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Stress and psychosocial support for humanitarian personnel who work with child protection in emergencies

by

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Submitted in partial fulfilment of the requirement for the degree of Master of Social Sciences in Conflict Transformation and Peace Studies in the School of Social Sciences,

University of KwaZulu-Natal,

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November 2014.

DECLARATION

I, Sarah Kate van der Walt, declare that

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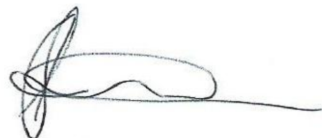

Signature

24 November 20

ACKNOWLEDGEMENTS

I am deeply indebted to the following for their abiding support and encouragement:

God Almighty: You have been my comfort, my motivation and my strength. You have showed me the true meaning of sovereignty and have been my rock and foundation. Thank you for your goodness and love towards me.

My Father: you believed in me when I didn't. You birthed in me a love for learning and have reminded me that you can never stop learning. Thank you for your wisdom and for the unique way that you live and approach life.

My Love (J.M. Coetzee): You have been my rock and my strength and I could not have gotten through this year without you. Your wisdom, kindness and strength have been my anchor in the storm.

My Family: my sister, my mother, my stepfather, you have always been a part of my life and have consistently become more than just family as you have become my closest friends. I couldn't have done this without your support and love.

My incredible friends: Mignon Hartwig, Zoe Coetzee, Lucien Glass, even though this year has separated us in distance and in time, you have always been close in your support thank you.

Dr. Alain Tschudin (Supervisor): You have been my supervisor of two years and have seen both sides of my academic ability, thank you for always choosing to see the better side and looking past the 'cause for' and knowing I could do better.

The School of Social Sciences (UKZN): for reminding me why it is important to be dedicated to your work, to push the boundaries and to push yourself further than you thought you could. I would not have been able to have completed this year without this reminder.

DEDICATION

To

Mr. Hendrik van der Walt, my dearest pops.

Your love, belief and presence has carried me through many unknowns. My only hope is that I can carry you through this next chapter of unknowns. Daddy thank you for your joy for life and reminding me that there is more to life. You have taught me much, you have been the best dad for me.

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ACRONYMS AND ABBREVIATIONS

ARC	Action for the Rights of Children
CPiE	Child Protection in Emergencies
CPWG	Child Protection Working Group
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross
INEE	Inter-Agency Network for Education in Emergencies
MhGAP	Mental Health Gap Action Programme
MPHSS	Mental Health and Psychosocial Support in Emergency Settings
PTSD	Post Traumatic Stress Disorder
PSS	Psycho-Social Support
PFA	Psychological First Aid
UNICEF	United Nations Children's Fund
UNHRC	United Nations Human Rights Commission
WHO	World Health Organisation

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ABSTRACT

There is a high percentage of returning humanitarian personnel suffering from PTSD, burn out, psychosocial distress and secondary traumatisation. The 2012 study by the Aid Security Database saw the highest exposure of humanitarian personnel to life threatening situations. However a review of literature has shown that it is the accumulative exposure to the day-to-day stresses that has resulted in an unprecedented percentage of humanitarian staff suffering with distress, PTSD and burn out. This dissertation examines the different themes that humanitarian personnel experience in regard to psychosocial distress. The experiences of humanitarian workers appear to follow a rhetoric of feeling overwhelmed, lacking teamwork, role confusion resulting in disappointment to reach goals, ethical dilemmas, a heavy workload and limited preparation for the work and the conditions. Other stresses included are chronic fatigue, separation from family, and lack of adequate resources or skills for the expected job. In conjunction with this is the exposure to life threatening situations, where there is a daily risk of physical harm and injury, constant exposure to danger, chronic fear and uncertainty and a sense of helplessness. A review of the literature also found that the following positive aspects lessened the prevalence of PTSD in humanitarian workers. These were, self-efficacy, family support, positive job-related feelings such as satisfaction and accomplishment, adequate training and team support.

The study is conducted through two theoretical frameworks, the first is general systems theory and the second, Moos's stress and coping theory. These two theories emphasise the importance of the environment, the context, overlapping variables and factors in order to offer adequate psychosocial support that maintains the wellbeing of the worker. The Moos stress and coping theory emphasises the current coping mechanisms that humanitarian personnel are utilising to recognise what else can be incorporated to ensure psychosocial wellbeing. This research is conducted to introduce a psychosocial wellbeing response for humanitarian organisations and personnel who work with child protection in emergency.

CHAPTER ONE: INTRODUCTION

1.1 Background and the need for the study

Humanitarian aid work is an important mechanism to achieve the universal humanitarian principles to protect the vulnerable by decreasing morbidity and mortality, alleviate suffering and enhance wellbeing, human dignity and quality of life (Kopinak, 2013). This makes humanitarian aid challenging as well as highly rewarding work when it is administrated according to these humanitarian principles. Humanitarian aid personnel are expected to be highly skilled and competent persons who are capable of responding to the demands of natural or man-made emergencies (ibid.). Child Protection in Emergencies (CPiE) is a sub-sector of the humanitarian aid work that responds specifically to the needs of children in situations where the child's security and development are threatened as a result of natural or manmade emergencies (Save the Children, 2014). The nature, demands and the environment of humanitarian aid work and CPiE make it highly stressful work.

Research has found that 30% of humanitarian aid workers experience noticeable symptoms of Post Traumatic Stress Disorder (PTSD) when returning from deployment (McEachran, 2013). Humanitarian aid work often takes place in insecure and volatile environments where human suffering is rife (Birch and Miller, 2005). The environment, the conditions and the responsibilities of humanitarian aid work exposes the humanitarian aid worker to extreme stress, which may in turn cause negative mental health consequences (Cardozo et al., 2012). Studies have shown that many humanitarian aid personnel display signs of stress disorders such as burn out, PTSD, distress, Acute Stress Disorders and secondary traumatisation to name but a few (McEachran, 2013). In conjunction with this, Shah, Garland and Katz (2007) found that those who work in humanitarian emergencies are more likely to experience physical, emotional and cognitive consequences that are found in stress disorders. The effect of humanitarian aid work upon the wellbeing of humanitarian aid workers has been the focus of many studies, however, few have focused on specifically humanitarian aid personnel who work with child protection in emergencies (CPiE) (Eriksson et al., 2009; Dawson and Homer, 2013; Satori and Fave, 2014; Deeny, 2007; Lloyd, King and Chenoweth, 2002; Shah, Garland and Katz, 2007; Ehrenreich and Elliott, 2004; Cardozo et al., 2012; Hearns and Deeny, 2007; Nilsson et al., 2011; Antares Foundation, 2012).

The acknowledgement of the effect and the conditions of humanitarian aid work has caused humanitarian aid organisations to introduce and implement policies, programmes and manuals regarding the management of stress. However, reports and studies show that there is still a high prevalence of humanitarian aid workers returning from deployment suffering from distress disorders (Antares Foundation, 2012; McEachran, 2013). This can be the result of multiple stressors such as physically demanding and unpleasant work conditions, culture shock, chronic fatigue, chronic fear, chronic uncertainty, separation from family, lack of adequate resources or skills for the expected jobs, constant exposure to danger, sense of helplessness or futility in the face of overwhelming need and exposure to moral or ethical dilemmas (Ehrenreich and Elliott, 2014).

In turn, McCormack and Joseph (2012) found that rescue workers and emergency personnel experience various effects from the exposure to traumatically stressful situations. It cannot be denied that humanitarian aid workers are exposed to high levels of violence and that they work in threatening environments. These factors result in high levels of stress which have been found to cause distress and stress disorders. The Aid Worker Security Database (2013) research found that the exposure to violence and life-threatening environments by humanitarian aid workers increased between 2011 and 2012. It is imperative that humanitarian aid organisations approaches to humanitarian aid stress and wellbeing become a priority, and that management policies thereof are implemented effectively. It does appear that the experiences of humanitarian aid workers and the humanitarian aid organisations' approaches to stress and wellbeing do not correlate as there remain a high percentage of humanitarian aid workers who suffer with stress disorders.

1.2 The importance of a holistic approach to wellbeing

Psychosocial wellbeing is a holistic approach to the wellbeing of a person. Actalliance (n.d.) define the term psychosocial as a:

> …reflection of the dynamic relationship between psychological and social processes. Psychological processes are internal; are comprised of thoughts, feelings, emotions, understanding and perception. Social processes are external; they are comprised of social networks, community, family and environment… Wellbeing depends upon what happens in a

variety of areas, that meeting at least some minimal level of need in each of these areas is necessary, and that these areas are to some extent interrelated.

Psychosocial wellbeing reflects the understanding that there is a correlation between the internal and the external aspects of a person through the interaction of the self and the environment. This emphasises the importance of recognising the interaction of multiple environmental, social and personal factors and how they affect the wellbeing of a person. The psychosocial wellbeing of a person is influenced through everyday events and is determined through a holistic lens (Negovan, 2010). This holistic approach to the individual will be the approach that this study takes in relation to the stress and support of humanitarian aid workers in CPiE.

Psychosocial stress is, in turn, when the demands of the surrounding environment are internally appraised and the person recognises that one does not have enough resources to fulfil the demands (Scott, 2014). For psychosocial stress to be resolved, the tensions that lie between the personal needs of the individual and the social world must be rebalanced and restored. One such mechanism is through the introduction of psychosocial support (PSS). This form of support takes a holistic approach to stress and demands placed upon the individual through the restoration of the person's needs and the establishment of a safe and supportive environment (ARC, 2009). When stress is unresolved it can lead to the development of stress disorders. These stress disorders have been recognised as PTSD, burn out, Acute Stress Disorders and secondary traumatisation. These disorders will be further explored in the literature review in Chapter Two.

Psychosocial stress experienced by humanitarian aid workers has not been adequately recognised despite there having been studies into the effects of stress and traumatic events upon the wellbeing of humanitarian aid workers (Cardozo et al., 2012; Eriksson, 2009; Shah, Garland and Katz, 2007). This, in turn, has informed the approaches of humanitarian aid organisations in assessing and supporting humanitarian aid personnel through the holistic definition of stress offered by psychosocial stress. The issue that arises is that although there have been policies and programmes that have aimed to address the stress of humanitarian aid workers, these have not been concerned with the cumulative daily stresses, but rather with the effect of traumatic events (Antares Foundation, 2012; WHO, 2011; IFRC, 2012). In light of

this, the research questions that inform the investigation into adequate support of humanitarian aid personnel will be introduced below.

1.3 Statement of research problem

The review of the relevant literature identifies that there is a failing of humanitarian aid organisations to adequately prevent humanitarian aid workers from developing distress disorders. The Antares Foundation (2012) found that Humanitarian aid workers continue to experience stress regardless of the provisions made by organisations. To remedy this failure the study will intend to investigate humanitarian aid workers' holistic experiences of stress, the contributing factors, and how these experiences correlate with psychosocial stress and PSS. The aim of this study is to address the lack of adequate support for humanitarian aid personnel by researching the experiences of humanitarian aid workers and the approaches of humanitarian aid organisations. This will inform the research questions, which follow.

1.4 Research questions

The research questions that will guide the study are:

1. What psychosocial stresses are humanitarian aid personnel who assist children in emergency situations exposed to?
2. What PSS is offered to humanitarian personnel who work with children in emergency situations?
3. Is this PSS adequate to prevent traumatisation and psychosocial distress of humanitarian personnel who work in CPiE?
4. If inadequate, what recommendations can be made to improve PSS in order to minimise the effects of psychosocial stress upon humanitarian personnel work with CPiE?

There are several objectives that inform these questions and the direction of this study. The first objective of this study is to recognise the failings of the current PSS that is offered to humanitarian aid personnel who work in CPiE. The second objective of the study is to identify what the PSS needs of humanitarian aid personnel who work in emergency situations are. The final objective is to develop PSS that adequately addresses the needs of humanitarian

personnel who work with CPiE. These objectives require investigation into the effects of the surrounding environment on the psychosocial wellbeing of humanitarian aid personnel.

These objectives also demand exploration into why there continues to be a prevalence of stress in humanitarian personnel and how these issues can be addressed in order to allow for better care of humanitarian staff, as well as ensure the effectiveness of humanitarian organisations. The study aims to better understand the experience of humanitarian aid workers during deployment and how organisations can adequately support them. To effectively propose a change in the current PSS approaches to humanitarian aid workers who work in CPiE the different factors that predispose humanitarian aid workers will be identified through the theoretical framework Von Bertalanffy (1969) General Systems Theory and Moos (Moos and Holahan, 2007) Stress and Coping Theory.

1.5 Research methodology and methods

The objectives and the questions of the research will be addressed based on explanatory, exploratory, qualitative, desktop research. Qualitative research allows for the research to be concerned with selected issues and to study these in depth in order to better understand the issues to be studied (Durrheim, 1999). The research methodology will be qualitative as the aim of the research is to give meaning to the experiences of humanitarian aid workers and how they reflect the causes of stress. Qualitative research aims to study issues based on their real life situations without manipulation in such a manner that does not simplify the problem into two separate variables to be studied (ibid.). Qualitative research is concerned with interpreting information to give it meaning and to make sense of the issues being researched (Silverman, 2003), and thus will be applied in this study.

In addition the study is exploratory and explanatory. It is exploratory as the research intends to formulate the study aims to inform a new understanding of the experiences and the causes of humanitarian aid personnel’s stress. Exploratory research is concerned with the framing of new ideas, conjectures or hypothesis relationships (Neuman, 2011). Exploratory research aims to gather basic facts and information about the issues and how they relate to the research, while creating a mental picture of the conditions (ibid.). The research will follow this design as it aims to gather the basic facts regarding the conditions and the experiences of humanitarian aid work and how these relate to stress and needs to be incorporated into PSS.

Explanatory research is concerned with the 'why' of issues, why are things the way they are and identifies why something occurs (Neuman, 2011). The study aims to investigate why there still remain a high percentage of humanitarian aid workers returning from deployment suffering from stress disorders.

The data that is to be collected as qualitative data is termed 'soft' data as it is rich in detailed descriptions of people, places and conversations and is not easily handled by statistical procedures. This is due to the fact that the aim of this data is to gather meaning and not statistics (Siegle, 2002). The concern of the data is to understand the problem from the subjects' perspectives (ibid.). The data which will include personal accounts, experiences and responses to humanitarian aid work will be selected through a desktop method and will employ an explanatory and exploratory approach (Reisz, 2009). Most of the research will be concerned with studies, articles, cases and literature regarding the experiences of humanitarian aid workers, as well as previous and current approaches to humanitarian aid workers' stress by humanitarian aid organisations. A preliminary research of the topic found that there has been little focus upon PSS and psychosocial stress of humanitarian aid workers who work in CPiE (Hurni, 2013; Ehrenreich and Elliott, 2004; Hearns and Deeny, 2007; Dawson and Homer, 2013; Cardozo et al., 2012 and Connorton et al., 2012), because of this there will be an emphasises of the humanitarian aid worker's experience.

To better understand the stress and psychosocial stress of humanitarian aid workers secondary sources will be gathered and analysed as the study is a desktop review. The method employed to collect data will be snowball sampling. Snowball sampling will be the most effective form of data collection for this study as sources will lead to other sources and sets of information (Katz, 2006). This type of data method is implemented in studies which are characterised as exploratory (Explorable, 2015). The approach of the data analysis will be exploratory which would entail that the data will be analysed using a thematic approach. The thematic approach will identify different themes which will be formulated from the experiences of humanitarian aid workers (Bruan and Clarke, 2006). Due to the limited sources regarding the experiences of CPiE the data will be preoccupied with humanitarian aid workers experiences. These findings will then be applied to CPiE humanitarian personnel stress and psychosocial support.

1.6 The structure of the research

This dissertation will comprise of six chapters. The first chapter will be the introduction of the research and so will introduce the research questions and the research problem. The research questions have been identified as follows: first, why is there a high prevalence of humanitarian aid workers who work in CPiE who suffer from stress disorders and second, what PSS is available for this population group? The importance of this topic will be discussed in light of the problem and the gap in research. The introductory chapter will conceptualise the questions, objectives and the aims of the study, while also introducing the methodology that will be used in the study.

The second chapter will be the literature review. This second chapter will familiarise the reader with the broader themes and terms that are to be studied in the research. These themes and terms are: humanitarian aid work, CPiE, stress, psychosocial wellbeing, stress and support and organisational approaches to the stress experienced by, and the coping models made available to, humanitarian aid workers. This literature review will uncover the gaps in previous research and will also provide focussed research into the research problems and questions. The aim is to introduce the reader to the problem as well as to the aims and intentions of the research study. The following chapters intend to conceptualise the study within the theoretical framework and to introduce and interpret the data.

Chapter Three will introduce the theoretical framework of the study which will be based upon two theories —Von Bertalanffy's (1969) General Systems Theory and the Moos (Moos and Holahan, 2007) Stress and Coping Theory. These two theories are holistic theories that interpret problems as the interaction of multiple variables within a system. The approach these theories take in regard to problems and the relations between different variables and how stress and coping are defined will be applied to the study.

The fourth chapter will be concerned with the gathering of data regarding the experiences of humanitarian aid workers and the approaches of humanitarian aid organisations to stress. The stress experienced by humanitarian aid workers will be divided into different themes that intend to reveal the complexity of the humanitarian aid workers' stress. Approaches of humanitarian aid organisations to stress will be categorised into the different organisational approaches to the wellbeing and the stress of humanitarian aid workers.

The fifth chapter of the paper will be concerned with critically engaging with the data that was gathered to identify what the needs of humanitarian aid workers are and how they can be interpreted into support programmes that best prevent the development of stress disorders. This chapter will also compare the approaches of humanitarian aid organisations to humanitarian aid workers' experiences.

