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RESEARCH REPORT

STAFF CARE AND HUMANITARIAN AID ORGANIZATIONS: A MORAL OBLIGATION

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ABSTRACT

This article suggests it is the moral imperative of humanitarian aid organizations to promote further research on effective coping strategies for staff care and self-care. Stressors are intrinsic to humanitarian aid work. However, organizations need to put aside "egos" and share experiences as a foundation for effective staff care systems. Burn-out can be avoided, which is crucial to sustained beneficiary support and organizational success.

KEY WORDS: moral imperative, staff care, self-care

STAFF CARE AND HUMANITARIAN AID WORK

InterAction defines staff care as "self care and institutional responses to stress among humanitarian workers in particularly difficult and stressful environments." USAID expands this definition to include "broad issues ranging from personal emergency preparedness and response to staff wellness on a day-to-day basis, including physical and psychological wellbeing in the workplace" (Curling and Simmons 2010). This article addresses the issues surrounding the need for more holistic organizational wellness policies, programs and self-care systems for relief workers.

It is clear that the context of humanitarian aid work is intrinsically stressful. The staff of humanitarian aid organizations increasingly works in complex environments where problems related to prolonged civil conflicts, extreme poverty, personal tragedies and natural disasters are constant companions. They often experience overwhelming workloads, long days and a lack of privacy and personal space—many are separated from loved ones for extended periods of time. These stressors place aid workers, whether national or international, at risk of experiencing traumatic and cumulative psychosocial effects. Although a significant level of stress is likely inescapable, in the short-term, these stressors can leave humanitarian staff feeling overwhelmed, insecure, fearful or chronically fatigued. In the longer-term, these stressors can have more serious effects of burnout, chronic anxiety and depression, apathy and post-traumatic stress syndrome. Self-destructive behaviors, such as heavy drinking, aggressiveness to co-workers and risky sexual behavior, are not uncommon. Despite their tireless efforts, these stressors put humanitarian workers at risk of causing more harm to the mission and to the people they are trying to serve. They are the helpers but they can also become the victims, as many lack the support for self-care by their agencies (cf. Gilbert 2006).

Although further study about the wellbeing and long-term staff care of humanitarian aid workers continues to evolve, the need for more transparent research to promote effective coping strategies and staff psychological security is paramount towards enhancing the capabilities of aid workers and sustaining their long-term involvement. Research is needed to lay the foundation for "Sphere-like" standards, norms and practices for staff care and self-care in the sector. The Sphere Project was initiated in 1997 by a group of humanitarian non-governmental organizations (NGOs) and the International Red Cross and Red Crescent Movement and identified a set of minimum standards to represent sector-wide best practices. The author submits that similar minimum standards and framework for best practices of staff wellness should be identified as humanitarian aid workers are at risk while "crossing the psychosocial boundary" when caring for the "repressed, oppressed and depressed" (Van Arsdale 2011). Agencies need to actively engage in sharing experiences as a foundation for effective staff care systems; strong and sustained management support is crucial for their long-term organizational success.

PERSPECTIVE OF AN AID WORKER IN THE FIELD: GOING BEYOND "LIP SERVICE"

> *"I do not feel that my organization has any real support mechanisms in place for staff here, despite "lip-service" about the importance of taking care of oneself, etc. There is a complete lack of team building, personal interest in most expatriate staff, encouragement or support from management at the*

field level. We have no opportunities for training on security, stress management, or psycho-social issues, let alone ongoing training programs. There is a lot of pressure to work very long hours--in fact, to work almost constantly--with very little time off. The management and staff structures feel quite unstable (due to retention issues but also due to discontent and frustration among staff), creating a permanent sense of instability which is itself stressful. Interpersonal issues among senior staff also create a stressful work environment. One of the most challenging aspects of the work here is the lack of any true support structure, including close friendships or relationships. As these would most likely come from fellow staff (due to the isolation and lack of other social outlets in our location), the lack of team-building and failure to create any sense of team unity seems to me to be highly problematic" (Headington Institute 2007).

