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PROBLEMS CONFRONTING THE HUMANITARIAN WORKERS

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Abstract: *The humanitarian aid personnel usually work in complex environments where working conditions are often not favourable, which results in putting these humanitarian staff at risk of experiencing traumatic and daily cumulative stresses. As this field of study is relatively new and least addressed, this paper aims to provide a conceptual overview of common themes that have begun to emerge from recent works. Different areas of risks are proposed that are likely to have applicability across different contexts and situations. This includes individual risk factors, health issues and situational risk factors which require Psychological adjustment, medical health and security in promoting safety and wellbeing of individuals.*
Keywords: *Job stress, risk factors, psychological distress, Psychological Co morbidity*

INTRODUCTION

Psychological distress that may result from repeated exposure to traumatic events experienced as part of a person's every day work, includes symptoms ranging from posttraumatic stress disorder and depression, discontinuity in memory, perception or identity (Koopman, Classen, & Spiegel, 1994) to emotional exhaustion, and low personal accomplishment. A refugee camp is one of the hardest situations that one could find in, because it's so dynamic and horrifying that thousands of people may be there dying and watching their close relatives dying. It is one of the hardest things, in terms of emotions.

It is commonly acknowledged that humanitarian aid efforts are increasingly associated with a rising number of civil conflicts and with countries suffering from prolonged poverty and disaster (International Federation of Red Cross and Red Crescent Societies, 1998; Minear & Weiss, 1995). During these complex emergencies, humanitarian staff is at risk of experiencing acute potentially traumatic stressors and ongoing cumulative daily stresses. At times these staff may themselves become victims of disasters. Secondary traumatic stress is an experience of trauma that comes from behaviour and emotions resulting from helping or wanting to help a suffering person (Figley, 1995). Incidents such as catastrophic injury to a co-worker, gruesome victim incidents, aiding seriously injured victims of a disaster, vulnerable victims, and exposure to death and dying, have been rated as being the most stressful (Beaton, Murphy, Johnson, Pike & Corneil, 1998).

Academic research and clinical knowledge about the wellbeing of humanitarian aid workers remains in its infancy. Due to early stage of development of this field, this paper aims to provide a conceptual overview of common patterns that have begun to emerge from recent works and to set forth a preliminary examination of areas that are likely to carry risks for the psychological adjustment of international and national humanitarian staff that have applicability across different contexts, countries and people.

INDIVIDUAL RISK FACTORS AND PSYCHOLOGICAL DISTRESS

= ***Job Expectations***

International aid workers have expectations about the ideals of humanitarianism and the conduct of colleagues was often met with disappointment (McFarlane, 2003b). Inexperienced aid workers wanting simply to help can become targets for anger and rejection. Most of the national aid workers work with international aid organizations for their own survival and for their good name.

= ***Risk Taking Tendency***

Risk taking tendency has been reported as prevalent among humanitarian staff (Smith, 2002). Sheik et al. (2000) reported that workers who were parents are more careful and therefore were significantly less likely to die from unintentional violence (accidents), implying that individuals without such responsibilities were more likely to engage in risk-taking behaviour.

= ***Negligence in Self-Care***

Several authors have reported that despite being briefed, aid workers did not follow preventive measures for their health (Blacque-Belair, 2002; Lange et al., 1994). Sharp et al. (1995) and Blacque-Belair (2002) both reported that some relief workers felt uncomfortable utilizing medical prevention strategies that were not available to the local population.

HEALTH ISSUES IN HUMANITARIAN AID WORK

The health consequences associated with humanitarian aid work include death, physical illness and psychological distress.

= ***Loss of Life***

There has been a documented rise in mortality rates of humanitarian aid workers over the past decade, which has indicated the serious risks humanitarian staff faces (Sheik et al., 2000). Intentional violence related

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to the use of weaponry (Sheik et al., 2000), infectious disease (Peytremann, Baduraux, O'Donovan, & Loutan, 2001) and accidents (Hurlburt, 2002) are the major reasons for deaths in humanitarian staff.

= ***Sickness***

Physical sickness experienced by humanitarian staff can have serious consequences in countries where the availability of health services may be limited. Preventable infectious diseases and accidents have been reported as the main medical problems which result in the majority of medical evacuations (Peytremann et al., 2001).