The final chapter, Chapter Six, will offer recommendations for adequate PSS for humanitarian aid workers of CPiE. These recommendations will be based upon the conceptualisation of PSS and the needs and experiences of humanitarian aid workers, as well as the approaches of humanitarian aid organisations to the humanitarian aid workers stress and wellbeing.

The study is concerned with supporting the wellbeing of humanitarian aid workers as this allows for humanitarian aid organisations to effectively attain their goals and their mandates. The nature of CPiE work makes it imperative for the humanitarian aid workers to be healthy individuals as the work is highly pressurised and risky. The symptoms of humanitarian aid workers' stress drastically compromises the work of humanitarian organisations (Ehrenreich and Elliot, 2004). It is therefore imperative that the stress of humanitarian aid workers is adequately addressed. Insight gained from this dissertation will extend the existing body of knowledge concerning the management of stress for humanitarian aid workers in CPiE, and can be used to develop interventions to reduce its high cost.

CHAPTER TWO: REVIEW OF THE LITERATURE.

The nature of humanitarian assistance and action characterises humanitarian aid work as both stressful and traumatic (Eriksson et al., 2009). There have been multiple attempts by organisations and networks to emphasise the effect of humanitarian aid work on the humanitarian personnel. A review of the literature shows that there is a high prevalence of stress disorders and burn out amongst humanitarian aid personnel. These have been classified as Post Traumatic Stress Disorder (PTSD), acute stress disorder, vicarious traumatisation, secondary traumatic stress and compassion fatigue (Ehrenreich and Elliot, 2004; Connorton et al., 2012; Shar, Garland and Katz, 2007; Musa and Hamid, 2008; Cardozo et al., 2012; and Eriksson et al., 2009). These disorders have negatively affected the productivity and the efficiency of humanitarian aid organisations (Eriksson et al., 2009). Alarmingly what was found in the literature was that there has not been sufficient attention on humanitarian aid personnel who work in Child Protection in Emergencies (CPiE). Even though this work is often undertaken in volatile and insecure situations, with traumatised children and communities who have held witness to gross human rights violations (Save the Children, 2014). Limited attention to the experiences, stress and coping of personnel who specifically work in CPiE, caused the attention of the study to remain on the experience of humanitarian aid workers. The similarities between the experiences of humanitarian aid workers and those who work in CPiE are that they are responses to either manmade disasters or natural disasters that threaten the wellbeing of persons.

To introduce the relevant literature, there will be a brief explanation of humanitarianism, humanitarian assistance, stress and systems of coping. Following this will be an identification of psychosocial stress and an analysis of the response of humanitarian aid organisations to humanitarian personnel stress. The literature showed that there is a need for approaches that are tailored to meet the chronic daily stresses of humanitarian aid work. Rather humanitarian aid organisations have focused on the effect of once off traumatic events. The lack of data on CPiE personnel reinforces the idea of a “one size fits all” approach of support responses to traumatic events.

2.1. Contextualising Humanitarianism Assistance

The concept of humanitarianism promotes the protection of human rights, dignity and security. Humanitarian assistance is situated within this paradigm. Humanitarian work has been replaced on many occasions with humanitarian intervention (Trimm and Simms, 2011).

Which has been conceptualised as a political intervention rather than as a social intervention to promote human rights and security (ibid). Humanitarian assistance is different to humanitarian intervention as humanitarian assistance is not preoccupied with political interests or dynamics but is rather concerned with the wellbeing of persons.

Principles of humanitarianism inform both humanitarian assistance and intervention. Minn (2007) recognises that humanitarianism is conceptualised upon two elements, humanity and a relational element. In contrast to this, Skinner and Lester (2012) declare that originally humanitarianism promoted one value which was to alleviate the causes of suffering. This orientation of humanitarianism resulted in the development of the trans-Atlantic anti-slavery movement in the 18th Century. The development of humanitarianism turned it into an action term that responds to inhumanity specifically in conflict and war rather than the salvation of communities (Skinner and Lester, 2012). Yet in opposition to this Barnet argues that humanitarianism aims to save individuals but not to eliminate the causes of the suffering. The common idea of these different approaches of the definition of humanitarianism is the importance of the ending of human suffering. This implies that humanitarianism is an action term that responds to human suffering.

2.2.1. Humanitarian assistance and action

Humanitarian assistance has been simplified to two major proponents of aid and action that are oriented to save lives, end suffering, to uphold human dignity during insecure situations that threaten the security of persons (Global Humanitarian Assistance, 2014; Birch and Miller, 2005). The intent of humanitarian assistance is to ensure the wellbeing and respect of human rights. It has however developed to include action and intervention to support the implementation of democracy (Hardcastle and Chua, 1998). Humanitarian assistance in essence is concerned with the security of persons and the meeting of human needs to ensure the protection of a person's wellbeing.

Humanitarian assistance is situated in the idea of responsibility, that it is the state's and the international community's responsibility to ensure the wellbeing of citizens (Cliffe and Petrie, 2008). This has allowed for the justification of humanitarian intervention which is a political intervention that recognises the failure of a state to defend, protect and provide services that ensure the development and the respect of human rights and human dignity (Cliffe and Petrie 2008; and Hill, 2009). Humanitarianism is both a duty and an action that

guides the formation of humanitarian action and aid regardless of whether it is humanitarian assistance or humanitarian intervention.

Humanitarian action takes place when there is a humanitarian emergency. According to the Humanitarian Coalition (n.d.), a humanitarian emergency is conceptualised as an event or a series of events that threaten the health, safety, security or wellbeing of a community or a group of people. This conceptualisation of a humanitarian emergency implies that the situations of those who are deployed in humanitarian emergencies are exposed to high risk conditions. The characteristics of humanitarian work environments are that there is a large group of people to assist in situations where the infrastructures and services provided are highly compromised (Birch and Miller, 2005). In conjunction with this the work is often characterised as a situation of violence or a current conflict, high health risks and where communities are affected by physical and mental trauma (ibid). The goals of humanitarian action are peace, development and security which entails that humanitarian work takes place in either insecure conditions or highly stressful environments (Shannon, 2009). The goals and principles of humanitarian action entails that humanitarian work is highly demanding and takes place in precarious environments and insecure regions which are threatening to the wellbeing of humanitarian aid workers.

2.2.2. Child Protection in Emergencies.

The humanitarian sector has begun to encompass many different areas; one such focus has been child protection. CPiE is concerned with the wellbeing of children and the upholding of particular rights that ensure the security and safety of children in conflict (CPWG 2012, and Save the Children, 2014). This particular form of humanitarian aid work recognises the vulnerability of children in insecure situations and that children are in need of special protection (UNICEF, 2013). CPiE emphasises child protection in situations that are described as, when the child’s security and development are threatened as a result of armed conflict, there is a disaster or there is a breakdown of the social or legal order where the local capacity is unable to meet the child’s needs and development (Save the Children 2014). This humanitarian sub-sector is concerned with highly volatile situations where the wellbeing and rights of the child are at risk, this implies that CPiE work is extremely dangerous, pressurised and stressful. Humanitarian personnel in CPiE are exposed to events that are highly stressful and traumatic, as they offer support and care to distressed children in volatile and insecure situations.

Humanitarian aid work exposes the humanitarian worker to conditions that are highly stressful such as volatile conditions that threaten the security of the worker, challenging roles and exposure to others trauma (Save the Children, 2014; Cardozo et al., 2012; and Satori and Fave, 2014). The Antares Foundation (2012) identifies these conditions as sources of stress and the reason as to why a high percentage of humanitarian workers experience burn out, PTSD, secondary traumatisation, acute stress disorder and distress. The effect of humanitarian aid work has become more evident as there is a high percentage of staff that suffer from burn out while high levels of staff turnover has become a major issue for humanitarian organisations (Antares Foundation, 2012; and Min-Harris, 2011). The stress of humanitarian workers could result from multiple sources, the context of humanitarian aid work, the responsibilities and role afforded to humanitarians, the experiences and the work, exposure to others trauma, challenging living conditions and disconnection from family and friends (Jaffe, n.d; Antares Foundation, 2012; Eriksson et al., 2009; Cardozo et al., 2012; Satori and Fave, 2014.)

Jaffe (n.d., 137) proposes that humanitarian personnel's stress is perpetuated by the humanitarian personnel's strong desire to help which will often cause them to mask their own needs. Antares Foundation (2012) states that 30 percent of humanitarian personnel are returning home with PTSD. These statistics, the context of humanitarian personnel and the report of burn out and high levels of staff turnover all coincide to encourage the need to reassess the current staff care and support provided by humanitarian aid organisations.

2.3. Stress

Stress as a concept has become socialised to include a range of meanings that has conceptualised it as a term that has been applied to multiple circumstances causing a mistaken definition. The conceptualisation of stress has been wrought with vagueness since its conception. Everly and Lating (2013) state that the identification of stress begun with Hans Selye, in 1926, who conceptualised it as a term that encompassed the changes that an organism undergoes in response to a function, demand or damage. This definition of Hans Selye promotes the idea that stress is a response rather than a circumstance or phenomenon (Everly and Lating, 2013). The study of stress promotes the categorisation of the phenomenon of stress into three adjoined processes, firstly the sources, the mediators and the manifestations of stress (Pearlin et al., 1991; Hobfall, 1989; Thoits, 1995). Further, Wheaton and Montazer (2010) define stress as a three way process that includes the event or factor that

causes stress, and that the emotion and experience of stress which is distress. The approach and study of stress emphasise that stress is not a single phenomenon contrary to popular belief and understanding of stress. Rather stress is a sequence and organisation of responses and compounding factors that develop into distress. In order to understand the phenomenon of stress in relation to psychosocial stress of humanitarian personnel and adequate support there must be a further study done to dissect the sequence of events from stressor to stress and finally to distress.

The sequence of events compounding the development from stress source, to stress and finally to distress, is complex as it is highly individualised. There have been multiple theories and explanations that set out to explain the causes as to why distress develops. Some have centred upon the idea of identity and that stress causes distress as it threatens the perception of identity through role, expectancies and perceptions of the self (Burke, 1991). Stress theory according to Thoits (1991) associates the experience of stress to the inability of the person to adapt to the strain of the stress. Other stress theories have been more concerned with the psychosomatic processes that stress causes, and attribute the biological effects of stress stimuli to the cause of distress. Lazarus and Folkman (1984) in turn are concerned with the compounding of daily stress stimuli as stress is associated with the interaction of the person to the surrounding environment. The daily minor stressful experiences, which are termed daily hassles, are accredited as more distressful and threatening to the health and wellbeing to a person as appose to the greater stress events (ibid). The recognition of the stress of daily hassles will be the approach that this study will take in regard to the experience of humanitarian personnel.

The effect of stress has been far reaching ranging from negative, which is termed distress, to positive which has been labelled, eustress. Eustress in turn comprises the positive behavioural effects of stress, which are motivation, focus and initiative (Seaward, 2012). Distress is the negative impact of stress as, it is a negative out workings in behaviour and symptoms, which have been identified as anxiety and depression and distress disorders (Mckenzie and Harris, 2013). When distress is prolonged it can develop into PTSD, Acute Stress Disorder and burn out. The symptoms of PTSD, Acute Stress Disorder and burn out are similar in nature but are different in their intensity and out workings. The similarity of these three is that they all are psychological disorders from the effects of exposure to events which are identified as traumatic or stressful. Since there has already been an explanation of stress there needs to be a conceptualisation of traumatic events.

2.3.1. Traumatic stress

A traumatic event is an event which is subjective in nature; this implies that what constitutes an event as disturbing is dependent upon the individual (Hobfall, 1989). However there is a fundamental conceptualisation of a traumatic event, this is that the event must be termed as threatening to the individual. The event can either be threatening to the physical wellbeing of the individual or to another, or it can be psychologically threatening as it challenges the cemented self-schemas (a self-schema are the meanings that individual have assembled to interpret the world) of the individual (Horowits, 1990; Wastell, 2005; and Herman, 2010). The working conditions that CPiE personnel are exposed to can be termed as traumatic as the context of CPiE are threatening to the mental wellbeing due to the high pressure of the work, the exposure to dangerous situations and the exposure to traumatised communities and persons.

2.3.2. Stress responses

PTSD and Acute stress disorder are different in the time period that they occur in and the severity of their symptoms. Acute Stress Disorder symptoms occur between three and six months after the exposure to the traumatic event. Acute stress disorder includes dissociation, severe anxiety and hyper vigilance, avoidance of reminders of the trauma or stress and flashbacks and nightmares (Bryant et al, 2010). PTSD in turn is a prolonged stress disorder with intruding and disruptive symptoms that impair a person's daily functioning (ARC, 2009). Herman breaks down PTSD symptoms into three different categories; firstly it is the hyper arousal symptoms which are followed by intrusion and finally constriction (Herman, 2010). These symptoms are highly disturbing and affect the physiological and psychological wellbeing of the person. The distinct symptoms of PTSD are, mood swings, aggression, anxiety, fear, heightened awareness, withdrawal from others, insomnia and agitation (Krippner, Pitchford and Davies, 2007). There is a need to recognise these symptoms as many humanitarian personnel exhibit the symptoms of these two stress disorders. Understanding the symptoms of these disorders allows for appropriate responses by humanitarian organisations to support the wellbeing of humanitarian personnel who are exposed to stressful and traumatic events and develop these symptoms.

Acute stress disorder and PTSD are not the only stress disorders of those who are care givers or are exposed to traumatic and stressful events; these other stress disorders are termed as vicarious traumatisation, secondary traumatic stress and burn out. Pross (2006) declares that

those who take on the role of caregivers or supporters of victims of violence are highly susceptible to vicarious traumatisation, secondary traumatic stress and burn out. Baird and Krackern (2006) acknowledge that vicarious traumatisation is the negative changes that take place within the professional due to exposure to traumatic and stressful material. Secondary traumatic stress is the syndrome that displays PTSD symptoms but occurs due to the exposure to others traumatic and stressful experiences (ibid).

Burn out in turn has been defined as when workers become disengaged with their work due to the result of stressors that are associated with the job (Maslach and Leiter, 1997). Hayes (2013) has identified that burn out takes place in three processes, firstly there is an identification of the discrepancy between the demands and resources of the job, secondly the development of emotional strain, fatigue and anxiety and finally the worker develops defensive coping mechanisms. Most importantly to note of burn out is that it is not a flaw of the person's character; rather it is due to the social environment (Maslach and Leiter, 1997). Vicarious traumatisation, secondary traumatic stress and burn out are all directly related to the person's interaction with one's social environment and work conditions. The factors of the environment and conditions which cause vicarious traumatisation, secondary traumatic stress and burn out are found in humanitarian work, especially in CPiE.

2.3.3. Coping with stress

Burn out and stress disorders are effectively the result of inadequate coping mechanisms. Coping mechanisms should include both an analysis of the environment and evaluation of the challenges or demands (Montero-Marin et al., 2014). Montero-Martin et al. (2014) adopts the definition of coping that has been offered by Lazarus and Folkman (ibid, 2). Coping is defined as cognitive and behavioural efforts to manage specific internal or external demands that are appraised as taxing or exceeding the person's resources (Lazarus and Folkman, 1984). Montero-Martin et al (2014) are not the only authors to adopt this definition as so does Shah, Garland and Katz (2007), thus it would only be fitting if this study would also adopt this definition as it adequately address both aspects of coping which are the psychological and physical as well as the aspect of stress and the role of resources.

There are two different types of coping responses. These are emotion-focused coping and the other is problem-focused coping. These two different types have different approaches to stress. Emotion focused coping is directed at managing emotional distress, while with problem-focused coping the attention given to the altering of a troubled person-related

environment (Folkman and Lazarus, 1984). In relation to burn out, a study conducted by Shin et al (2014) discovered that emotion-focused coping was able to positively combat the symptoms of the stress disorder. In contrast to this Herman and Tetrick (2009) discovered that problem-focused coping was more effective for those returning from global career positions. Both styles of coping are effective in different circumstances and there needs to be adequate appraisal of the challenges, demands and the resources of the stress, when choosing which one to apply.

2.4. Psychosocial support and interventions

2.4.1. Psychosocial wellbeing

Psychosocial is a term that is used to recognise the interconnection between the psychological aspects of the human experience and the broad social experience and environment (ARC, 2009). Psychosocial support is concerned with the totality of a person’s experience rather than exclusive physical or psychological aspects of a person’s wellbeing (ARC, 2009). Psychosocial wellbeing is concerned with a holistic approach to a person’s wellbeing, which includes all aspects of health. According to INEE (n.d), psychosocial wellbeing encompasses the physical, cognitive, emotional, social, and spiritual. Psychosocial wellbeing is rather than a state of being is a process that incorporates social roles, moral values, positive relations and social support, life security and access to adequate services (ibid). This definition proposes that psychosocial wellbeing is influenced by a person’s interaction with the social environment. Negovan (2010) distinctly incorporates everyday events as an aspect of the social environment that affects the psychosocial wellbeing. An important aspect that has been identified by both Negovan (2010) and INEE (n.d) is that psychosocial wellbeing reflects the interconnectedness of the person to the various aspects of the overall wellbeing and the social experience.

The definition offered by Scott (2014) describes psychosocial stress as the result of a cognitive appraisal of what is at risk and what can be done to protect it. This conceptualises stress as the result of realising that one does not have the adequate resources to resolve the perceived stress (ibid). Psychosocial wellbeing shifts the prospects of a narrow clinical and medical definition of health to a holistic interpretation of health and wellbeing (Martikainen, Bartley and Lahelma, 2002). Psychosocial stress is when there is tension between personal needs and the social world and it is only when there is resolution of the problems that there can be restoration and balance (Coon and Mitterer, 2007).

