of different types of social support.

Finally, we observed that affective organizational commitment was an explanatory mechanism only for the relationship between emotional support and PTSD, indicating that the second hypothesis raised in this study (H2) was similarly partially supported. This finding indicates that affective commitment, consisting partially of a product of organizations that treat employees well [83], leads to positive results for individuals, since it protects individuals from work stressors and contributes to ensuring their well-being [84]. This finding aligns with the assumptions of COR, which considers that affective attachment to the organization reflects professionals' perception that, by having access to valuable resources, they can engage in situations with high demands [85]. The positive emotions characteristic of commitment contribute to expanding an individual's repertoire of resources that help them to cope with challenging situations and stress management, protecting professionals from future losses [26]. Therefore, we can consider that emotional support fosters the development of affective organizational commitment mindsets [48], which, in turn, are associated with the availability of resources (e.g., trust and self-esteem), resulting in greater well-being [38], i.e., lower levels of PTSD. In this sense, the results obtained in this study align with those found in previous studies and reinforce the positive association between affective organizational commitment and positive outcomes in the work environment [24,47,52].

Some of the limitations of this study need to be addressed. First, despite this not being a study of the prevalence of PTSD in this population, self-report measures are susceptible to bias, as police officers tend to be reluctant to report the symptoms involved in this syndrome [8,71]. Thus, it is recommended that future studies include complementary data, such as data collected through semi-structured interviews or objective clinical diagnosis data.

Second, this study has a cross-sectional design. As such, due to limitations in establishing cause and effect analyses, we recommend that longitudinal design studies be conducted to deepen our understanding of the effect of workplace support on PTSD over time in this professional group. Since the emotional dysregulation and avoidance inherent to PTSD [11] ultimately lead to interpersonal difficulties [73], analyzing the interaction of these two variables over time may provide new insights into their relationship.

Third, in this study, only the relationship between one contextual variable (i.e., social support) and PTSD was analyzed. However, several studies [29,70,86] have highlighted the importance of individual variables (e.g., personality traits and resilience) in explaining this syndrome. In this context, it is essential to emphasize that the COR seeks to better understand how psychological stress can be triggered and the degree to which resilience can be retained [17]. In this sense, conducting research that can deepen the understanding of the associations between social support at work and variables related to individual resources that promote resilience in this occupational group, such as psychological capital [87], is encouraged.

Finally, given the specificities of this organization of the military police (structure and mission) and the specific characteristics of the criminal dynamics of Rio de Janeiro, it is recommended that this model be replicated in other Brazilian and international police forces.

5. Conclusions

In summary, the results of this study support the assumption of COR that the maintenance and enrichment of the reciprocal passage of resources between individuals, groups, and organizations should be promoted to protect professionals from potential harm resulting from the risks experienced in their daily work [17]. Thus, professionals' abilities to maintain resources depend on the general structure and their work contexts. Organizations, managers, and workers play a fundamental role in this process [18]. Specifically, we were able to observe that emotional resources had greater salience in mitigating PTSD, partly because these resources allow for the development of an affective relationship with the organization, which, in turn, has a negative association with this stress syndrome. This finding is particularly important, as a more detailed understanding of the effect of different types of social support encouraged by organizations and conveyed by supervisors and teams may contribute to the formulation and implementation of organizational support policies more appropriately targeted to these professionals.

For the military police of Rio de Janeiro, institutional actions aimed at reducing police victimization have focused primarily on the distribution of personal protective equipment, the acquisition of equipment being considered more efficient in the execution of operational activities (e.g., armored vehicles), changes in policing strategies in critical areas, and tactical training [88], and we do not contest their importance. However, with regard specifically to PTSD, institutional actions aimed at improving interpersonal relationships and promoting team cohesion are still incipient, and the consequences of potentially traumatic experiences and the resulting mental illness are still primarily treated on an individual basis [89].

We attribute this fact to police culture, which influences the strategies of coping with risks that are most commonly adopted by these professionals. Among these is the disqualification of the expression of fear, aligned with a tacit code of conduct to which everyone must subordinate themselves under the penalty of feeling stigmatized [90]. Consequently, many cases of illness are difficult to detect by both bosses and colleagues, as well as by health professionals, making it difficult to access and provide adequate treatment or institutional support. However, camaraderie and solidarity among professionals are taught in training schools and reinforced in barracks, and they are strengthened in proportion to the imminence of risk situations [41]. This aspect can be considered an essential resource for constructing interventions that focus on emotional support and strengthening teams that promote peer support [91,92].

In this regard, peer support programs (PSPs) have been widely implemented in various police organizations. They involve the training of teams dedicated to assisting colleagues in the realm of mental health [93]. These programs are based on the premise that, as colleagues experience similar work situations, they can offer more genuine empathy and validation [94]. Additionally, fostering relational safety among peers makes it easier for individuals to disclose the challenges they face due to traumatic exposure in the workplace [95]. These programs have been developed in various models [1], and unlike crisis-specific intervention programs, they are continuous and more comprehen-

sive. They address personal and work-related issues beyond those traditionally covered in debriefing actions [92]. Furthermore, they have been shown to complement other mental health services [96]. In this context, institutional policies that implement such programs, as well as the introduction of the theme of peer support during police training courses, are essential for their effective implementation [97]. By conducting such interventions, police and military organizations are addressing the 2030 Agenda for Sustainable Development: "to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment" [98].

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Data Availability Statement: The data presented in this study are available upon request from the corresponding author. The data are not publicly available due to the military police's institutional data policy.

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