This relief worker's experience exposes a common theme that systems have not been well developed or shared among home aid agencies or field managers to adequately address staff wellness issues beyond proverbial "lip service". According to Lisa McKay of the Headington Institute (2011), part of the reason that there is not more shared information or emphasis placed on staff wellness is attributable to agency ego. McKay states there is an "inherent resilience of many aid workers that an organizational culture of strength, independence and 'machismo' is not uncommon in humanitarian agencies…the managerial message, often unspoken, has tended to be, 'If you can't take the heat, get out of the kitchen'." This is disturbing since aid organizations, simply by their mission alone, are tasked to help others. However, it is a reality; and, agency ego is grounded in a struggle for funding and market share (Hoffman and Weiss 2006). The institutional "machismo" rivalry illustrates the need for agencies to step back from their stance of competitiveness and consider it their *moral obligation* to take care of their own. This, in fact, will help assure their sustainability in the marketplace. To illuminate this point, I refer to Van Arsdale's "should, would, could" paradigm, emphasizing the "should" level of what an organization is obligated to do from a moral perspective (Nockerts and Van Arsdale 2008). "Should" there not be a moral argument that aid organizations put their egos aside and commit to the wellbeing of their own staff as much as they commit to the mission and beneficiaries of whom they serve? "Would" it not elevate the capabilities of their staff if agencies championed shared experiences and collaboration of systems? "Could" best practices be operationalized across the sector despite institutional rivalries? Without a commitment by agencies to address these questions, long-term effectiveness of humanitarian assistance missions is at risk.

Staff Security: Physical and Psychological

The context in which humanitarian aid and development staff live and serve means accepting risk. In the last twenty years, the number of attacks on aid workers around the world has risen and continues to grow sharply. Nearly 80% of aid worker victims are nationals of the country being served. The average number of national staff victims more than doubled between 1997 and 2005, from an average of 56 victims per year in the first half of the period, to 115 in the second (Smick 2007a). However, this does not mean that international aid workers are less at risk. International aid work has the fifth highest job-related death rate among U.S. civilian occupations, and is the only one for which the cause of death is predominantly intentional violence. Between 1997 and 2005, nearly as many international aid workers were killed in the line of duty as international peacekeeping troops (Smick 2007b).

In addition to these physical security risks, there are growing psychological risks for aid workers. Research has indicated that the longer aid workers are in the field, the more psychosocial support may be needed. Illuminating research was conducted by the Centers for Disease Control and Prevention in 2000, in which longitudinal impacts on humanitarian aid workers were studied over a period of time. What the CDC found was, at around the fifth assignment, there was a dramatic increase in levels of clinical anxiety, depression, cumulative stress, burnout and potential post-traumatic stress disorder. Surprisingly, the longer people work (as aid workers) does not necessarily mean that there is more resilience. In fact, it could be that the longer people work in this field, the more they are cumulatively negatively exposed and affected (Gregor 2004). Burnout and turnover of staff indeed are becoming realities for aid organizations. From an economic perspective, this loss of knowledge capital as well as organizational capacity can become a debilitating outcome.

The awareness of long-term psychological risk becomes more significant. Based on a study by New York University's Center on International Cooperation and the Humanitarian Policy Group of the Overseas Development Institute, the total aid worker population grew by 77% between 1997 and 2005, even though incidents of violence against aid workers rose (Smick 2007b). The increased levels of violence, coupled with the increased population of relief workers, have prompted agencies to devote more time and resources to ensure the *physical* safety of their staff through better contingency planning, monitoring and training. I contend, to maximize effectiveness, this increased level of physical security should be coupled with increased levels of *psychological* security. The wellbeing of relief workers is in jeopardy if they are not benefiting from a cohesive frame of policies and programs. Especially for the first-assignment workers, there are additional risks if the training and brief-

ing do not include adequate and integrated preparation of psychological issues pre-deployment. Further, if there is pressure to ensure the visibility of the home organization—due to institutional rivalry—the quality of interventions in the field are at risk. Therefore, there is a moral justification (obligation) for the provision of comprehensive wellbeing programs given the degree of threat, hardship and instability to which aid workers are exposed.

Steps Taken by the ICRC

The International Committee of the Red Cross (ICRC) made efforts to address this issue as illustrated after a security incident in 2006:

> "*In the early hours of 17 December 2006, six members of the Red Cross team working at the ICRC hospital in Novye Atagi, Chechnya, were murdered in their sleep by a group of masked men using weapons fitted with silencers. A seventh delegate was wounded but managed to escape with his life*" (Bierens de Haan 2007).