Through the interpretation of a psychosocial understanding, a person responds to the social environment through internal responses that affects the wellbeing of the person. Psychosocial stress is formulated out of the cognitive responses to a threat or demand that appears to be unresolvable by the available resources. This causes stress as there is a gap between what the person is needed to achieve or resolve which results in a negative conceptualisation of the self. Psychosocial stress is therefore an internal response that encompasses the totality of the situation, which is described as the social environment and internal process. Approaching psychosocial stress must incorporate all aspects to ensure that there is adequate address of this stress. This is the difficulty of psychosocial stress as it is individualised as well as founded in the social environment.

Support is vital to the prevention of negative effects of psychosocial stress on the wellbeing and the health of the individual (Cohen and McKay, 1984). The two components of PSS is the fulfilment of a person's basic needs and the sense of a security with is informed from the establishment of a safe and supportive environment (ARC, 2009). Psychosocial interventions are more concerned with the natural reliance and support networks that promote coping and positive performance rather than the imposition of artificial support mechanisms (ARC, 2009). PSS is aimed at the manner in which support can be offered at the macro- and meso-level social processes in relation to psychological effects on the wellbeing of a person (Martikainen, Bartley and Lahelma, 2002).

The intention of PSS is a reflection of the definition of PSS which focuses on psychosocial support, coping and performance. The International Federation Reference Centre for Psychosocial Support (2009, p.25) states that the aim of PSS is to "protect or promote psychosocial well-being and/or prevent or treat mental disorder". Rather than taking a narrow and tunnelled approach to the wellbeing of a person, PSS attempts to address how the context of the person affects the wellbeing of the person. PSS is a holistic approach that is not only concerned with the internal processes of the person, but the external social environment and how these can be addressed to improve the wellbeing of the person.

2.4.2. PSS in emergencies for humanitarian workers.

There has been a limited amount of support programmes that are solely focused on the psychosocial wellbeing of the humanitarian aid worker. Rather these programmes are focused on training humanitarian aid workers to cope with the stresses of humanitarian context in such a manner that develops skills that assist them with the responsibilities of their work

(Elsharkawi et al., 2010). This reveals the attitude within the humanitarian sector that has shaped humanitarian organisations approach towards the management of the stress of their personnel. Rather than caring for the wellbeing of the personnel, humanitarian aid organisations are concerned with the high levels of staff turnover, achieving their goals and their reputation. Regardless these organisations have the responsibility to adequately train, support and assist the humanitarian aid worker.

The Antares Foundation (2010) has published a handbook on the Management of Stress in HumanitarianWorkers which emphasises the need for adequate approaches at all levels of the humanitarian workers experience. The principles to ensure good practice are policy, screening and assessing, preparation and training, monitoring, on-going support, crises support and management, end of assignment support and post assignment support. However the Antares Foundation seems to take a vague and unfocused approach to the stress and care of the humanitarian aid work. This appears to be reflected in other handbooks that have been printed as the intention is not to promote wellbeing but to lessen the percentage of those who suffer from stress disorders (WHO, 2011; People in Aid, 2009; UNHCR, 2010; and the IASC, 2007). Rather than having approaches and programmes respond to statistics of humanitarian workers who suffer from stress disorders there should be an adequate appraisal of humanitarian personnel's experiences.

Humanitarian aid organisations have associated stress with negative connotations; this has ensured that those who are suffering from stress related disorders, such as burn out, PTSD, secondary stress disorder and acute stress disorder will often remain untreated. Those that have been treated for stress related disorders are labelled as damaged goods or cowards and are seen as liable to have other future problems (Barber, 2011). The attitude towards those who have been treated for stress related disorders and the silent disapproval that characterises the approach of humanitarian aid organisations in regard to staff care and mental health mirrors the lack of support for humanitarian aid workers in relation to mental health and wellbeing. What was found in the literature review was that there was a lack of internal policies that promoted rest and relaxation and the management of stress and support. Such was evident in the IASC (2010), approach to the wellbeing of staff; rather than emphasising the need for rest and relaxation and continual support there was an emphasis that the person is to receive medical care. This approach by the IASC (2010) promotes a medical model rather than a holistic approach that incorporates the psychosocial wellbeing of the person.

2.5. Rhetoric of Humanitarian aid organisations.

Humanitarian aid workers were forced to find ways to cope as the culture of humanitarian aid organisation negatively stigmatised those who suffered from previous stress disorders. Shah, Garland and Katz (2007) describe the humanitarian aid culture as being more preoccupied with the concerned of those that the work is orientated towards rather than the care of the worker. The pervasive belief in humanitarian aid organisations is that, those who receive or seek out psychological care are suffering from debilitating mental illness (ibid). Ehrenreich and Elliot (2004) found from their interaction with humanitarian aid workers that humanitarian aid organisations were unsympathetic and unsupportive in their response to workers who had experienced work-related emotional distress. The rhetoric in humanitarian aid organisations is a culture of denial in terms of negative psychosocial impact of exposure to the stresses of humanitarian aid work which is informed by the idea of being "macho" (ibid). The approach and the narrative of humanitarian aid organisations does not offer a supportive and caring environment for those suffering from stress disorders rather the humanitarian aid worker is to suffer in silence and shame.

2.5.1. Inadequate training programmes, debriefing on pre- and post-deployment

Most studies conducted revealed that few humanitarian aid personnel had received adequate training or were appropriately debriefed prior to deployment or post-deployment (Hearns and Deeny, 2007; Shah, Garland and Katz, 2007; Ehrenreich and Elliot, 2004). To prevent stress disorders there is a need for those who have been exposed to stressful and traumatic environments during previous deployments to receive some form of integrative processes to ready the worker for redeployment and to prevent chronic and cumulative distress (McCormack and Joseph, 2012; and Eriksson et al., 2012). Bjernald et al (2004) proposes that the best way to offer support is for there to be adequate and appropriate preparatory training before deployment. However Bjeneld et al. (2004) discovers that even though large sums of money are spent on humanitarian assistance little is invested in training. This is not the only area where humanitarian organisations have failed. There have been limited policies implemented and introduced in humanitarian aid organisations in regard to: the criteria in which humanitarian aid workers are recruited, how workers are to be trained and awareness-raising programs and finally counselling and support (Shah, Garland and Katz, 2007).

2.5.2. Coping mechanisms

Eriksson et al. (2012) undertook a study to identify the risk factors and the resilient factors of humanitarian aid workers. Eriksson et al. (2012) learned that the self-employed coping mechanisms were all positive, with the majority avoiding drugs, exercise, non-abusive use of alcohol, healthy sleeping the use of humour and the writing of letters or emails. While motivation to continue working was based on the perception of the contribution of aid work to the betterment of the world and to help those less fortunate (Eriksson et al., 2012; and Dawson and Homer, 2013). However, Dawson and Homer (2013) research found that there was a high prevalence of lifestyle and risk-taking behaviours among humanitarian aid workers, such as increased alcohol use and sexual behaviour, while stress, exhaustion and sleeping problems affected staff. Self-motivation and self-employed coping mechanism were centred upon the perceived assistance that they were able to provide to alleviate the suffering of others.

Even though humanitarian personnel are able to employ personal coping mechanisms it is still the humanitarian organisation's responsibility to offer support. This support can come in multiple forms such as appropriately selecting and training their staff and establishing systems that allow for communication and feedback during field assignments (Eriksson et al., 2009). Ehrenreich and Elliot (2004) found that humanitarian aid organisations did offer crisis debriefing and crisis services but few had regular staff support services. McCormack and Joseph (2012) state that there are no exposure-specific measures to assist humanitarian organisations in how well their personnel are adjusting and are reintegration after an adverse experience. These all create the illusion that the humanitarian aid organisation has not undertaken appropriate measures concerning the wellbeing of the worker.

CHAPTER THREE: THEORETICAL FRAMEWORK

The theoretical framework of the current research will be informed by a systematic approach offered by Von Bertalanffy's general systems theory and Moos's Stress and Coping model. The general systems theory is an element of systems theory which recognizes that it is the interaction of variables within their greater context that create and maintain problems (Smith-Acuna, 2011). General systems theory states that systems cannot be explained within the framework of linear causality or through the simple relationship of a limited number of variables (Von Bertalanffy, 1969). It rather proposes that there are a number of known and unknown variables interacting in a system (Von Bertalanffy, 1969). This interaction of variables is what causes a problem, thus both the interaction and the variables must be identified and analysed. Friedman and Allen (2011) acknowledge that a general systems theory approaches systems through a continuum that encompasses problems in its environment. The general systems approach is concerned with the complexity of problems and that it cannot be explained through a simple linear explanation rather problems are to be positioned in a complex relationship of interacting variables.

3.1. General Systems theory.

General systems theory recognises that the problem or the concept to be understood cannot be explained in its entirety when it is simplified to an interaction between only limited numbers of variables. Von Bertalanffy (1969) stresses that the crux of a general systems theory is that all problems, are aspects of wholes or systems, thus there are many known and unknown variables that can contribute to the problem. Circular causality replaces linear causality which ensures that the system becomes self-regulating through the interchange between the feedback of output and input in the endeavour to reach a particular goal (ibid). Friedman and Allen (2011) explain this as a mechanism of growth and change, which overlap with other systems. Problems become defined as the interconnection of multiple systems that have intertwined numerous variables that are both known and unknown. Problems are then to be understood as a system and not to be simplified to a linear relationship of only a few variables.

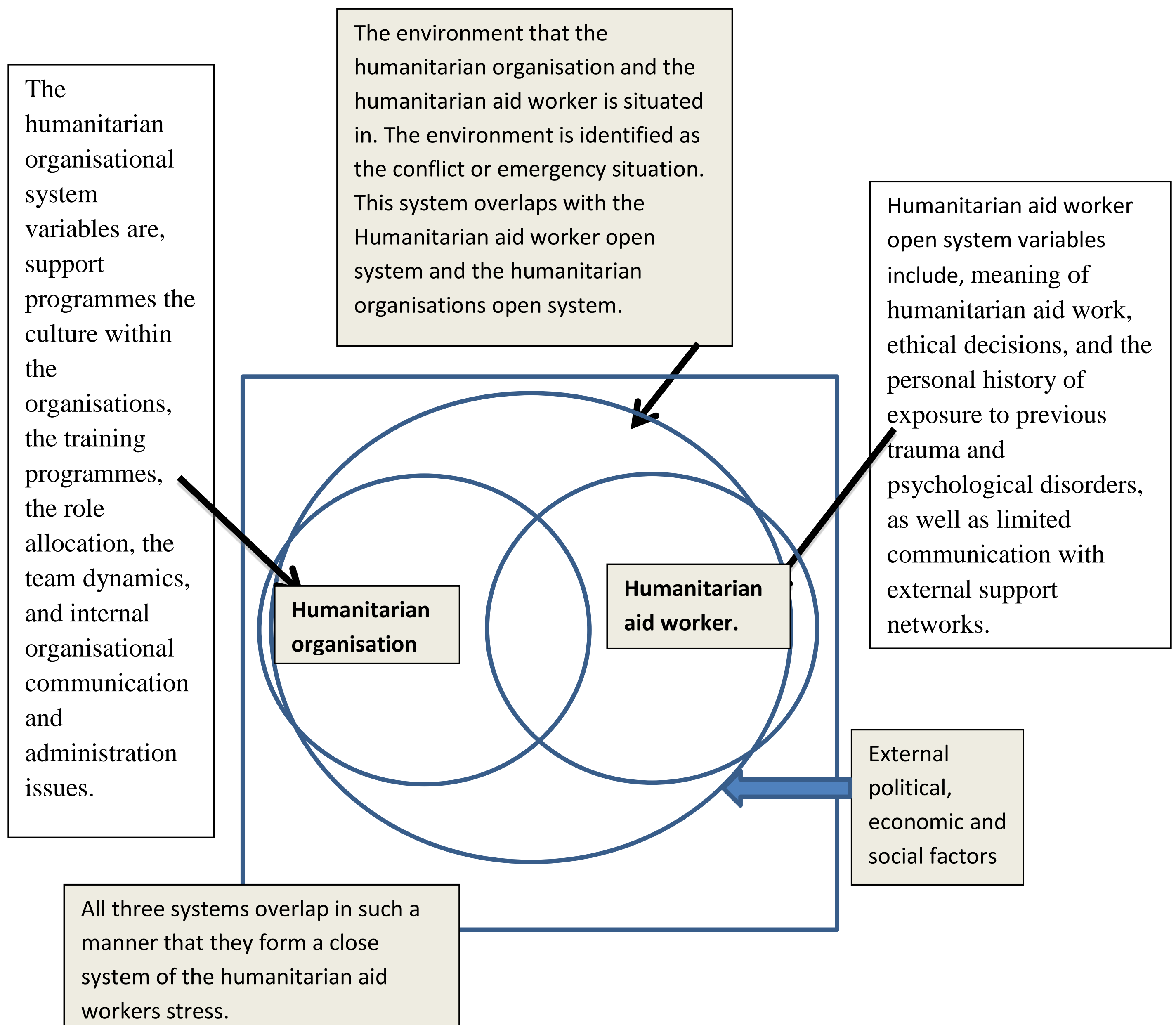
A problem is found within a system that is comprised of a correlation amongst variables and the environment. Von Bertalanffy (1972) defines a system as a set of elements which are

interrelated amongst themselves and with the environment. This proposes that there is a cause and effect between the system and the environment, and that the system becomes characterised as one in constant change and interaction with multiple variables (Friedman and Allen 2011). Von Bertalanffy (1972) further introduces the concept of the boundaries of systems. Boundaries have been partially defined by norms and customs which differentiate systems from one another while implying that each system is a unit of wholeness that separates it from other systems (Friedman and Allen, 2011). An open system is a system that is characterised by its ability to achieve a form of dynamic equilibrium with external variables within the environment (Chorley 1962). A closed system is a system that has taken a protective stance that has closed its boundaries from the interaction and flow of external variables (ibid). However in contrast, an open system is reliant upon external energy and pressure to reach a state of equilibrium while a closed system is able to reach a state of equilibrium through its own variables

3.1.1. Application of General Systems Theory to the study.

The current research will conceptualise the system of humanitarian stress in CPiE, as a closed system as it is a system that is able to function upon its own variables. This system will incorporate the organisation and the humanitarian aid worker as two separate open systems that overlap in the environment of humanitarian work. In conjunction with this the environment will be conceptualised as an open system as the conflict and emergency situation is effected and reliant upon external environment factors such as political, social and economic variables to reach a state of equilibrium. These three different systems will overlap as a closed system. This closed system will be constructed upon Moos stress and coping model. The stress of the humanitarian aid worker will therefore be comprised of a system as the diagram shows.

Diagram 1. An interpretation of Von Bertalanffy's general systems theory



The general systems theory will be used as a framework for the study as it approaches problems systematically through the interaction between different variables and systems. The problem of the study is stress and psychosocial support for humanitarian personnel, through this approach it will emphasise the need to look at multiple variables and how they interact to develop stress. The approach of the study will be systematic as stress is defined as a social reality that does not exist in isolation thus emphasising the need to address stress as an organization of different variables and systems (Louw and Viviers, 2010). The general systems theory maintains the idea that stress and psychosocial stress is the interaction of

known and unknown variables that interact within a system and are unable to reach a point of equilibrium. “Psycho-social” supports the proponents of the general systems theory as psychosocial stress is the inability of the environment to meet the needs of the person which causes tension in the psyche of the person (Coon and Mitterer, 2007). In turn psychosocial is a term that is defined as the interaction between the psyche of the person and the surrounding social environment.

The study will take an approach that emphasises the investigation of the experience of the humanitarian aid worker and their surrounding environment, rather than isolating the humanitarian worker as the problem. The problem will be approached in this theory which emphasises, multiple variables, the interaction of the surrounding environment and other systems and the need for the humanitarian aid worker to reach a point of balance and equilibrium.

3.2. The Moos theory

The study will approach the problem of stress and psychosocial support in humanitarian organisations through the Moos model of stress and coping which supports the systematic organisations of variables that is found in the general systems theory. The Moos’s stress and coping model is concerned with the interplay between human contexts, coping, adaptation and stress. This model takes a systematic approach to the relationship between the context of a person and how this relates to adaptation in regard to the stress and coping processes. The stress and coping paradigm regards coping resources as compensatory factors that are vital to the maintenance of health (Billings and Moos, 1984). In turn life stressors are perceived to cause a wide range of disorders that negatively impact upon the wellbeing of the person (ibid). The model proposed by Moos is a systematic interpretation of different characteristics of the surrounding environment and context. The systematic approach offered by Moos’s stress and coping model is concerned with multiple components that coincide with one another that either cause stress or allow for the person to cope. A systems orientation and a focus on the social context of stress and coping preoccupies Moos’s model with the person-environment transactions (Moos, 2002). The Moos stress and coping model is concerned with the interaction between multiple components that are situated in the context of the person and how they either explain stress or assist a person in coping with stress.

Moos's model is located in Lazarus's systematic framework of the stressor-appraisal-coping process (Moos and Swindle, 1990). Lazarus (1993) declares that this framework approaches coping as a process which proposes that coping changes over time and in relation to the situational contexts in which it occurs. The principles that undergird Lazarus's approach is that coping is, context specific, responsive to the most immediate challenge, individualised, on-going cognitive and behavioural adaptations to the demands which are made in response to the appraisal of the resources available and that it has two functions, which is problem-focused and emotion-focused (Lazarus, 1993). However Moos's model differs from Lazarus's approach in that it places greater emphasises upon the distinguishing between stressors and appraisal and the need to identify the environmental and personal determinants of appraisal and coping.