= ***Psychological Comorbidity***

Investigations have revealed that the international humanitarian staff is at risk of developing significant mental health problems. Cardozo & Salama (2002) reported high levels of depression (15%), anxiety (10%) and alcohol abuse (15%) in international aid workers. Reports from multiple sources have repeatedly documented the related distress, culture shock and burnout that humanitarian staff experience (Agger, 1995; Danieli, 2002; Lovell, 1997).

Studies suggest that nationals are also at increased risk of psychological distress. Holtz, Salama, Lopes Cardozo, & Gotway (2002) suggested that human rights workers in Kosovo experienced elevated levels of depression and anxiety associated with longer duration of employment. Ahmad (2002) outlined a unique range of personal and professional difficulties that national staff faced, including problems with accommodation, finances, safety, job security and family dislocation.

SITUATIONAL RISK FACTORS AND PSYCHOLOGICAL DISTRESS

These factors may carry risk for death and illness and are as follows:

= ***Timing of Employment***

For both international and national humanitarian staff, the critical periods during the first job with non-governmental organizations (NGOs) and for the beginning of subsequent jobs thereafter have reported increased psychological distress and physical health complaints. Sheik et al. (2000) reported that a third of all deaths occurred within the first three months of arrival and were unrelated to previous experience. Cardozo & Salama (2002) recommended the use of a formal mentoring system to support newcomers under such conditions. Cardozo & Salama (2002) also noted that experienced personnel who had completed multiple assignments were at risk of increased exposure to more traumatic experiences. Recreational breaks between assignments may be important for mediating the effects of traumatic stress allowing staff to ease their stress, rejuvenate and readjust (Eriksson, 1997).

= ***Organizational Preparation***

The role of the organization in preparing their humanitarian staff for aid work is very critical in mitigating or preventing psychological distress. Preliminary results from Cardozo & Salama (2002) suggest, "There is a relationship between organizational support policies and mental health outcomes in humanitarian aid workers". Studies of organizational practices have shown that pre-departure training in stress-management, conflict resolution, media handling, working cross-culturally and team building have been neglected aspects of training (Macnair, 1995; McCall & Salama, 1999). Simmonds et al. (1998) reported that many staff were not systematically briefed or covered by comprehensive medical examinations. For international staff, comprehensive knowledge and training about the country, security, medical care, psychological stress management, team building and cultural differences of the host country are important to reduce the potential for psychological distress.

= ***Country Violence***

Violence and the perceived threat to one's life constitute important risk factors in the wellbeing of both international and local staff. They include bombings, shootings, assaults, kidnappings, rape and accidents. The lack of legal and military protection for humanitarian staff exacerbates the problems of violence. Threats of violence may be in the following forms; the general layout of the host community and its phase of conflict and development, threats of violence targeted at particular groups (i.e. foreigners, women, ethnic groups) and threats of violence targeted at particular individuals. In humanitarian work, ongoing concerns about personal safety to oneself, colleagues, family and friends are common (Cardozo & Salama, 2002; McFarlane, 2003b). Eriksson (1997) found that the severity of exposure and high frequency of these occurrences were associated with higher levels of distress upon return home.

Unfortunately national staff may be more at risk because they are often not evacuated from countries in extreme danger, are not afforded the special status of Western aid workers while in-country and have limited access to resources. Although it is very difficult to prevent such situations of violence but, well-planned security procedures and psychological support that encourage individual health and security-promoting behaviour could be practiced.

= ***Cultural and Physical Context***

For international staff, social, cultural and geographical isolation are often an inherent part of the overseas experience. A combination of social, cultural and geographical isolation can evoke feelings of abandonment, despair and fear (McFarlane, 2003b). Moreover isolation is aggravated by placement in countries where cultural differences are greatest. There should be cultural training methods to improve cultural empathy, interpersonal problem-solving techniques and reinforcement of self-efficacious behaviour. Increasing access to electronic communication technology and the ability of international staff to integrate with local people are examples of ways in which feelings of loneliness and isolation may be ameliorated (Hullett & Witte, 2001; McFarlane, 2003b).