The author of this excerpt was the ICRC Medical Officer responsible for stress management and cited a specific process that the ICRC implemented to ensure staff wellness imposed by this tragedy.

ICRC's first measure, as part of its support program, was to send a rescue team immediately to the scene. This team consisted of two "rescuers" from headquarters—one responsible for the geographical zone in question to implement operational decisions and a doctor whose sole role was to manage the stressors. Although they were not directly involved in the incident, the strategy was intended to bring a level of objective strength. The second measure was to hold an emotional debriefing (a critical incident stress debriefing, or CISD) within 72 hours following the incident. The doctor acted as the group leader and led the debriefing to motivate free expression of feelings in a confidential and safe environment. This method helped to identify staff members who needed individual psychosocial support. The third measure was to hold a funeral ceremony, with coffins, to demonstrate solidarity to the survivors while beginning the grieving process. The fourth measure was a rapid return of the survivors—with their deceased colleagues—to the home agency for recovery.

As part of staff care, these measures were incorporated into ICRC's stress management program, consisting of three phases: a briefing before the assignment, support during the assignment, and protection upon return from the field. In the case of the survivors, the last phase was critical. Although these measures highlight a system to weave together physical and psychological security, there is no transparent research to determine how well these coping strategies worked in light of the tragedy. Although it is likely that the survivors felt a sense of comfort and strength upon the arrival of the two key senior staff members—who had a clear and objective agenda—without later shared communication, one wonders how effective the program was in addressing both staff care and self-care issues. This supports the sector's need for deeper research focused on evaluating the burden of relief work on those who deliver humanitarian aid services.

STRENGTHENING STANDARDS FOR STAFF CARE

Although more transparent research is needed, it is clear that the ICRC is trying to make a shift in the right direction. The need for stronger staff wellness strategies is expected to increase in the deteriorating security context of the humanitarian aid environment. However, as there are no shared sector-published norms and guidelines (such as Sphere Standards), more agencies need to make stronger provisions for staff support in their own policies and programs. This has been reinforced by the Inter-Agency Standing Committee, which has published guidelines on psychological support in emergency settings (IASC 2007). The report specifies that the "provision of support to mitigate the possible psychosocial consequences of work in crisis situations is *a moral obligation* and a responsibility of organizations exposing staff to extremes." Although this is a good start, this report would be more powerful if it illustrated sector best practices of benchmarks and thresholds. Even the International Red Cross/Red Crescent Code of Conduct (2011a) does not address the suffering needs of staff in the same context as the suffering of those they try to serve.

SUPPORT OF A HOLISTIC MODEL: THE HEADINGTON INSTITUTE

The Centre for Intercultural Learning (2011) stresses: "It is the moral obligation of aid organizations to commit to comprehensive and holistic programs and policies as part of their human resources and risk management efforts." Until a standard set of norms and practices become institutionalized in this effort, outside groups will have to fill the gap by assisting humanitarian aid organizations with their staff wellness programs. The Headington Institute, an organization that works to strengthen humanitarian organizations by providing training, research, and consultation, has a mission "to care for caregivers worldwide by promoting the physical hardiness, emotional resilience, and spiritual vitality of humanitarian relief and development personnel" (2011). In this spirit, the organization has developed provisions to incorporate holistic, ongoing emotional staff care programs into a relief agency's wellness models through (a) pre-assignment screening and orientation, (b) support during employment and debriefing, and (c) aftercare upon return policies (which could maximize the impact of ICRC's 3-phase

general support program [2011b]). Other support groups, such as the Antares Foundation and People in Aid, are also helping aid organizations set up holistic psychological support programs. I support the Headington Institute's more holistic approach to organizational staff wellness policies. The Institute's guidelines are outlined below.

Screening and Orientation

It is in everyone's best interest to employ staff who are psychologically suited for relief work if they are deployed to demanding and changing environments. What attributes are best suited to do this kind of work? According to an article in *Humanitarian Exchange Magazine* (Elsharkawi, et al. 2010), "The ability to rapidly adapt to changes in culture, working and living conditions, language and professional practice and standards is a fundamental prerequisite for aid workers. The most successful tend to be those who have had relevant prior experience. Aid workers must be able to coordinate, build and work in teams and interact with communities across sectors (health, water, sanitation, shelter, nutrition, security, gender, the environment). This is essential during the early post-disaster phase."