Other factors that Moos places greater importance upon are the separation of on-going stressor and new life stressor, of understanding personal agendas and the role that this takes upon the stressor-appraisal-coping process. From this comparison, Moos's interpretation of coping is concerned with environmental factors, the personal characteristics that influence the manner in which both the stressor and the resources are applied to result in coping while placing greater emphasises upon the need to be concerned with on-going stressors. The manner in which the concepts of Moos's stress and coping model are defined reveals the approach that Moos takes in regard to coping.

The framework that is proposed by Moos, employs coping as a degree of integration of a person's values and beliefs, behaviour and emotions, social system and demands raised by specific stressors (Moos and Holahan, 2003). Coping is conceptualised as the stabilizing factor that maintains psychological adjustment during stressful periods as well as assisting in the maintenance of health (Billings and Moos, 1984). Coping processes are aimed to influence the manner in which the stressors affect a person, in their reactions and adaptations (Moos and Holahan, 2003).

Coping is dependent upon the appraisal of the stressor that is affected more by the environment and the personal factors than by life events and transitions (Moos and Swindle, 1990). However these three factors, the environment, personal factors and life events and transitions, all affect the degree of coping responses and their effectiveness (ibid). Moos and Holan describe coping as "a dynamic process that fluctuates over time in response to changing demands and appraisals of the situation' (2003). Coping is a response to the process

stressor-appraisal, this formulates coping as an evaluation and response that is situated in its environment. Coping is directly informed by the environmental system which must be identified in each context to allow for an understanding of what coping mechanisms were deployed and why they were or weren't effective.

Stressors are measured as acute stressful events and as the continuing strains of social roles and environments (Billing and Moos 1984). A stressor is different to other events or environmental conditions that are appraised in such a manner that it is perceived as demanding and to affect the person's well-being (Moos and Swindle, 1990). Moos and Swindle, (ibid) describe stress as a combination of factors, firstly as a set of environmental conditions, then as an appraisal to the interplay between stressors and personal factors and finally as a distress mood that may occur when an individual confronts a stressor (ibid). Moos's model is situated in Lazarus systematic framework of stressor-appraisal-coping, thus it is only appropriate to include Lazarus's definition of stress. Lazarus (1993) terms stress as the "reaction to personal harms and threats of various kinds that emerged out of the person-environment relationship". This introduces stress as a concept that is environmental, social and on-going. Stress becomes a descriptive term that analysis the person's transaction with the surrounding context and how this in turn effects the deployment of coping strategies.

3.2.1. Applying the Moos model

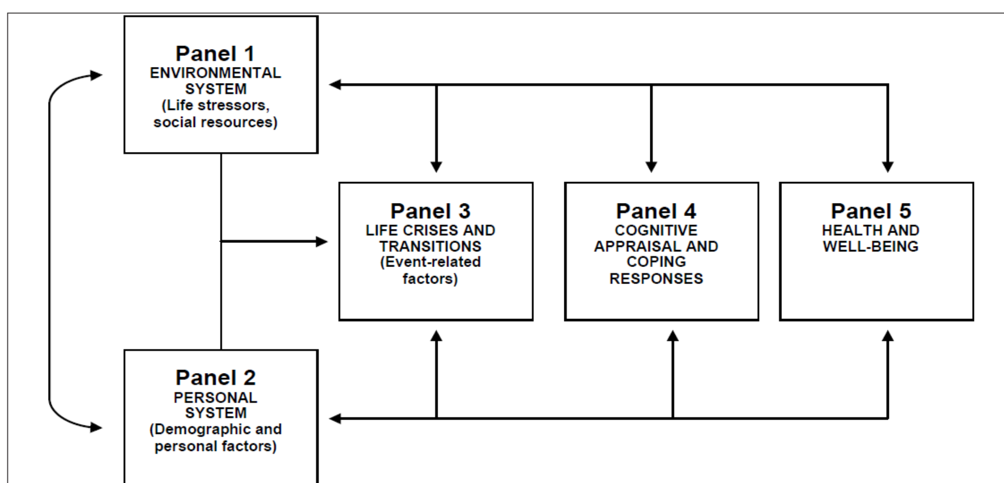
Moos's stress and coping model is an interaction between context, coping and adaptation. Moos's model is concerned with stressful events as well as the on-going stressful aspects of an individual's environment (Billing and Moos, 1984). The model has been designed to incorporate both stressful events and life changes as well daily on-going stressors. The model proposed by Moos, is divided into five panels, each panel is an interlinked component that is in relationship to one another that either contributes to stress or to the support needed for coping. The five panels are the environmental system, the personal system, transitory conditions, cognitive appraisal and coping skills and health and wellbeing (Moos and Holahan, 2003). These five different panels are systematically interdependent and interrelated.

Panel one comprises the environmental system, this is relatively stable environmental conditions as well as the social climate, which include on-going life stressors and social resources (Moos and Holahan, 2003 and Louw and Viviers, 2010). The second panel of the model is concerned with the Personal System, which comprises of relatively stable coping

styles such as sociotropy, autonomy and field independence while including personal characteristics that influence the coping choices that one makes (Moos and Holohan, 2003). The personal characteristics include the cognitive abilities, social competence and confidence which are all intrapersonal characteristics (Chun, Moos and Cronkite, 2006). The environmental system and the personal system are co-dependent and interact with each other in such a manner that informs the appraisal of stressors and then the coping response. These two panels inform the approach to which the person takes in regard to coping with the other three panels.

Panel three is defined as the transitory conditions, these are the life events, life transitions and intervention programs which all combine to reflect significant changes in life circumstances (Louw and Viviers, 2010 and Moos and Holahan, 2003). Panel four is cognitive appraisal and coping skills, this is characterised as how the person interprets with the situation and what coping skills the person has and these are described as either approach or avoidance (Holahan and Moos, 2003). The fifth panel is concerned with the indirect and direct effect of Panel three and two on the health and the wellbeing of the individual, which is measured as psychosocial functioning and maturation (Moos and Holahan 2003 and Louw and Viviers, 2010). All these three panels are independently affected by the environmental system and the personal system and are further interconnected as the appraisal of each aspect in turn affects the other. These different panels coincide and interact with each other both directly and indirectly emphasising the systematic effect of different elements and systems overlapping and interacting as the diagram demonstrates.

Diagram 2.A general conceptual framework of the stress and coping process



Source: Adapted from Moos, 1994

3.2.2. Contextualising the Moos model in the current study.

The Moos stress and coping model will be located within the Van Bertalanffy general systems theory, which declares that problems must be understood within their context while recognising that multiple variables construct a problem. The operationalization of the Moos model will introduce the different concepts that will be discussed in the study. Panel one will comprise of the stress that the humanitarian aid worker faces and the perceived support from the organisation. The stress will be comprised into two categories, one being the on-going daily hassles and the second comprising of traumatic events that place the humanitarian aid personnel physical safety at risk.

Panel two will be concerned with personal system which will be conceptualised as the personal abilities and coping choices that are made. Panel three will be concerned with the humanitarian's exposure to unexpected and traumatic events. Panel three will also be concerned with the different intervention programmes that have influenced the management of stress. Panel four will reveal the manner in which the humanitarian aid worker relates to the stressors. This will be conceptualised as traumatic events and on-going life stresses which affect humanitarian personals motivation in combination to the coping mechanisms they have employed independently to the organisations support, such as avoidance or approach coping styles. Panel five will be concerned with the distress symptoms and the wellbeing of the humanitarian aid personnel. In the study the symptoms of the distress, will be classified as PTSD, Psychosocial stress, acute stress disorder, burn out and compassion fatigue.

The Moos stress and coping model will interpret the humanitarian aid personnel's experiences, the environment and the humanitarian aid organisations policies and programmes regarding the conceptualisation of the problem of stress as well as the coping processes that have been employed by the humanitarian personnel. The advantage of using both Van Bertalanffy's general systems theory and the Moos model is that they correlate to both explain the problem and to assist in recommendations for the study. The general systems theory states that problems are systems of various interactions of different variables, while the Moos model interprets the relationships between different factors that contribute to stress and coping that formulates a systematic interaction.

CHAPTER FOUR: EXPERIENCES OF HUMAITARIAN PERSONNEL.

The introduction of the different concepts indicates that stress and stress disorders drastically affect the wellbeing of humanitarian aid personnel. Humanitarian assistance takes place in contexts of civil conflict, natural disasters, pandemic disease and famine (Ager and Loughry, 2012). Humanitarian aid personnel are therefore exposed to areas which have been described as dangerous, insecure and high risk areas. The experiences of different categories of humanitarian aid work are characterised as a response to human needs in complex humanitarian organisations places (UNHCR, 2001). This work environment predisposes humanitarian aid personnel to stressful and highly chaotic experiences (ibid). Even though the focus of the study was on CPiE humanitarian personnel there was little found on their experiences of stress. To better understand CPiE experiences of stresses there will be an investigation into the experiences of the humanitarian aid personnel as well as the identification of certain factors that compound these experiences and the approaches of humanitarian aid organisations. This analysis is vital to provide the best support and care for CPiE and humanitarian aid workers.

4.1. Work conditions and stress

Humanitarian aid work is a response to uncontrollable situations which characterises work conditions as insecure and highly stressful. The humanitarian aid work environment encompasses more than the work conditions and responsibilities but comprises of the surrounding insecure context that the work is situated in. This affects the efficiency and the conditions of humanitarian aid work. The conditions of the environment affect the living conditions and the access to resources as well as the need for adequate training (Eriksson et al., 2009; Dawson and Homer, 2013; Satori and Fave, 2014). In their study, Hearns and Deeny (2007) found that the work conditions of humanitarian aid work created a sense of insecurity and limited support for the worker. Humanitarian aid work was described as unstable, highly pressurised, as having a heavy work load and, in many cases, as having poor team work which compromised the attainment of work related goals (ibid). The goals of teams deployed to emergencies are to initiate rapid assessments and implement appropriate interventions within days of a disaster (Elsharkawi et al., 2010). These teams must also respond to conditions of extreme physical and mental stress which further complicates the task of providing relief activities that are relevant, timely and well-targeted (ibid).

The work of humanitarian aid workers appears to be more compromised by work conditions of humanitarian aid work rather than the surrounding environment. These work related conditions — such as the living conditions, work conditions, lack of resources, lack of adequate training and low sense of coherence within the work team were all found to cause the development of burn out and stress (Eriksson et al., 2009; and Satori and Fave, 2014). Work conditions should be reorganised in such a manner so as to prevent as much development of stress as possible. This can be done by implementing team building exercises, team outings, and by more specifically allocating roles and responsibilities that correlate with the individuals' skills, training and goals.

The UNHRC (2001) identifies three different types of stresses which are day-to-day stress, cumulative stress and critical event stress. These three types of stress are common to humanitarian aid workers as well as to CPiE workers due to the characteristics of humanitarian aid work. Humanitarian aid work and CPiE work both take place in situations that stem from either manmade or natural disasters (Karlsson, Stuckenbruck and Cecchetti, 2010 and Development Initiative, 2015). The intention and work of both humanitarian aid work and CPiE are to save lives, alleviate suffering and maintain and protect human dignity (Karlsson, Stuckenbruck and Cecchetti, 2010 and Development initiative, 2015). A significant difference between the CPiE and humanitarian aid work is that CPiE aims to protect the wellbeing of children while humanitarian aid work intends to assist all persons (Save the Children, 2010). These similarities will lend themselves to the focus of the research to the experiences of humanitarian aid workers.

4.1.1. Allocated Roles

Stress and role ambiguity in caring professions have a higher correlation with burn out than in other professions. This has been explained by the discrepancy between the ideals, the practice and the expectations of others (Lloyd, King and Chenoweth, 2002). Lloyd, King and Chenoweth (2002) explain that the relationship between stress and role ambiguity comes as the result of confusion and the inability of skills to match the roles that are expected. Clearly defined roles are vital to the achievement of goals, to obtaining effective team work, and to creating a sense of achievement by workers. The obstacles faced by humanitarian personnel to reach work related goals are compounded by the lack of clearly defined roles within the organisation (Dawson and Homer, 2013). According to Cardozo et al. (2012) this is a part of the organisational culture where roles are not defined but rather are fluid in nature due to the

highly demanding work and the limited resources of the personnel and organisation. This is further evident in humanitarian aid work that is deployed in emergencies as these humanitarian aid workers must be able to coordinate, build and work in teams and interact with the different sectors within a community to ensure that their response is effective (Elsharkawi et al., 2010). Emergency team roles are complex and multiple; this can cause role stress as the conditions in humanitarian emergencies do not lend themselves to fluid roles.

A study conducted by Shah, Garland and Katz (2007) revealed that humanitarian personnel would often be set a task or role and on deployment would find themselves taking on other tasks and roles that they were not qualified nor trained for. The need to balance their own responsibilities with these imposed roles and responsibilities can cause unnecessary stress, burn out and compassion fatigue (Shah, Garland and Katz, 2007). Work conditions, role confusion and the organisational culture of humanitarian personnel all create an environment wherein the humanitarian personnel are unable to reach goals that are expected of them.

Clearly defined roles and the achievement of goals are to some extent vital to maintain job satisfaction and to prevent one from feeling overwhelmed to some extent. IFRC (2009) declare that to some extent humanitarian aid workers are often perceived to hold heroic roles that are shaped by the expectations that they are to be selfless, tireless and superhuman even when facing overwhelming tragedy. These roles and expectations are unfair and are unattainable as humanitarian aid workers have their own needs as well as limited capacities. This must be taken into account when allocating tasks and roles while formulating teams as roles and tasks must be meaningful, achievable, and consistent with the abilities and goals of the humanitarian aid worker and organisation.

4.1.2. The power of meaning

Not being able to attain goals not only affects work performance but can also negatively impact the wellbeing of the humanitarian aid worker as the inability to reach goals affects the positive perception of the self. Eriksson et al. (2009) state that the challenges of humanitarian aid work can also be understood as existential stress — when one feels helpless in the face of immense need. Existential stress is ratified by exposure to human suffering, repeated stories of traumatisation and personal tragedy as the combination of these experiences cause the humanitarian personnel to question their purpose and effectiveness in the overwhelming nature of their work (Ehrenreich and Elliott, 2004 and Erkisson et al., 2009).

Dawson and Homer (2013) found that many humanitarian aid workers suffered low self-esteem as many were plagued with self-doubt concerning their ability to contribute to the task afforded to them and questioned if they were making a difference. Humanitarian personnel experienced a negative perception of the self as a result of their inability to achieve goals and allocated roles (Hearns and Deeny, 2007). The nature of the work that humanitarian aid personnel engage in challenges their preconceived beliefs and ideals of the world as they are exposed to high levels of human suffering compounded with the responsibility to improve these conditions (Kaminer and Eagle, 2010) . This stress and responsibility can cause burn out and distress as the cause of the suffering is related to external variables that are uncontrollable and which are compounded by the inability of the humanitarian aid personnel to reach goals.

An important variable that affects the coping of humanitarian aid personnel is that of meaning, motivation and expectations (Hearns and Deeny, 2007). A major component of the perception of the self in relation to the work is dependent upon the achievement of expectations in regard to the self, organisation and mission (Homer and Dawson, 2013). When these are not met, there is a sense of failure and inadequacy (Hearns and Deeny, 2007). Those who are highly motivated have been found to remain satisfied in their work (Putman et al., 2009 and Cardozo et al., 2012). Nilsson et al. (2011) found that humanitarian aid workers are motivated by the needs of others and the need to help others. When these motivations are not reached it can have negative moral effects on the individual and this can be classified as moral stress.

An interview conducted by Lovgren (2003) with James Guy, the executive director of the Headington Institute which counsels aid workers who suffer from mental distress, emphasises the importance of finding meaning and motivation in humanitarian work. Guy states that, “To go on with their (humanitarian aid personnel) work, they must find answers to the same questions of meaning and purpose that confront the victims they serve (Lovgren, 2003).” Putman et al.. (2009) suggest that the use of motivators and rewards may be a way to ensure workers remain engaged in service. Finding meaning and motivation in humanitarian aid work is vital to lessening the occurrence of moral stress and existential stress in humanitarian aid workers. The motivation and the meaning found in humanitarian aid work can prevent the humanitarian aid worker from feeling overwhelmed by the work environment and their goals.

Moral stress can take place when humanitarian aid personnel are forced to make decisions that they are not prepared for (Nilsson et al., 2011). Moral stress is experienced when humanitarian aid workers are faced with ethical decisions that they are either not equipped for, trained for, or are incapable of making (Nilsson et al., 2011 and Dawson and Homer 2013). Hearns and Deeny (2007) discovered that humanitarian personnel felt as though they were undervalued and that they also felt responsible for their inability to reach work related goals and expectations. These factors exasperate the feeling of being overwhelmed, inadequate and frustrated while also contributing towards a negative perception of the self and a low self-esteem — all compounding variables for the development of PTSD, burn out and compassion fatigue (Antares Foundation, 2012). The Antares Foundation (2012) discovered that humanitarian aid workers who were highly motivated and autonomous were less likely to suffer from burn out and were able to experience higher levels of life and work satisfaction. The development of burn out, distress and stress disorders can be limited if humanitarian aid workers are able to find meaning and maintain work motivation while also meeting work related expectations.

4.1.3. Personal history

Previous exposure to trauma and mental illness could have adverse effects on humanitarian aid workers as such exposure makes them vulnerable to the development of stress disorders such as PTSD, acute stress disorder, vicarious traumatisation and burn out. Personal histories which included exposure to traumatic events and stress in humanitarian personnel also proved to be influential in the development of stress disorders. A history of exposure to personal trauma was shown to heighten the vulnerability of the humanitarian personnel to the development of trauma related symptoms (Satori and Fave, 2014 and Erikkson, 2012).