National staff may also find themselves working with minority, disadvantaged or marginalized community groups where they are considered outsiders. These groups may be culturally and linguistically different, thus posing difficulties with intercultural communication and trust for national staff. National staff can also benefit from intercultural training programs.

= ***Organizational Support***

It has been observed that sometimes there is a culture of denial among some aid organizations as well as a legitimate lack of organisational capacity to cope with the psychosocial challenges their staff face (Ager, Flapper, van Pietersom, & Simon, 2002). Macnair (1995) reported an

overall lack of training resources available for personnel, particularly nationals, while in the field.

Conflict with the aid organization, or staff members therein, role ambiguity, the remoteness of the office and the functional capacity of the NGO all increase the risk that humanitarian staff will feel unsupported organizationally (McFarlane, 2003b). These difficulties were particularly evident during critical incidents in which staff was faced with acute stressors and when direct requests for assistance were not met with constructive responses. National staff on the other hand has stresses associated with working for a western-based aid organization. These stresses arise due to cultural difference with the Western organizational style, language and communication barriers, an increased sense of insecurity about job loss, socioeconomic differences and enhanced power differentials (Ahmad, 2002; McFarlane, 2003b). Ahmad (2002) claimed that national staff were discontented with the amount of training they received by the organization. Similar difficulties arise for nationals when they see foreigners enjoying higher salaries and additional lifestyle benefits (McFarlane, 2003b). Careful culturally based research needs to address these important parameters in order for the wellbeing of national staff to be effectively addressed.

= ***Difficult Working Situations***

Humanitarian staff while working towards their job can work in antithesis to governments that may be noticeably corrupt, factional or dictatorial, beneficiaries that sometimes appear to make superficial or self-interested funding decisions and at worst, the very act of war. Assessing and reality-orienting staff expectations prior to their work, as well as allowing ventilation, encouragement and support while on the job, will assist in safeguarding the wellbeing of humanitarian staff. Peer support and job satisfaction are likely to have protective effects for these difficulties.

= ***Interpersonal Relations***

The interpersonal relationships of international staff can experience change and disruption when they work overseas, increasing the potential for stress. Furthermore, international aid workers may leave others at home (spouse, children, elderly parents) that create worry because of the distance and difficulties of attending to their concerns (Hurlburt, 2002; McFarlane, 2003a). Those at home may have difficulties in understanding what the aid worker is going through. Rejection by the local population has also been noted to place international staff at risk for distress (Danieli, 2002). Moreover there are difficulties in intercultural communication, conflict and adjustments.

Similarly, national staff faces intercultural relationship difficulties with international humanitarian staff. They can experience frustration and conflict with foreigners who appear not to understand their culture and which can be compounded by power differentials. Interpersonal conflict may also be exacerbated by different cultural norms regarding the expression of conflict and negative emotions (McFarlane, 2003b). These situations have the potential to impact work performance, security and wellbeing.

CONCLUSIONS

Numerous situational risk factors along with individual risk factors have been outlined, that identify areas in which humanitarian aid workers are likely to experience psychological adjustment difficulties. This lead into an overall negative impact on humanitarian efforts. Generally, humanitarian staff is able to adapt to the acute and chronic stressors of their work. Overall as a group they demonstrate considerable resilience and reap many personal rewards from their work such as job satisfaction, personal meaning and improved wellbeing (McFarlane, 2003a). Indeed the active and constructive pursuit of rebuilding communities and nations may be protective for their wellbeing. However, acknowledgement, awareness and support for the potential difficulties they face are imperative in order to preserve such resilience. An implication of this study is that the humanitarian staff should be monitored for signs for developing psychological distress and necessary remedial actions must be taken to prevent the situation from getting aggravated.

This paper has outlined a number of situational and individual risk factors that can further advance the field of humanitarian aid towards a health promoting model of active support for staff. Difficulties in providing support for aid workers are intimately connected to the geographical and cultural distances between aid organizations and their employees that make this a complex task. Clinical and research programs must take into account the specific cultural and situational factors of each country in order to be effective. The prevailing forces of civil unrest and globalization amongst people, means that there is an imperative to advance timely, appropriate and coordinated academic and applied activities. Moreover, because this is a relatively new field, therefore much attention and effort is required to ensure effective output.

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