If individuals are found to be well suited for this work, the Headington Institute recommends that the orientation aptly prepare staff to become *self-aware* of the associated risks, both physical and psychological. This "ground up" training includes stress management techniques, spiritual work, relaxation exercises, rest and nutrition information, and other coping skills to bring personal levels of meaning to staff members' work.

Support During Deployment

The Headington Institute encourages managers and supervisors to employ support for relief workers by addressing emotional and spiritual needs as part of ongoing staff wellness. This can include frequent communication with the home office, family, friends and co-workers. In addition, "break" and "exercise" areas, specific work rules and schedules, regular "defusing" sessions for airing frustrations and issues, staff communication and recognition, basic physical comforts and resources, and social support elevate morale and wellbeing. The Institute's holistic (and cutting edge) belief is that relief staff benefit from having a sense of safety, control and choice. Overall staff satisfaction can improve if supervisors and field managers employ these empowering tools. However, since many aid organizations have an engrained sense of "ego" built into their cultures, staff may find it a show of vulnerability and weakness (even guilt) to acknowledge that measures of self-care are needed. No one is impermeable to emotional suffering. For this reason, it is critical that staff care policies and programs include measures that help staff members at all levels to recognize the signs of stress and burnout, and the appropriate coping strategies that empower the "helper" while deconstructing opportunities to become the "victim." Otherwise, relief workers can become emotionally "displaced" and disconnected from their sense of identity and to the mission at-hand. "Cultural training methods to improve cultural empathy, interpersonal problem-solving techniques and reinforcement of self-efficacious behaviors" are needed to help humanitarian workers' effectiveness and wellbeing (McFarlane 2004). Staff wellness and self-awareness measures are not mutually exclusive. Aid workers should feel empowered in this difficult line of work to acknowledge the fears, doubts and insecurities of what they experience in the field.

Aftercare Upon Return

Returning home often requires a significant time for adjustment and reintegration as many stressors manifest themselves at the end of (and sometimes long after) an aid worker's assignment. The Headington Institute addresses the need to encourage formal, and multiple, debriefings to help individuals process the meaning and impact of their experiences. These debriefings should focus on: history giving, exploring expected emotional reactions, reviewing basic education about traumatic stress and simple stress reduction techniques, and general follow-up. Efforts also can include referrals for personal counseling, family therapy, and spiritual direction.

BEST PRACTICES

The innovations of support groups, such as the Headington Institute, demonstrate what can work best to support staff wellbeing. This information is powerful and can help to advance stronger holistic policies and programs across agencies. To this end, agencies need to share their knowledge and cross-cultural learning to create "best practices," especially for smaller relief organizations that have fewer resources. Civil – military specialists Hoffman and Weiss (2006) agree: "Aid agencies do not place a high-enough value on compiling their own experiences and sharing them with other institutions. This step is the first in learning." By sharing this learning, aid organizations can be empowered to develop practical and achievable strategies to meet the duty of care for staff while providing inputs for emergent norms and standards.

The ICRC seems to have recognized the need for an organizational culture shift by elevating the awareness that staff health is not a taboo, and understanding—more importantly, respecting—psychosocial support for staff as imperative to both the agency's and the staff's long-term wellbeing. In fact, to further promote psychosocial support, the ICRC has recently initiated a program to offer services

to the families of staff in the field. The next step for the ICRC, and other agencies, is to take what they have learned and advocate for the creation of improved norms and practices. This will create a balance of their moral obligation to staff wellness with the practice of shared knowledge (Van Arsdale 2011). While research is emerging to better understand the long-term impact of aid work on the emotional wellbeing of relief staff, current evidence supports the need for long-term psychological and spiritual support to reduce burnout and psychosocial distress. As a result, humanitarian workers are placing a growing importance on social-wellbeing support in the increasingly insecure environment of relief work; adverse "institutional egos" will be impacted.

Without these tireless relief workers, who else will help the intended beneficiaries of humanitarian aid outreach? This article is ultimately concerned with this question, and with the moral imperative that aid organizations *should* put their egos aside and commit to the wellbeing of their own staff, as much as they commit to the welfare of those they serve. Lip service is simply not enough.

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