The Antares Foundation (2012) states that humanitarian aid personnel who had a history of mental illness were more likely to develop depression and experience stress while Eriksson et al. (2012) found that those who had previously experienced trauma were more likely to develop depression and anxiety on deployment. Humanitarian aid work has the potential to expose the humanitarian aid worker to the same experiences and emotions that were felt in the previous trauma and mental illness — thus exposing them to the feelings of helplessness, being overwhelmed, feeling vulnerable and to the experience of fear. These emotions and experiences can be responsible for triggering the development of stress disorders.

Humanitarian aid workers who were susceptible to high levels of stress were those who either had a long history of years of deployment in humanitarian aid work or who were being deployed for the first time. Hearns and Deeny (2007) propose that the humanitarian personnel who were the most vulnerable to the development of PTSD, burn out and secondary traumatisation were those who were either on their first assignment or who had a long history of serial deployments. In contrast to this, Satori and Fave (2014) found that those who had a history of working in humanitarian work had a higher capacity of coping and were less likely to develop trauma related symptoms. Inturn, those who are deployed to isolated areas multiple times over prolonged periods were more vulnerable to development of stress disorders (McEachran, 2013). Stress and stress disorders must be taken more seriously in humanitarian aid workers who are new to the pressures of humanitarian aid work or who have a history of working in the humanitarian aid sector.

4.2. Organisational stresses

4.2.1. Chronic stresses: Everyday stresses

Humanitarian aid workers experience chronic daily challenges that could develop into traumatic stress and acute traumatic stress (Musa and Hamid, 2008). These are listed as aid work challenges, heavy work load, poor teamwork and management leadership, poor communication, and limited facilities and resources in the field (Hearns and Deeny 2007, Erikkson et al. 2009, Cardozo et al., 2012 and Dawson and Homer 2013). Difficult assignments and being overburdened in conjunction with conflicts with other staff members, language difficulties, poor living conditions, poor planning, inappropriate goals, and long hours often result in high levels of chronic stress (Bjeneld et al., 2004 and Dawson and Homer, 2013).

These chronic stresses are also evident in organisational issues which have a huge impact on the stress and the wellbeing of humanitarian aid workers. IFRC (2009) has identified these issues as unclear or non-existent job description or unclear team roles, limited information about the crisis, briefing and preparation, lack of boundaries between work and rest, inadequate or inconsistent supervision, an organisational atmosphere and attitude where the volunteers' wellbeing is not valued and their efforts are not acknowledged nor appreciated. These are all issues that are encountered on a day-to-day basis by humanitarian aid workers

and which can cause their roles and jobs to be more difficult while also limiting their efficiency, their feeling of perceived support, and their sense of personal accomplishment. These organisational issues may all be addressed variously within the structure of the organisation.

4.2.2. Organisational support and training mechanisms

A compounding variable for chronic stress is that of culture shock and the lack of support to combat the exposure to the differences from one's own culture to the new culture (Musa and Hamid, 2008:408). Smith and Rigby (2014) have discovered that a major problem of humanitarian aid work is isolation, as there is limited contact with support networks from home, friends and colleagues. The lack of support can cause isolation, home sickness, hostility and discomfort in humanitarian aid workers. One humanitarian aid worker expressed this clearly by saying, "The loneliness of the place was what really had started to strip me of my sanity" (Rigby, 2013). The isolation that is experienced by humanitarian aid personnel is compounded by the inability to describe their experiences and communicate their challenges to their support networks at home (Smith and Rigby, 2014).

Hurni (2013) has reported that many humanitarian aid workers express feeling ostracised and unsupported in their work environments as humanitarian aid organisations have not adequately provided support structures nor done away with the stigmatisation of those who are in need of treatment. This can often foster a sense of betrayal and emotional stress as the humanitarian aid organisation does not show care and compassion towards their workers. The wellbeing of the humanitarian aid worker is threatened when the humanitarian work environment does not provide a secure, supportive, stable and compassionate context for the humanitarian aid personnel. A supportive environment is needed to combat the negative effects of stress and to prevent the development of stress disorders.

Humanitarian personnel have reported in multiple studies that there has been a huge deficit in support and training programmes by humanitarian organisations (Putman et al., 2009, Hearns and Deeny 2007, Eriksson et al., 2012). The major areas identified were where there has been limited support, a lack of training, a lack of support in the protection of humanitarian personnel and in the provision of emotional support to cope with difficult situations, and finally, where there has been a lack of financial resources to adequately carry out their work (Putman et al., 2009). Pigni (2012) supports this as aid organisations cannot simplify humanitarian staff care to a booklet, manual or workshop. Rather, there needs to be a

cultivation of an organisational culture where there is no shame or stigma and where there is recognition of individual needs (Pigni, 2012).

Support is necessary to ensure the wellbeing of humanitarian staff and the fulfilment of the humanitarian aid organisations' goals (Min-Harris 2011). It is vital to counteract the negative experiences of humanitarian aid workers when facing ethical dilemmas and the challenges of the environment. The circumstances and the nature of humanitarian aid work emphasises the importance of adequate support during deployment. (Connorton et al., 2012). Connorton et al. (2012) found that even though there has been some degree of support in the formation of debriefing and support services for humanitarian personnel, these have not been adequate in addressing the effects of trauma and daily stresses.

A challenge that seems to persist in the humanitarian personnel organisations is that the needs of the staff are often overshadowed by the needs of the populations that they serve (Science Daily, 2014). There needs to be a shift from the notion that humanitarian aid workers are untouchable heroes as well as a move away from organisations placing the wellbeing of others over their staff. Individualised and personal support should be offered to humanitarian aid workers in such a manner that does not stigmatise nor threaten their working position.

An important theme to consider in regard to social support within humanitarian aid organisations was that of communication. There appeared to be a lack of provision of appropriate communication within organisations and to family and social networks (Hearns and Deeny 2007 and Cardozo et al., 2012). Hearns and Deeny (2007) found that communication needs were described as follows: the need for hi-tech resources and facilities to connect with friends and family, a need for workers to keep in touch with one's "own-culture", a need to make contact with home office, a need to be listened to, and a need for communication to be a two-way process.

Cardozo et al. (2012) identified that the maintenance of peer networks from home is important for social support. Communication and outside support is not only vital to the wellbeing of the humanitarian aid worker, but insufficient outside support and communication can also jeopardise the relations formulated in the field as workers become overly dependent and boundaries are crossed between team members (European Association for Counselling, 2011). Communication can, however, be difficult to maintain in the humanitarian situations due to resources, the location of humanitarian aid work, and the nature of the work. Communication has been identified as one of the key proponents of

coping mechanisms by humanitarian aid workers and must be adequately incorporated into psychosocial support mechanisms.

There have been limited exiting procedures and psychosocial programmes for humanitarian aid workers who are returning home from deployment (Ehrenreich and Elliott, 2004). Humanitarian aid workers often retell their experiences of returning home as difficult and challenging as they have to return to roles that have been replaced by others and to relationships that have continued without them. Some have described this re-entry as more challenging than that of departure. Re-entry is especially challenging if communication has been difficult and if, as occurs in many instances, family members and peers from home do not understand the humanitarian aid workers' experiences (European Association for Counselling, 2011).

Returning home is difficult as one experiences the excess and comforts which is very different to the deficiencies and the discomforts of the field (Science Daily, 2014). In addition to this, the tasks and roles of home life upon re-entry are often perceived as being boring and not as challenging as the roles that were assigned to humanitarian aid workers in the field (ibid). For humanitarian aid personnel to healthily reintegrate and fulfil their home roles they must be able to assimilate their experiences in the field.

One such form of support that can assist humanitarian aid personnel is debriefing. Debriefing is intended to assist the psychological processing of stressful events in regard to what has previously happened and been experienced, while aiding the emotional recovery (Gilbert 2006). Debriefing should include a psychological review which is characterised as confidential and should be conducted by a professional psychologist or counsellor (People in Aid, 2009). People in Aid (2009) found that in many cases post-exit debriefing has been very limited as it has become more of a medical assessment and an opportunity for a team review rather than a personal debriefing of humanitarian personnels' experiences. This is a vital step for the reintegration of humanitarian aid personnel into the "normality" of home life as it provides them with an opportunity to process their emotions and the effects of their experiences. Debriefing is a support mechanism that recognises the past experiences and emotions while allowing for the person to heal and reintegrate back into home life.

4.2.3. Local and international humanitarian aid workers

The experiences of local and international humanitarian aid personnel are very different. There has, however, been minimal research on the experiences of local humanitarian aid workers (Putman et al., 2009). This reflects the organisational approach to local humanitarian aid workers who are not adequately trained in the roles that they are to fulfil as well as in the limited support services provided for this work force (Shah, Garland and Katz, 2007 and Putman et al., 2009). Local humanitarian aid workers often only undergo crash courses which do not sufficiently prepare them with the support and the skills needed to fulfil their roles (Shah, Garland and Katz, 2007). This can lead to frustration and to the feeling of being overwhelmed — both feelings being precursors of PTSD and stress disorders.

Local humanitarian aid workers are not only exposed to the stress of humanitarian aid roles that they are fulfilling but are often directly impacted by the trauma as they strongly identify with the affected population (Shah, Garland and Katz, 2007). These factors cause local humanitarian aid personnel to be at high risk of experiencing traumatic stress and developing stress disorders, thus procedures and support should be in place to thoroughly train, debrief and care for the wellbeing of local staff.

4.3. The approaches of humanitarian aid organisations

The experiences of humanitarian aid personnel and the effects of working in emergency situations predispose the aid personnel to stress and stress disorders. Humanitarian aid work must be administered in conjunction with support that adequately addresses the needs and the experiences of humanitarian aid workers. The following section will analyse the different humanitarian aid organisation approaches to the management of humanitarian aid personnel's stress and experiences. These approaches were specifically chosen as they were either influential organisations which inform other humanitarian aid organisations' approaches to stress and the care of humanitarian personnel or they were researched guidelines that inform the practice of humanitarian aid organisations' care of their staff. The need for adequate training for emergencies response teams is vital as these missions are complex and highly stressful and completing a classroom training course does not necessarily adequately prepare persons for these operations (Elsharkawi et al., 2010).

This section will compare and analyse The Antares Foundation, the IASC (Inter-agency Standing Committee*) Mental Health and Psychosocial support in Humanitarian Emergencies*

and the IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Red Cross *Caring for Volunteers psychosocial support toolkit*, UNHCR *Managing the Stress of Humanitarian Emergencies,* People in Aid *Code of good practice management* and the WHO's (World Health Organisation*) Psychological First Aid: Guide for Field Workers.*

The Antares Foundation *Managing Stress in Humanitarian Workers* was formulated in response to the request for information, ideas and strategies for development of a stress program for humanitarian aid workers (2012). This handbook is based on eight principles which are intended to assist organisations in identifying their own needs in relation to stress management and in developing their own staff care systems (ibid). These eight principles concerning the good practice of staff care and support are policy, screening and assessing, preparation and training, monitoring, on-going support, crisis support and management, end of assignment support and post assignment support (Antares Foundation, 2012). The eight principles are to work systematically, creating a holistic approach to the stress of humanitarian aid organisations.

The Guidelines of The Antares Foundation (2012) are intended to assist humanitarian aid organisations to identify what types of care and support is needed for their humanitarian aid workers. These Guidelines can be used to structure the policies of psychosocial stress and support for CPiE personnel as it offers a holistic approach. The strength of the Antares Foundation (2012) is that it promotes adequate staff care and support and recognises that each organisation must have an individualised approach tailored to the nature of their work. A major success of the Antares Foundation (2012) Guidelines are that they are bracketed into three divisions these are pre-deployment, in the field and end of mission.

The first division is pre-deployment which is formulated out of the first three principles these are concerned with the preparation of both the organisation and the staff member through changes in policy, assessment and training that recognises the different types of stress and responsibility of the organisation to create a culture and structure that is supportive of stress. The second division is formed out of principles that address stress and stress support in the field through monitoring, on-going support and crisis support. These three different principles are intended to provide a structure in the field that prevents stress and burnout while offering skills and training that equips the staff to effectively deal with factors which can cause day to day stress, cumulative stress and traumatic stress. The final division of the Antares Foundation Guideline are to prevent stress after the mission. The principles which are found

in this division are aimed at debriefing at the completion of an assignment giving and offering support as well as recognising the need for support after ending an assignment as burnout, stress or PTSD could develop.

The Antares Foundation's (2012) Guidelines for Managing Stress in Humanitarian Workers is an appropriate response to humanitarian aid workers experiences and stress as it encompasses different tiers of stress experienced in pre-deployment, in the field and the end of mission. The support offered by the Antares Foundation (2012) is a holistic approach that recognises the importance of external and internal factors, psychological support, a supportive culture and the monitoring stress. This approach is an adequate response that identifies the ecology of stress and should be employed as a framework for humanitarian aid workers.

The Inter-Agency standing Committee (IASC) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (MHPSS) reflect the insights of practitioners from different geographic regions, disciplines and sectors and promotes an emerging consensus on good practice among practitioners (2007). The idea that has formed these guidelines has not been to ensure the wellbeing of humanitarian aid personnel but rather for humanitarian aid programmes and policies to be successfully and smoothly implemented in humanitarian crises (ibid).

The booklet is intended to "strengthen the humanitarian response in emergencies" and therefore the concern is not the wellbeing of the humanitarian aid worker (IASC, 2007). Even so, there are seven key actions that have been identified as being applicable to the experiences of humanitarian aid personnel. The first key action is that there must be a concrete plan regarding the protections and promotion of staff wellbeing in the form of procedures and not only a general policy or plan (IASC, 2007). The procedure must be structured in such a manner that there is adequate support and care for humanitarian aid workers (ibid). Other key actions propose that there is a need to adequately address the humanitarian aid context, environment, work related stressors, staff access to health care and psychosocial support, the provision of support for staff that have experienced or witnessed extreme events as well as to make support available after the mission/deployment (ibid). These actions are necessary for the adequate support and care of humanitarian aid personnel.

While the IASC provides adequate explanations of each of these actions there is a lack of detail as to how the humanitarian aid organisations are to implement these actions. Rather

than brief and ambiguous guidelines and “actions” there should be specific steps that can be taken to reach each action. The identified guidelines and principles are to be reached through the transforming of policies and of organisational structures which adequately address the chronic daily stresses and work related stresses. Most importantly little attention was made for the need of psychological care and support offered by a mental health specialist to humanitarian aid workers. This is a massive shortcoming of the IASC (2007) as it is vital that there is psychological debriefing and support offered to humanitarian aid workers to assist in the effect of stress and critical incidents.

An important feature to note in both of these documents is that there is no specific mention of a skilled person within the institution who has the sole responsibility to counsel or debrief. The IASC (2007) states that psychological debriefing is no longer recommended and that there should rather be provision of Psychological First Aid (PFA). In conjunction to this an evaluation by the World Health Organisation’s (WHO) mhGAP Guidelines Development Group found that PFA, rather than psychological debriefing, should be offered (WHO, 2011). The IASC document recognised that humanitarian aid personnel should have access to PFA to cope with the effects of extreme events. PFA not only offers psychological support but also social support (WHO, 2011). PFA cannot be the only psychological and social care as it is tailored as an early intervention for survivors of traumatic events rather than the effect of continual exposure to traumatic events. Forbes et al. (2011:225) describes PFA as the “provision of information, comfort, emotional support and instrumental support to those exposed to an event, with assistance provided in a step-wise fashion tailored to the person’s needs”. Humanitarian aid work takes place in situations where there is recurring exposure to traumatic events and this is needed to be recognised in the response that humanitarian aid organisations implement to humanitarian aid workers stress. Thus PFA should only be offered within the initial period of the traumatic event in combination to other continual psychological support as mentioned in the Antares Foundation’s (2012) guidelines for Managing Stress in Humanitarian Workers. This is essential for CPiE workers as their work takes place in environments where there is armed conflict, disaster or the breakdown of social or legal order (Karlsson, Stuckenbruck and Cecchetti, 2010).

PFA has been founded upon five key principles: a sense of safety, calming, a sense of self- and community efficacy, connectedness and hope (Forbes et al., 2011). The structure of PFA is formulated upon eight components: contact and engagement, safety and comfort, stabilisation, information gathering of the current needs and concerns, practical assistance,

connection with social supports, information on coping and, lastly, linkage with collaborative services (ibid). PFA has been shaped by the attempt to prevent the development of trauma related stress disorders. PFA appears to incorporate many of the needs of humanitarian aid workers however it fails to acknowledge that not all humanitarian aid workers will develop stress disorders following a traumatic event.

The study has found that humanitarian aid personnel are more stressed by the daily challenges and chaos of humanitarian aid work. The WHO (2011) published a Psychological first aid guide for field workers and incorporated a brief section on the care of humanitarian aid workers in the approach of PFA. However, the approach of PFA within this document places responsibility upon the humanitarian aid worker to be aware of their own experiences and on establishing a means to deal with the stress (WHO, 2011). The study found that the WHO only once mentioned the need to speak to a mental health specialist or trusted person and this mention was made at the very end of the section concerning staff care. This approach has positive and negative repercussions as it can either cause the humanitarian aid worker to experience a sense of self blame and inadequacy if they are experiencing high levels of stress or a sense of autonomy.

However, PFA can also allow the humanitarian aid worker to experience a sense of autonomy as well as providing practical steps to deal with stress. These practical steps include self-awareness, healthy life habits, rest, relaxation and self-reflection (WHO, 2011). The framework of PFA is, however, attuned to the experiences and the effects of traumatic events and would have a more positive effect than debriefing as it incorporates different components and principles that allow for the person to feel in control and to approach the experience of the traumatic event in ways that best suit their needs. PFA is the most adequate initial response for humanitarian aid workers who have been exposed to traumatic events and should be incorporated into humanitarian aid organisations approaches to stress.

The safety and the security of humanitarians are imperative to the United Nations and to the International Federation of the Red Cross as a norm of customary international law outlined in Rule 31 of Customary International Humanitarian Law (ICRC, 2014). This Rule states that Humanitarian Relief Personnel must be respected and protected (ICRC, 2014). Attacks on humanitarian aid personnel has been constituted as war crimes as recognised in Article 71 (2) of Additional Protocol 1. by the Statute of the International Criminal Court (ibid). In conjunction with this the UN and the ICRS have legally ratified the protection and safety of

humanitarians, even so there must be more adequate protocols regarding the management of stress and the wellbeing of humanitarian aid workers. The study found that a mission readiness and stress management of humanitarian aid workers formulated by the UN from 1995. Although basic in its approach to stress, it did provide practical steps for the treatment of PTSD and the experience of homesickness as well as for different tests on how to best manage stress and deployment (OHRM, 1995).

There has been no other attempt to rectify this, however the UN Refugee Agency did produce an adequate and well researched document concerning the stress and the wellbeing of humanitarian aid workers. This document is titled *Managing the Stress of Humanitarian Emergencies* and is intended for team managers (UNHCR, 2001).

The booklet first describes the risk of stress and that the experience of stress is occupational in humanitarian aid work while recognising the role of team managers and how they too can cope with stress and ensure their wellbeing (UNHCR, 2001). The booklet also recognises the diversity of the causes of stress and lists them as: the environment, organisational environment, social and interpersonal factors, personality factors, biological factors and psychological factors (ibid). The UNHCR recognises that stress is not only limited to traumatic events but can be conceptualised as day-to-day stress and cumulative stress. This is important as discovered from humanitarian aid personnel's experiences often it is the day-to-day stress and cumulative stress that can be the most debilitating (Hearns and Deeny 2007, Erikkson et al. 2009, Cardozo et al., 2012 and Dawson and Homer 2013).

The UNHCR has also included a definition of burn out, the symptoms of burn out and how to treat burn out. A unique contribution of this booklet is that there is a section devoted to staff vulnerability and resilience as well as to the importance of the difference in personal communication styles and how this can affect the wellbeing and the stress of humanitarian aid workers functioning in a team (ibid). However, a major weakness of the approach of UNHCR is that little importance is given to the need of specialist mental health support. The team manager is given the responsibility of offering mental health support, this is problematic as the humanitarian aid personnel are not given a neutral opportunity to share their experiences and stress (ibid).

The IFRC (2012) produced *Caring for volunteers: a psychosocial support kit* which emphasis psychosocial support, resilience and PFA. IFRC (2012) states that to improve the resilience of managers and volunteers there must be strict adherence to working hours, job roles and

descriptions, appropriate training, routine check-ups and buddy support systems. The booklet, however, was more concerned with establishing adequate training of the volunteers and the provision of team support and team work than with the establishment of counselling and debriefing (IFRC, 2012). The same weakness reoccurs as was found in the UNHCR *Managing the Stress of Humanitarian Emergencies*; the lack of a mental health specialist within the team to ensure that there is personalised and efficient professional assistance.

The People in Aid (2003) code of good practice is an initiative that enables employers of relief, development or advocacy organisations to be more aware of their responsibilities and accountabilities regarding the management and assistance of their staff (ibid). It is designed as a tool that is intended to assist agencies in improving their human resource management and to enhance the organisations' capacities to fulfil their missions; it is based upon certain principles that attempt to assist the management of humanitarian organisations with their human resource problems (ibid). The principles that have been employed and identified by People in Aid are inadequate in addressing the issue of stress and wellbeing of humanitarian aid workers as they are rather aimed at the organisational approach to human resources, which side-lines the issue of stress and humanitarian aid workers' wellbeing. Nonetheless, a positive aspect of this document is that responsibility is given to organisations to provide adequate human resource management.

The experiences of humanitarian aid workers reflect that the roles that they fulfil are stressful and traumatic both due to the nature and conditions thereof, and to their organisational approaches to tasks and missions. Humanitarian aid organisations, The Antares Foundation, the IASC, UNHCR People in Aid and the WHO have attempted to address the issue of stress and promotion of the wellbeing of humanitarian aid workers. The IASC, UNHCR People in Aid and the WHO have attempted to address stress and the wellbeing of humanitarian aid workers in such a manner that each offers a unique perspective to support and stress. Even so these organisations all recognise the problem of stress and the need for effective support there are gaps.

Combining these different approaches could result in an adequate approach to the stress and wellbeing of humanitarian aid workers. However, the common flaw of these approaches is that there has been no identification of a mental health professional deployed for each team to manage the wellbeing and psychological stress of humanitarian aid workers. This is a major flaw and must be addressed as the allocation of a mental health specialist allows for a neutral

professional who is equipped and consistently available to support humanitarian aid workers. However the Antares Foundation (2012) *Managing Stress in Humanitarian Workers* offers a precise and adequate response to stress and support for humanitarian aid workers which would be effective for CPiE personnels stress. The Antares Foundation (2012) recognises that there is a need to offer stress support and to prevent stress by dividing the experience of humanitarian aid workers into three stages, the pre-deployment, in the field and the end of mission. The seven principles offered by Antares Foundation (2012) address the weakness of the other organisations approaches to stress and support for humanitarian aid workers. These principles could be successfully applied to counteract the experiences and treat the stresses of CPiE workers.

Many approaches have attempted to address work related stress, role confusion and team dynamics but these are individualised due to the unique factors that make up each context. This implies that approaches must be tailored to each team and to each context which recognises the importance of a psychosocial approach to the stress of humanitarian aid workers. While this makes formulating approaches prior to deployment difficult, procedures could be set in place. These procedures will be formulated out of the discussion of the theoretical framework and the identification of different variables and factors that would best offer support and address the issue of stress of the humanitarian aid worker.

CHAPTER FIVE: AN EVALUATION OF HUMANITARIAN AID PERSONNEL EXPERIENCES AND ORGANISATIONS' RESPONSES TO STRESS AND SUPPORT.

5.1. A systematic approach

The systems approach recognises that it is a combination of multiple variables and their interactions within their contexts that sustain a problem (Smith-Acuna, 2011). The general system theory recognises that the source of a problem is the complex relationship between different variables (Von Bertalanffy, 1969). The approach of this study has taken a contextual perspective of the issue of humanitarian aid personnels' stress. This perspective reviewed their experiences as well as the approaches of humanitarian aid organisations to the stress and the care of their staff.

The approach of the general systems theory to problems identified that the variables that caused the stress and distress of humanitarian aid workers were multifaceted and cannot be simplified to one or two variables. Very little attention was given to the effect of traumatic events experienced by the workers, who rather credited the causes of stress to the contextual factors and variables. Contextual stresses were identified as work stresses, chronic daily stresses and organisations' narratives regarding stress and support (Dawson and Homer, 2013; Satori and Fave, 2014; and Hearns and Deeny, 2007).

The definition of stress was conceptualised as an appraisal and a reaction to challenges and encounters that were deemed threatening and were formulated out of the person-environment relationship (Moos and Swindle, 2003; and Lazarus, 1993). The study of stress found that daily minor stressful experiences that were found in the surrounding environment were more distressing and threatening to a person's wellbeing than that of greater stress events (Lazarus and Folkman 1984). This was echoed in the narrative of humanitarian aid personnels' experiences as the chronic daily stresses were found to be more stressful than those of traumatic events. Chronic daily stresses were defined by the review of humanitarian aid personnel (Bjeneld et al., 2004; and Dawson and Homer, 2013) stress as comprising of working conditions, limited resources, heavy work load, organisational issues, team dynamics and poor living conditions. These work related challenges compromised the achievement of goals and the roles of the humanitarian aid workers.

The goal and the orientation of humanitarian aid work is to save lives, end suffering and uphold human dignity in insecure situations (Global humanitarian Assistance, 2014 and Birch and Miller 2005). Duty and action that motivates humanitarian assistance work is centred around these goals. When there are obstacles that limit the achievement of these goals, frustration and stress develop as the motivation and meaning of the work becomes threatened (Hearny and Deens, 2007). A review of the experiences of humanitarian aid personnel identified that these obstacles were mainly organisational issues which prevented the meeting of goals and duty. These obstacles were listed as limited resources, poor work conditions, poor planning, inappropriate goals, and long hours (Bjeneld et al., 2004 and Dawson and Homer, 2013).

Even though CPiE work takes place in highly insecure and volatile situations — where there is either a continuation of armed conflict or there is a threat of armed conflict, humanitarian workers reported that the organisational issues were more stressful than exposure to traumatic events (Save the Children 2014). Such organisational issues included the lack of clearly defined roles, goals and responsibilities as these issues compromised the wellbeing of the humanitarian aid personnel as they did not experience job or life satisfaction and often felt overwhelmed with the magnitude of tasks. Other organisational issues included the lack of appropriate communication, training and organisational support which caused many humanitarian aid personnel to experience stress and frustration.

These issues can be identified as challenges that limit work efficiency and which correlate with the definition of stress that the study adopted. To make CPiE work easier in achieving their goals and less stressful there must be an attempt to remedy the effect of poor organisational management. On-going daily stresses often resulted in negative and dysfunctional behaviour patterns of humanitarian aid workers. This correlates with the definition of distress which is the negative impact of stress and is the result of prolonged stresses (Mckenzie and Harris, 2013). Prolonged distress in turn results in stress disorders such as PTSD, Acute Stress Disorder and burn out.

5.1.1. Systematic factors of humanitarian aid experiences

The approach of the study was to identify the correlating factors that caused the humanitarian aid personnel distress and compromised their wellbeing. The general systems theory which guided the study places emphasis upon the need to identify multiple variables and factors that cause problems and how these interact in such a manner to formulate systems (Von

Bertalanffy, 1969). The causal factors of the stress of humanitarian aid personnel when discussed in the general systems theory can be classified into three overlapping systems. These factors which comprise of the three overlapping systems are the environment of humanitarian aid work, work related responsibilities and limited resources, role allocation and responsibility, team work, overwhelming nature of the work, the meaning of humanitarian aid work, ethical decisions, inappropriate or inadequate training and support programmes, personal history of exposure to previous trauma and psychological disorders, returning home, culture shock, limited communication with external support networks and within the organisation and the stigmatisation of stress (Dawson and Homer, 2013; Hearns and Deeny, 2007; Eriksson et al., 2009; Cardozo et al., 2012; Nilsson et al., 2011; Erikkson, 2012; Satori and Fave, 2014; McEachran, 2013; Musa and Hamid, 2008; Smith and Rigby 2014; Hurni, 2013).

As identified by the Moos Stress and coping theory, these different factors can be divided into three different systems that overlap with one another. These three systems are the personal system, which comprises of the humanitarian aid worker, the organisational system which is the humanitarian aid organisation and the environmental system which is the humanitarian emergency and the working conditions that the humanitarian aid organisation and the humanitarian aid personnel have been deployed to.

The study found that the personal system comprises of the meaning of humanitarian aid work, ethical decisions, and the personal history of exposure to previous trauma and psychological disorders, as well as limited communication with external support networks. In turn, the organisational system includes the support programmes the culture within the organisations, the training programmes, the role allocation, the team dynamics, and internal organisational communication and administration issues. The environmental system comprises of the environmental characteristics of humanitarian aid work, difficulties in communication, isolation, limited resources, living conditions and work conditions. The area in which the organisational, environmental and personal systems overlap can be found in team work and dynamics, the meaning of the work, work goals, the role allocation and responsibility, work related responsibility, limited resources, overwhelming nature of the work, inappropriate and inadequate training and support programmes. This study found that the different factors overlap across three systems as the different variables and factors inform and correlate with one another to formulate a closed system of stress.

These three different systems are classified as open systems, defined by the general systems theory as they are systems which are impacted by external factors and are influenced by variables that are not found directly within the system (Chorley, 1962). Such variables are uncontrollable and contribute to the problem. The interaction of these different systems compounds the problem of stress and distress of the humanitarian aid personnel. To address the problem of humanitarian aid personnel stress one must look at how these different systems contribute to stress. The review found that the manner in which these systems contributed to the problem of stress is that the humanitarian aid worker experienced feeling overwhelmed, confused and frustrated, as well as being unable to reach goals or being unable to fulfil self-appointed or work appointed roles.

The review of the literature concerning the humanitarian aid personnel experiences revealed that factors and variables that contributed to burn out, distress, traumatisation and stress were mainly contextual factors that were interlinked and which compounded the feelings of frustration and feeling overwhelmed. A major factor that contributed to coping was that of meaning which could be found in the worker and in the organisational system. Meaning is the value that is attached to the humanitarian aid work by the humanitarian aid personnel, the organisation and the environment. Another major factor which contributed to stress was the need for humanitarian aid personnel to feel as though their roles in both the organisation and in the surrounding context were appreciated, meaningful and acknowledged (Dawson and Homer, 2013 and Ehrenreich and Elliot, 2004). When their work and effort lost value and was not meaningful, the humanitarian aid worker experienced a sense of being overwhelmed and felt that their efforts were fruitless. These feelings were also experienced when goals were either not obtained or achieved, or where there was role confusion, and this often resulted in feelings of failure and inadequacy (Dawson and Homer, 2013; Ehrenreich and Elliot, 2004 and Erkission et al., 2009). CPiE work takes place in emergencies which entail that CPiE personnel often only are deployed for either a short period of time or with goals that appear to be unattainable in the given situation.

5.2. Understanding the complexity of stress and coping through the Moos stress and coping model

To prevent burn out and stress and to promote the psychosocial wellbeing of humanitarian aid personnel there must be an awareness of these different systems and factors that cause distress. Psychosocial stress and wellbeing is a holistic approach to the interaction of a person

within their environment, social dynamic and personal needs (Martikainen, Barley and Lahelma, 2012). The psychosocial wellbeing of a person is dependent upon the resolution of the challenges and threats of everyday events as well as on the adequate support mechanisms that establish a safe and supportive environment (ARC 2009 and Negovan, 2010). The Moos stress and coping model supports this narrative as it adopts a holistic approach to stress and coping which incorporates multiple facets of the environment and the person and the interaction between the environment and the person (Moos and Holahan, 2003). These facets are identified by Moos as the environmental system, personal system, life crises and transitions, cognitive appraisal and coping responses and health and wellbeing (ibid.).

The different factors in the experiences of humanitarian aid workers contributed to their stress due to the way in which they interconnected. They have been divided into the different facets of the Moos stress and coping model. Environmental factors include life stresses and social resources (which are classified by the experiences of humanitarian aid experiences), as work conditions that characterise humanitarian aid work, work related responsibilities, limited resources, lack of adequate training and team dynamics, unclear allocated roles and job descriptions, as well as inappropriate supervision (Eriksson et al., 2009; Dawson and Homer, 2013; Satori and Fave, 2014; Hearns and Deeny, 2007). Other factors included poor living conditions, the feeling of isolation and compromised communication with external social networks.

The environmental system interacts with and influences the personal system which reflects the following factors and variables of the experiences of humanitarian aid workers: personal history (which comprises of previous diagnosis of mental illness and exposure to previous traumatic events), another influence upon the personal demographics of a person is whether or not they are indigenous to the area and are employed as local people or if they are international staff. The environmental and the personal system interact, and influence each other and are in turn affected by and influence life crises and transitions, cognitive appraisal and coping responses and health and wellbeing.

The life crises and transitions comprise of the humanitarian aid workers' experiences which are: existential stress, exposure to suffering and to dangerous situations, culture shock and a new environment (Eriksson et al., 2009). In conjunction with this, the humanitarian aid workers were reported to experience isolation and were often deployed to insecure, uncertain and dangerous environments, often causing them to be exposed to others' suffering and the

witnessing of traumatic events (Eriksson et al., 2009 and Ehrenreich and Elliot, 2004). Their cognitive appraisal and coping responses were found to be dependent upon finding meaning in their work and reaching expectations and goals which were comprised of either the work conditions, the magnitude of the problem or the organisational issues (Dawson and Homer, 2013 and Lovgren, 2003).

Many humanitarian aid workers felt as though the support and training programmes that were offered were inadequate while the debriefing that was offered when humanitarian aid personnel were returning home was more of a team review (People in Aid, 2009). The organisational culture and attitude followed a narrative which supported the idea that those who suffered with stress disorders were weak and incapable of the work (Science Daily, 2014). These different narratives did not promote healthy coping styles and often resulted in the humanitarian aid worker experiencing a sense of isolation.

The final variable in the system of stress and coping is health and well-being; this is concerned with the experiences of health and the psychosocial wellbeing of the humanitarian aid personnel. The different factors which negatively impacted upon the health and the psychosocial wellbeing of the humanitarian aid personnel were identified as the loss of free movement, unfamiliar or bad food as well as the organisational environment which was characterised as not being secure, supportive, stable or compassionate. These different factors are interlinked and interact with one another in ways to either improve coping with stress or to heighten the experience of stress to distress. The different components that have been formulated out of Moos stress and coping model highlight the complexity and the need for a systematic approach to stress.

5.3. The need for a systematic approach to coping and stress

Adequate coping and support mechanisms are vital to prevent burn out and distress. These were not found in the review of the approaches of humanitarian aid organisations to the stress and care of humanitarian aid personnel other than the Antares Foundation Managing Stress in Humanitarian Workers. Coping mechanisms must include an appraisal of the environment, challenges and demands (Montero-Marin et al., 2014). The different components and the facets of the stress of humanitarian aid workers were not adequately evaluated and analysed. The humanitarian aid organisations did not approach the stress of humanitarian aid workers systematically but rather simplified the issue of stress and wellbeing to linear causality.

The Antares Foundation (2012) approaches the issue of stress through eight different principles that addresses the systematic interaction between the different components identified by Moos and how they relate to stress. The Antares Foundation (2012) recognises firstly that stress can be identified as three different types' day to day stress, cumulative stress and critical incident stress that correlate with one another. Their response of is to divide the approach of organisations into three divisions that addresses the personal system, the cognitive appraisal and coping responses and the health and wellbeing of the humanitarian aid personnel. This is evident in the eight principles which are policy, screening and assessing, preparation and training, monitoring, on-going support, crisis support, end of assignment support and post assignment support. These are vital for CPiE personnel as it recognises the different factors which cause stress as well as allowing personnel the training and facilities to address stress such as psychological support, training and preparation as well as the management skills to address organisational stress.

The IASC (2007) made appropriate care and support observations in their identification of different actions to adequately address the issues raised in the environmental system, life crisis and transitions and health and wellbeing. However, little attention was given to the issues raised in the personal system concerning demographics and personal factors that contribute to stress and coping. Even so, a significant contribution to coping was made by the IASC (2007) in identifying that debriefing was inadequate in addressing the issues of stress that were identified in the environmental system, personal system, cognitive appraisal, coping and the life crises and transitions.

The IASC offered PFA as an alternative to debriefing and this was reemphasised by WHO (2011), who in their 'Psychological First Aid Guide for Field Workers', applied PFA principles to humanitarian aid personnels' experiences of stress. The PFA does approach traumatic events in such a manner that supports the initial stressful response however PFA cannot be the only psychological support offered for humanitarian aid personnel. Once-off PFA is not adequate for humanitarian aid personnel experiences and stress. PFA should therefore be incorporated into the established psychological support and care approaches by organisations as the response to traumatic events but there should be other routine psychological support mechanisms in place for humanitarian aid personnel to access as suggested in the Antares Foundation Guidelines (2012).

The UNHCR (2001) booklet, *Managing the Stress of Humanitarian Emergencies*, approaches the different areas that contribute to stress as found in Moos stress and coping model. However, even though their conceptualisation of stress and the manner in which it is addressed by the UNHCR as with the other approaches there is no recognition of the need for a neutral mental health specialist this is vital to the personal system. A neutral mental health specialist would assist in the maintenance of positive cognitive appraisal and healthy coping mechanisms which constitutes the personal system. There is not enough attention paid to this division of the system which limits the effectiveness of the approach offered by UNHCR (2001) to prevent and treat stress.

The IRFC (2012) volunteers psychosocial support kit addresses mainly the environmental system stresses and health and wellbeing but does not recognise the need for a psychosocial approach to the stresses that are experienced by humanitarian aid personnel. The IRFC does address the need for peer support through verbal appraisal and the importance of team support (ibid). The IRFC (2012) support kit does offer a similar approach to stress as Moos's meaning of stress as it offers a holistic approach which promotes resilience, team support, psychological care and post assignment support. However a major failure of the IRFC is that it does not incorporate the need for fostering continual support from external support networks, rather the kit is aimed at creating an organisational environment that prevents stress. This places responsibility on the team leader to ensure that stress is prevented through changes in practices, adequate support and monitoring. This places a large amount of stress upon the leader who has the responsibility to support the team as well as to fulfil their duty and responsibilities.

Thus People in Aid's (2003) approach to the stress of humanitarian aid personnel does not address the issue of stress and coping within the framework of Moos stress and coping model, rather they are concerned with the management of staff to ensure that the goals of the organisation are reached. This is evident through their principles which does not recognise the need for social and peer support but rather emphasises the need for policies and practices that support fair employment standards, leadership, management, communication structures, screening, skills, security and physical wellbeing of the staff. (ibid) The intention of the approach is to transform the structures of the organisations to offer support to the staff. The different systems of the Moos stress and coping model have been neglected in the People in Aid's approach.

5.3.1. Psychosocial support as a systematic approach

The approaches of organisations regarding the stress of their staff do not address the experiences of humanitarian personnel, as these approaches are too simplistic and do not recognise that stress and coping are systematic and should be addressed in this manner. For humanitarian aid personnel to cope with stress there need to be systems and mechanisms in place that acknowledge that stress is a closed system comprised of multiple open systems which consist of the environment, organisation and personal. This is then situated in a model that networks different panels and influences that either compound stress or positively influence coping. The different panels and components of the model allow for stress and coping to be better understood and approached. The five different panels that are identified by the Moos stress and coping model must be acknowledged in addressing humanitarian aid personnels' stress and coping. PSS is one such approach that addresses the complexity of the different factors and variables that cause stress and distress in humanitarian aid personnel.

Psychosocial support must be administered to combat the stress of humanitarian aid personnel as it approaches stress holistically and is aware of the complexity of the system of stress. The approaches of the humanitarian aid organisations did not incorporate PSS as a coping or support mechanism. PSS must be incorporated into the support and care mechanisms for humanitarian aid personnel by humanitarian aid organisations. The manner in which this can be done is by firstly introducing a reorientation of humanitarian organisations' stances on the phenomenon of stress and what causes distress.

As discussed earlier humanitarian aid personnel's experiences and CPiE workers are extremely similar and mirror one another because of the characteristics of each environment and responsibilities. Thus care and support programmes of CPiE organisations should reflect the issues raised by the experiences of the humanitarian aid personnel. What should be included is the environment-person relationship and how the interaction between the environment, person and the organisation is not linear but circular. The programmes and the policies of organisations regarding the stress and care of humanitarian aid personnel should be more concerned with the different factors and variables that cause the development of stress. The approach that organisations should take regarding the wellbeing of humanitarian aid personnel working with children protection in emergencies will be discussed in the concluding chapter.

CHAPTER SIX: CONCLUSION

6.1 Summary

The definition of stress and the experiences of humanitarian aid workers reveal that the conditions and the nature of humanitarian aid work are highly stressful and cause the development of stress disorders. The findings conclude that humanitarian aid work exposes the humanitarian aid worker to multiple stresses in not only their work environment, but also in their social and surrounding environment. The combination of these stresses show that the wellbeing of humanitarian aid workers needs to be on the agenda of the international arena as humanitarian aid workers implement multiple international humanitarian laws. A high number of humanitarian aid personnel experience psychosocial stress, which limits the achievement of the aims and the goals of humanitarian aid organisations.

The intent of the research was to investigate the causes of the high prevalence of CPiE personnel experiencing burn out, PTSD, acute stress disorders and secondary traumatisation, and whether the PSS that was offered was sufficient or if it failed to promote the psychosocial wellbeing of humanitarian aid personnel. Due to the limited research of CPiE personnel's stress the study was conducted by analysing the experience of humanitarian aid workers. This was sufficient as the environment, organisations and responsibilities of CPiE personnel and humanitarian aid workers are very similar. From the experiences of humanitarian aid workers, the study found that daily stresses are a fundamental cause of stress disorders. This was in accordance with Lazarus and Folkman (1984) who recognise daily hassles as more distressing and threatening to the health and the wellbeing of a person as opposed to the common belief that a once off traumatic event is more stressful.

The experiences of humanitarian aid personnel emphasises the cause of stress as unclear work roles, unattainable work and personal goals, unclear descriptions of work responsibilities and insufficient work related support by the organisation (Eriksson et al., 2009; Dawson and Homer, 2013 and Satori and Fave, 2014). Additional stressors that are significant for humanitarian aid workers include personal support structures, the need for meaning of their work and roles, personal history and insufficient communication between

the humanitarian aid worker and their home support structures (Ehrenreich and Elliott, 2004; Erkisson et al., 2009; Lovgren, 2003 and Satori and Fave, 2014).

This dissertation proposes that humanitarian aid organisations must be concerned with the effect of daily stresses and hassles on CPiE workers' wellbeing. A review of the current PSS offered by humanitarian aid organisations to humanitarian personnel showed that these organisations failed to acknowledge the effect of daily hassles on the psyche of the humanitarian aid personnel (Antares Foundation, 2012; IASC, 2007 and WHO, 2011). Rather the dissertation found that humanitarian aid organisations offer an approach to stress that does not take into account the day-to-day stresses of humanitarian aid personnel work conditions and relations, as well as the personal factors that contribute to stress. The emphasis of humanitarian aid organisations regarding stress support is rather focussed on environmental stresses such as once off traumatic events and the general lack of safety. Even though there was recognition of the different types of stress such as day to day stress, cumulative stress and critical event stress by the different organisations. The review of humanitarian aid organisations approaches to stress was limited as the study was desk-top based, thus there were no interviews with the organisations regarding questions that arose during the study. These questions were identified as what are the challenges faced by humanitarian aid organisations in implementing the approaches to stress, how these organisations overcame these challenges and what is the response of humanitarian aid workers to intervention and monitoring programmes regarding stress.

A review of the humanitarian aid organisations approach to PSS reveals that there is limited recognition of the significance of psychosocial wellbeing. Psychosocial wellbeing is a holistic approach to the health and wellbeing of a person that incorporates the physical, cognitive, emotional, spiritual and the social dimensions (INEE, n.d). Addressing the psychosocial stress and wellbeing needs of the humanitarian aid worker is essential to combat the effects of stress as according to the study the dominant stress of the humanitarian aid worker is psychosocial. This supports the theoretical framework of Von Bertalanfy's general systems theory (1969) and the Moos (Moos and Holahan, 2007) stress and coping theory as stress is conceptualised as a combination of factors that are interdependent and interact systematically. This conceptualisation of stress challenges firstly the humanitarian organisations' priority of humanitarian aid personnel's' stress and wellbeing, as well as the need of PSS for

humanitarian aid workers by humanitarian aid organisations, and secondly the support that is offered by humanitarian aid organisations.

The findings of this dissertation highlight that often humanitarian aid organisations' approaches to stress have largely failed to combat the psychosocial stress of the humanitarian aid workers as they do not recognise the need for a holistic approach to the stresses that arise in this type of work. The support offered does not offer adequate psychological support nor does it pay significant respect to the effect of chronic daily stresses upon the wellbeing of humanitarian aid worker.

However the Antares Foundation (2012) Managing Stress in Humanitarian Workers guidelines was an effective and thoroughly researched document. It offered support that recognised the three stages of the humanitarian workers experience in the humanitarian aid sector, pre-deployment, in the field and post assignment. It did offer physical, cognitive and emotional dimensions to stress support even so it failed to incorporate the importance of spiritual and social dimensions of stress support. A major failing of the different organisations was the failure to administrate a complete PSS approach to stress. The different approaches of the organisations have attempted to include a holistic approach but few approaches included the spiritual and social dimensions. This is a major failing of the organisations as the spiritual and social support was identified by the humanitarian aid workers as lacking and important to their wellbeing.

6.2 Recommendations

Psychosocial needs of humanitarian aid workers emphasised that daily chronic stresses of humanitarian aid work needs to be reduced. Through an analysis of the experience of humanitarian aid workers several interventions should be implemented as a means to lessen the effect of daily chronic stresses. These include allocating roles, giving practical ways in which the humanitarian aid worker can realize that they are achieving their work and personal goals and through providing more appropriate descriptions of jobs. These same stresses would be found in the experiences of the CPiE as the characteristics of the work of both CPiE and humanitarian aid work is similar and takes place through the same structures and contexts.

The PSS offered needs to allocate available psychological professionals to humanitarian aid workers for psychological support which is not biased. This is lacking in the different programmes' approaches to stresses experienced by humanitarian aid workers. The PSS that would be adequate to address the stress of humanitarian aid workers must take a holistic approach to the stress of humanitarian aid workers, incorporating adequate social support structures not only amongst the teams and within the organisation, but also incorporating the external support structures. For CPiE workers this is vital as the work takes place in contexts which in many cases are far removed from their homes or are threatening to their personal support systems. A holistic approach would incorporate both the Moos conceptualisation of stress and a systematic approach to stress.

This could be achieved through identifying that stress is a product of multiple coinciding factors that interact in a system, thus the remedy of stress would be to adhere to the principles of PSS. This can be done through implementing communication structures and resources both internally and externally. Other means of providing adequate PSS is through formulating mechanisms that prevent the humanitarian worker experiencing isolation in their work and living environments, and rather allow the humanitarian aid worker to be able to interact with the local people and environment. Most of the organisations prioritise the need for monitoring of the staff to prevent stress, however this is done through a checklist. There should also be means of weekly or biweekly monitoring of the wellbeing of the humanitarian aid worker that is not only in the form of a checklist, but instead using an informal interview where the humanitarian aid worker is able to relax and feel as if their wellbeing is a priority.

The PFA that was offered by IFRC (2012), IASC (2007) and the WHO (2011) is an appropriate approach to exposure to once-off traumatic events, and should be incorporated into future initiatives concerning the stress and the wellbeing of humanitarian aid workers. There does need to be access to a fulltime mental health professional that is able to formulate a therapeutic alliance which allows for sufficient cognitive support.

6.3 Conclusion

The need for adequate PSS for humanitarian aid personnel who work in CPiE is to allow for humanitarian aid organisations to increase their productivity, as stress affects the organisations' and workers' productivity and the attainment of goals and their wellbeing.

This is vital as humanitarian aid work has become a means of security in times of humanitarian crises. Therefore, within the field of conflict transformation the needs and the wellbeing of humanitarian aid personnel need to become a priority.

The findings of the study were dependent upon a desk-top review of the experiences of humanitarian aid workers and the approaches of humanitarian aid organisation. This is a limitation as the findings were based on others' findings and upon a broad overview of the different experiences and approaches of humanitarian aid workers and not CPiE personnel. Future studies should be more concerned with primary data, as well as emphasising the interplay between stresses and how this can lead to distress and stress in CPiE personnel. The findings of the study found that according to the experiences of the humanitarian aid workers the approaches of humanitarian aid organisations are unable to adequately respond to humanitarian aid workers stress. This was attributed to the experience of humanitarian aid workers combining a multiple of factors which caused stress. The complexity of the stress of humanitarian aid workers must be taken into account for support and care to be appropriate and effective.

References

Actalliance (n.d.) *Guide on community based psychosocial support*. [Online] Available from: http://psychosocial.actalliance.org/default.aspx?di=66177. [Accessed: 26/08/2014].

Antares Foundation (2012) *Managing Stress in Humanitarian Workers*. [Online] Available from:http://reliefweb.int/sites/reliefweb.int/files/resources/managing_stress_in_humanitarian _aid workers_guidelines_for_good_practice.pdf. [Accessed: 19/05/2014].

Antares Foundation (2012) *Antares-CDC Research.* [Online] Available from: https://www.antaresfoundation.org/research#.VDrLpvmSxe8. [Accessed: 12/07/2014].

ARC (2009) *ARC Resource pack- Foundation module 7.* [Online] Available from: http: //www.arc-online.org. [Accessed: 15/09/2014].

Ager, A. and Loughry, M. (2004) Psychology and Humanitarian Assistance. *The Journal of Humanitarian Assistance*. Available from: http://sites.tufts.edu/jha/archives/80. [Accessed: 23/10/2014].

Baird, K. and Kracen, A, C. (2006) Vicarious traumatisation and secondary Traumatisatic stress: A research synthesis. *Counselling Psychology Quarterly*, 19(2), p. 181-188.

Barber, B. (2011) Diplomats, aid workers fear to treat stress. *World and I*, 26 (10), p. 5 -10.

Billings, A. G. and Moos, R. H. (1984) Coping, Stress and Social Resources Among Adults With Unipolar Depression. *Journal of Personality and Social Psychology*, 46 (4), p. 877-89.

Birch, M. and Miller, S. (2005) Abc Of Conflict and Disaster: Humanitarian Assistance: Standards, Skills, Training, and Experience. *British Medical Journal*, 330 (7501), p. 1199-1201.

Bjerneld, M. et al. (2004) Perceptions of Work in Humanitarian Assistance: Interviews with Returning Swedish Health Professionals. *Disaster Management & Responses*, 2, p. 101-108.

Bryant, R. et al. (2010) A Review of Acute Stress Disorder in DSM-5. *Depression and Anxiety*, 0, p. 1-16.

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology. Qualitative Research in Psychology, 3 (2). p. 77-101

Burke, P. J. (1991) Identity Processes and Social Stress. *American Sociological Review*, 56 (6), p. 836-849.

Cardozo, B. et al. (2012) Psychological Distress, Depression, Anxiety and Burn out Among International Humanitarian Aid Workers: A Longitudinal Study. *PLOS ONE*, 7 (9), p. 1-13.

Chorley, R. J. (1962) *Geomorphology and General Systems Theory. Theoretical Papers in the Hydrologic and Geomorphic Sciences*. Washington: United States Government Printing Office.

Chun, C., Moos, R. and Cronkite, R. (2006) Culture: Fundamental Context for the stress and coping paradigm. In: Wong, P. T. P. and Wong, L. C. J. (eds.) *Handbook of Multicultural Perspectives on Stress and Coping*. New York: Springer Science and Business Media, p. 29-53.

Cliffe, S. and Petrie, C. (2008) Chapter 4: Opening Space for Long-Term Development in Fragile Environments. In: Hidalgo, S. and Lopez-Carlos, A. (eds.) *Humanitarian Response Index 2007: Measuring Commitment to Best Practice*. New York: Palgrave Macmillan, p. 53-62.

Cohen, S. and McKay, G. (1984) Social Support, Stress and the Buffering Hypothesis: A Theoretical Analysis. In: Baum, A., Taylor, S. S. and Singer, J. E. (eds.) *Handbook of Psychology and Health*. Hillsdale: Erlbaum, p. 523-267.

Connorton, E. et al. (2012) Humanitarian Relief Workers and Trauma-related Mental Illness. *Epidemiological Reviews*, 34, p. 145-155.

Cook, B. (2013) *Dealing with Aid worker Burn out*. [Online] Available from: http://www.theguardian.com/global-development-professionals-network/2013/feb/22/dealing-with-aid-worker burnout?CMP=twt_gu&goback=%2Egde_1781047_member_221783618. [Accessed: 07/09/2014].

Coon, D. and Mitterer, J. O. (2007) *Introduction to Psychology*. Belmont: Thomson Wadsworth.

CPWG (2012) *Minimum standards for child protection in humanitarian action*. [Online] Available from: http://www.cpwg.net. [Accessed: 8/09/ 2014].

Durrheim, K. (1999) Research Design. In: Terre Blanche, M. et al. (eds.) *Research in Practice: Applied Methods for the Social Sciences*. Cape Town: University of Cape Town Press, p. 33-59.

Dawson, A. and Homer, C. (2013) Managing the International Humanitarian and Development Health Workforce: a review of experiences and needs. *Asia Pacific Journal of Health Management*, 9 (1), p. 14-23.

Ehrenreich, J. H. and Elliott, T.L. (2004) Managing Stress in Humanitarian Aid Workers: A Survey of Humanitarian Aid Agencies' Psychosocial Training and Support of Staff. *Peace and Conflict: Journal of Peace Psychology,* 10 (1), p. 53-66.

Elsharkawi, H. et al. (2010) *Preparing humanitarian workers for disaster response: a Red Cross/Red Crescent field training model. No. 1.* [Online] Available from: http://www.odihpn.org/humanitarian-exchange-magazine/issue-46/preparing-humanitarian-workers-for-disaster-response-a-red-cross/red-crescent-field-training-model. [Accessed: 10/08/2014].

Eriksson, C. et al. (2009) Social support, organisational support and religious support in relation to burnout in expatriate humanitarian aid workers. *Mental Health, Religion & Culture,* 12 (7), p. 671-686.

Eriksson, C. et al. (2012) Redeployment Mental Health and Trauma Exposure of Expatriate Humanitarian Aid Workers: Risk and Resilience Factors. *Traumatology*, 19 (1), p. 41-48.

Everly, G. and Lating, J. (2013) *A Clinical Guide to the Treatment of Human Stress Response*. New York: Springer.

Explorable (2015). Random Sampling. [Online]. Available from: https://explorable.com/simple-random-sampling. [Accessed: 10 March 2015].

European Association for Counselling (2011) *Newsletter.* [Online] Available from: http://daviddutch.com/eacnewsletter/january/page8.php. [Accessed: 12/11/2014].

Friedman, B. and Neuman, K. M. (2011) System Theory. In: Brandell, J. R. (ed.*) Theory & Practice in Clinical Social Work*. Thousand Oaks: Sage Publications.

Forbes, D. et al. (2011) Psychological First Aid Following Trauma: Implementation and Evaluation Framework for High-Risk Organisations. *Psychiatry*, 74 (3), p. 224-239.

Gilbert, J. (2006) *Psychological self care for humanitarian worker*. Liverpool: Liverpool School of Tropical Medicine.

Global Humanitarian Assistance (2014) *Defining humanitarian assistance*. *A Development Initiative*. [Online] Available from: http://www.globalhumanitarianassistance.org/data-guides/defining-humanitarian-aid. [Accessed: 9/09/2014].

Hardcastle, R. J. and Chau, A. T. L. (1998) Humanitarian Assistance: towards a right of access to victims of natural disasters. *International Review of the Red Cross*, (325). Available

from: https://www.icrc.org/eng/resources/documents/misc/57jpjd.htm.[Accessed: 24/10/2014].

Hayes, M. W. (2013) The Challenge of Burnout: An Ethical Perspective. *Annuals of Psychotherapy & Integrative Health*, Summer, p. 20-25.

Hearns, P. and Deeny, P. (2007) The Value of Support for Aid Workers in Complex Emergencies: A Phenomenological Study. *Disaster Management & Response*, 5 (2), p. 28-35.

Herman, J. (2010) *Trauma and Recovery from domestic abuse to Political Terror*. London: Pandora.
Herman, J. and Tetrick, L. E. (2009) Problem-focused versus emotion focused coping strategies and repatriation adjustment. *Human Resource Management*, 48 (1), p. 69-88.

Hill, T. (2009) Kant and Humanitarian Intervention. *Philosophical Perspectives*, 23, p. 221-240.

Hobfall, S. (1989) Conservation of Resources. A New Attempt at Conceptualizing Stress. *American Psychologist*, 44 (3), p. 513-524.

Horowitz, M. J. (1990) Stress, States, and Person Schemas. *Psychological Inquiry*, 1 (1), p. 25-26.

Humanitarian Coalition (n.d.) *What is a humanitarian crises?*. [Online] Available from: http://humanitariancoalition.ca/info-portal/factsheets/what-is-a-humanitarian-crisis. [Accessed: 14/09/2014].

Hurni, R. (2013) *Trauma*. [Online] Available from: http://globalaidworker.org/trauma/. [Accessed: 22/10/2014].

IASC (2007*) IASC guidelines on mental health and psychosocial support in emergency Settings* . [Online] Available from: http://www.who.int/mental_health/emergencies/ guidelines_iasc_mental_health_psychosocial_june_2007.pdf. [Accessed: 24/09/2014].

ICRC (2014) *Rule 31. Humanitarian Relief Personnel. Customary IHL*. [Online] Available from: https://www.icrc.org/customary-ihl/eng/docs/v1_rul_rule31.[Accessed: 08/11/2014].

IFRC, Psychosocial centre (n.d.) *Psychosocial Support: Healing wounded souls*. [Online] Available from: http://psp.drk.dk/sw38265.asp. [Accessed: 16/07/2014].

INEE (n.d.) *Thematic issue brief: Psychosocial wellbeing*. [Online] Available from: http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1128/INEE_Thematic_Issue_Brief_Psychosocial.pdf . [Accessed: 26/11/2014].

International Federation Reference Centre for Psychosocial Support (2009) *Psychosocial interventions a handbook*. [Online] Available from: http://mhpss.net/?get=22/1328075906-PsychosocialinterventionsAhandbookLowRes.pdf. [Accessed: 19/08/2014].

IRFC (2009) *Caring for volunteers*. [Online] Available from: http://issuu.com/danskrodekors/docs/caring_for_volunteers. [Accessed: 26/09/2014].

Jaffe, P. D. (n.d.) *Chapter five; Helping the Helpers: Tips to Avoid Burnout Reactions and to Remain Professionally Effective. The Mental Health Aspects of Trafficking in Human Beings*. [Online] Available from: http://iom.hu/PDF/chapter5.pdf. [Accessed: 7/09/2014].

Katz, H. (2006). Global surveys or multi-national surveys? On sampling for global surveys. [Online] Available from: http://www.global.ucsb.edu/orfaleacenter/conferences/ngoconference/Katz_for-UCSB-data-workshop.pdf [Accessed 11/03/2015]

Karlsson, L., Strukenbruck, D and Cecchetti, R. (2010). Child Protection: Talking action against all forms of abuse, neglect, violence and exploitation. [Online] Available from: http://resourcecentre.savethechildren.se/sites/default/files/documents/2779.pdf [Accessed: 10/03/2015].

Karminer, D and Eagel, G. (2010). Traumatic Stress in South Africa. South Africa. Wits Universtity Press.

Kopinak, J. K. (2013) Humanitarian Aid: Are Effectiveness and Sustainability Impossible Dreams?. *The Journal of Humanitarian Assistance*. Available from: http://sites.tufts.edu/jha/archives/1935. [Accessed: 11/11/2014].

Krippner, S., Pitchford, D. and Davies, J. (2007) *Biographies of Disease: Post Traumatic Stress Disorder*. California: Greenwood.

Lazarus, R. S. and Folkman, S. (1984) *Stress, Appraisal, and Coping*. New York. Springer.

Lazarus, R. S. and Folkman, S. (1987) Transactional theory and research on emotions and coping. *European Journal of Personality*, 1, p. 141-169.

Lazarus, R. S. (1993) From Psychological Stress to the Emotions: A History of Changing Outlooks. *Annual Review of Psychology*, 44, p. 1-2.

Lazarus, R. S. (1993) Coping Theory and Research: Past, Present and Future. *Psychosomatic Medicine*, 55, p. 234-47.

Lloyd, C., King, R. and Chenoweth, L. (2002) Social work, stress and burnout: a review. *Journal of Mental Health*, 11 (3), p. 255-265.

Lovgren, S. (2003) *Aid Workers, Too, Suffering Post-Traumatic Stress*. [Online] Available from: http://news.nationalgeographic.com/news/2003/12/1203_031203_aidworkers_2.html. [Accessed: 12/10/2014].

Louw, G. J. and Viviers, A. (2010) An evaluation of a psychosocial stress and coping model in the police work context. *SA Journal of Industrial Psychology*, 36 (1). Available from: www.sajip.co.za/index.php/sajip/article/view/442/899. [Accessed: 12/11/2014].

Martikainen, P., Bartley, M. and Lahelma, E. (2002) Psychological determinants of health in social epidemiology. *International Epidemiological Association*, 31, p. 1091-1093.

Maslach, C. and Leiter, M. P. (1997) *The Truth About Burnout: How Organisations Cause Personal Stress and What to Do About It*. San Francisco: Jossey-Bass.

McCormack, L. and Joseph, S. (2012) Postmission Altruistic Identity Disruption Questionnaire (PostAID/Q): Preliminary Development of a Measure of Responses. *Following Adverse Humanitarian Aid Work*, 18 (3), p. 41-48.

McEachran, E. (2013) *Aid Workers and Post-Traumatic Stress Disorder. Dealing with RiskHub*. [Online] Available from: http://www.theguardian.com/global-development-professionals-network/2014/mar/03/post-traumantic-stress-disorder-aid-workers. [Accessed: 23/10/2014].

McKenzie, S. H. and Harris, M. F. (2013) Understanding the Relationship between stress, distress and healthy lifestyle behaviour: a qualitative study of patients and general practitioners. *BMC Family Practice*, 14 (166), p. 1-8.

Min-Harris, C. (2011) *Staff Care and Humanitarian Aid Organisations: A moral obligation.* Denver: University of Denver.

Minn, P. (2007) Towards an Anthropology of Humanitarianism. *The Journal of Humanitarian Assistance*. Available from: http://sites.tufts.edu/jha/archives/51. [Accessed: 11/09/2014].

Montero-Marin, J. et al. (2014) Coping with stress and types of burnout: explanatory power of different coping strategies. *PLOS ONE*, 9 (2), p. 1-9.

Moos, R. H. and Swindle Jr. R. W. (1990) Person-Environment Transactions and Stressor-Appraisal-Coping Process. *Psychological inquiry*, 1 (1), p. 30-32.

Moos, R. H. (2001) The Mystery of Human Context and Coping; An Unravelling of Clues. *American Journal of Community Psychology*, 30 (1), p. 67-88.

Moos, R. H and Holahan, J. (2003) Dispositional and Contextual Perspectives on Coping Toward an Integrative Framework. *Journal of Clinical Psychology*, 59, p. 1387-1403.

Musa, S. A. and Hamid, A. R. M. (2008) Psychological Problems Among Aid Workers Operating in Darfur. *Social Behaviour and Personality*, 36 (3), p. 407-416.

Nilsson, S. et al. (2011) Moral Stress in International humanitarian Aid and Rescue Operations: A Grounded Theory Study. *Ethics & Behaviour*, 21 (1), p. 49-68.

Negovan, V. (2010) Dimensions of students' psychosocial well-being and their measurement: Validation of a students' psychosocial wellbeing inventory. *Europe's Journal of Psychology*, 2, p. 85-104.

Neuman, W. L. (2011) *Social Research Methods: Qualitative and Quantitative Approaches*. Boston: Allyn & Bacon.

OHRM (1995) *Mission Readiness and Stress Management*. [Online] Available from: http://www.un.org/Depts/OHRM/stress.htm#Part4c. [Accessed: 24/09/2014].

Pearlin, L. et al. (1981) The Stress Process. *Journal of Health and Social Behaviour*, 22 (4), p. 337-356.

People in Aid (2009) *Approaches to Staff Care in International NGOs*. [Online] Available from: http://www.peopleinaid.org/pool/files/pubs/approaches-to-staff-care-in-international-ngos.pdf. [Accessed: 16/08/2014].

People in Aid (2003) *Code of good practice*. London: Humanitarian Practice Network.

People in Aid (2012) *Interview with Alessandra Pigni*. [Online] Available from: http://www.peopleinaid.org/news/241.aspx. [Accessed: 21/09/2014].

Pross, C. (2006) Burnout, vicarious traumatisation and its prevention. *Torture*, 16 (1), p. 1-10.

Putman, K.M. et al. (2009) Exposure to Violence, Support Needs, Adjustments and Motivators Among Guatemalan Humanitarian Aid Workers. *American Journal of Community Psychology,* 44, p. 109-115.

Reisz, R.D. (2009). Soft and Hard Data and Definition for University Ranking. [Online] Available from: http://ireg-observatory.org/prezentacje/2009/reisz_16_06_09.pdf [Accessed 10/03/2015]

Rigby, B. (2013) *Heart of Darkness: the Psychology of an Aid Worker*. [Online] Available from: http://www.whydev.org/heart-of-darkness-the-psychology-of-an-aid-worker/ . [Accessed: 12/10/2014].

Sartori, R. D. G. and Fave, A. D. (2014) First-Aid Activities and Well-being: The Experience of Professional and Volunteer Rescuers. *Journal of Social Service Research,* 40 (2), p. 242-254.

Save the Children (2014) *Protecting Children in Emergencies*. [Online] Available from: http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6192515/k.319F/Protecting_Children_in_Emergencies.htm. [Accessed: 8/09/2014].

Science Daily (2012) *No relief for relief workers: Humanitarian aid work raises risk of depression and anxiety*. [Online] Available from: http://www.sciencedaily.com/releases/2012/10/121001132152.htm. [Accessed: 10/11/2014].

Scott, E. (2014) *Psychosocial stress*. [Online] Available from: http://stress.about.com/od/stressmanagementglossary/g/What-Is-Psychosocial-Stress.htm. [Accessed: 25/07/2014].

Seaweed, L. B. (2012) *Managing Stress: Principles and Strategies for Health and Well-being*. Ontario: Jones & Bartlett Learning.

Seyle, H. (1976) Forty years of stress research: principal remaining problems and misconceptions. *CMA Journal*, 115, p. 53-56.

Shannon, R. (2009) Playing with principles in an ear of securitized aid: negotiating humanitarian space in post-9/11 Afghanistan. *Progress in Development Studies*, 9 (1), p. 15-36.

Shah, S., Garland, E. and Katz, C. (2007) Secondary Traumatic Stress: Prevalence in Humanitarian Aid Workers in India. *Traumatology*, 13, (1), p. 59-70.

Skinner, R. and Lester, A. (2012) Humanitarianism and Empire: New Research Agendas. *The Journal of Imperial and Commonwealth History*, 40 (5), p. 729-747.

Shin, H. et al. (2014) Relationships between coping strategies and burnout symptoms: A meta-analytic approach. *American Psychological Association*, 45 (1), p. 44-56.

Siegle, D. (2002) *Principles and Methods in Educational Research*. [Online] Available from: http://www.gifted.uconn.edu/siegle/research/qualitative/qualitativeinstructornotes.html. [Accessed: 16/08/2014].

Silverman, D. (2003) Introducing Qualitative Research. In: Silverman, D. (ed.) *Qualitative Research*. London: SAGE Publications, p. 3-13.

Smith-Acuna, S. (2011) *Systems Theory in Action: Applications to Individual, Couple and Family Therapy*. New Jersey: John Wiley & Sons.

Smith, A. and Rigby, B. (2014) *Humanitarian aid worker aid thyself*. [Online] Available from: http://www.humanosphere.org/basics/2014/03/humanitarian-aid-worker-aid-thyself/. [Accessed: 28/10/2014].

Thoits, P. (1991) On Merging Identity Theory and Stress Research. *Social Psychological Quarterly*, 54 (2), p. 101-112.

Thoits, P. (1995) Stress, Coping and Social Processes: Where are we? What next?. *Journal of Health and Social Behaviour*, 35, p. 53-79.

Trim, D. J. B. and Sims, B. (2011) Towards a history of humanitarian intervention. In: Simms, B. and Trim, D. J. B. (eds.) *Humanitarian Intervention: A History*. Cambridge: Cambridge University Press, p. 1-25.

UNICEF (2013) *2013 Global: Evaluation of UNICEF Programmes to Protect Children in Emergencies (CPiE) - Synthesis Report*. [Online] Available from: http://www.unicef.org/evaldatabase/index_CPiE.html. [Accessed: 8/09/2014].

UNHCR (2001) *Managing the stress of humanitarian emergencies*. Geneva: The UN Refugee Agency.

Von Bertalanffy, L. (1950) An Outline of General System Theory. *British Journal for the Philosophy of Science,* 1 (2), p. 134-165.

Von Bertalanffy, L. (1969) General Systems Theory and Psychiatry- An Overview. In: Gray, W., Duhl, F. J. and Rizzo, N. D. (eds.) *General Systems Theory and Psychiatry*. Boston: Little Brown, p. 33-50.

Von Bertalanffy, L. (1972) The History and Status of General Systems Theory. *The Academy of Management Journal*, 15 (4), p. 407-426.

Wheaton, B. and Montazer, S. (2010) Stressors, Stress and Distress. In: Scheid, T. L. and Brown, T. N. (eds.) *A Handbook for Mental Health*. Cambridge: Cambridge University Press, p. 171-200.

Wastell, C. (2005) *Understanding Trauma and Emotion*. Maidenhead: Open University Press.

WHO (2011) *Psychological first aid: Guide for field workers*. Geneva: WHO Press.