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## **Resilience in Humanitarian Aid Workers: Understanding Processes of Development**

### **Introduction**

Resilience is a psychological term used to describe the interrelationship between specific factors known to promote wellbeing and strength in individuals who are undergoing unusually stressful life conditions (Luthar, 2003). Variation in the way different people respond to all kinds of sources of stress can be ascribed to a) genetically inherited factors; b) previous childhood experiences shaping future behaviours; and c) other protective features. The present research study explored the interrelationship of specific protective factors related to the development of resilience, namely the *social context* surrounding the individual at the time of the traumatic event, his/her *cognitive skills*, and other *biological and socio-demographic features*.

In previous studies the individual's social network (his/her family, friends, neighbours and work colleagues) was found to modify the relationship between exposure to traumatic events and reactions to those very same incidents (Kaspersen et al., 2003). Masten and colleagues (1990) found that well developed social skills were positively linked to resilience (Masten et al., 1990), and the resolution of traumatic experiences was often mediated by the availability of effective and meaningful social support. Furthermore, cognitive protective factors such as optimism, personality and coping styles were thought to alter the negative consequences of stressful events (Lazarus & Folkman, 1984).

In the last two decades little has been done to examine processes of resilience development unique to adulthood. Where adult populations have been studied, the emphasis has primarily been on health care workers, military personnel, war veterans, refugees and social workers. There have been few studies produced on the psychological difficulties encountered by humanitarian aid workers. Recognised key phenomena related to the traumatic effects in humanitarian personnel are Post-traumatic Stress Disorder (PTSD) and burnout, mainly characterised by emotional exhaustion and reduced personal accomplishment.

It is worth underlining here that processes of resilience development are difficult to detect in wartime or after natural disasters because of the immediate threat and constant emergency status of the situation (Berk, 1989). Moreover, resilience is dependent on certain factors: the preparation for a mission, the social support received on the field and upon return to the home country, and the quality of post-mission debriefing aimed at acknowledging and addressing traumatic experiences.

### **Aim of the study**

This investigation aimed at exploring *how and when* humanitarian aid workers' biological and socio-demographic characteristics (e.g. age, gender, number of previous missions, age at which higher education was terminated, physical health), coupled with their cognitive protective factors (e.g. self-efficacy, optimism, motivational drives, and intelligence), as well as environmental protective features

(e.g. presence of social support in the work environment and back home), were most likely to be accessed in dealing with stressful situations, so as to result in resilient qualities being developed in the individual. A model of resilience development was therefore developed and tested.

## **Methodology**

This study was designed in two phases. Phase I consisted in a structured questionnaire survey on the level of resilience in humanitarian aid workers at two different moments in time, Time 1 and Time 2. Questionnaire administration at Time 1 took place before participants were deployed on a mission. Questionnaire administration at Time 2 happened when humanitarian aid workers came back from their mission, after an average period of 1-7 months.

In Phase II of the investigation semi-structured interviews were conducted with a sample of participants at the conclusion of their deployment.

## **The participants and participating NGOs**

One hundred and fifty agencies were contacted and asked if they wanted to participate in the study; 36 accepted, yielding a response rate of 24%. Of these 36, 25 (69.4%) were active in both relief and development operations.

A total of 56 people took part in the study: 23 were males (41.1%) and 33 females (58.9%). Their ages ranged from 20 to 62 years.

Thirty-seven (68.5%) participating humanitarian workers had left education between the ages of 17 and 25 years, whereas seventeen of them (31.5%) had continued education after their 25th birthday. The majority of workers surveyed (N= 32, 57.1%) held a post-graduate degree, and 71.4% (N= 40) of them were regularly employed by the humanitarian agency they were serving at the time of baseline questionnaire completion. Fifteen people (26.8%) were working on a voluntary basis, and only one (1.8%) was paid as a consultant.

Finally, the majority of participants (N= 33, 58.9%) had previously been involved in a maximum of 2 missions only, whereas 41.1% of them (N= 23) could count on a general experience of 3 or more assignments. Among these, one participant (1.8%) had accumulated a total of 11 previous missions.

Fifteen people were interviewed in Phase II of the study.

## **Results**

Low levels of Post-traumatic Stress Disorder and burnout were found, and many participants were willing to go back to the field despite the difficulties encountered during deployment. Stress factors were mainly linked to the external environment (e.g. being in another country, work load, the nature of the assignment, external dangers), the organisation and its personnel, and participants' negative perceptions and affects (e.g. psychological problems previous to field deployment).

As a result of their mission, female participants were more likely to experience positive changes in family relations than males, whereas male participants were more likely to experience negative changes in the way they perceived their future than their female counterparts. As far as age was concerned, younger participants were more likely to be physically healthier than older ones, but also experienced more mental burnout. Finally, a higher number of past missions was related to positive changes in the development of resilience.

Job satisfaction was described as a key component in motivating participants to perform their daily tasks with courage and strength, but also seemed to drive them towards the limits of physical and emotional exhaustion. Positive coping techniques such as active coping, reflection before engagement,

accepting difficult situations, and maintaining low expectations, were key factors that allowed participants to develop more resilience. A significant number of participants, however, reported a good number of dysfunctional coping techniques, such as using alcohol and recreational drugs, which can be interpreted as self-destructive behaviours.

The presence of a good social support network was related to people's optimistic attitudes towards life and their job, and allowed them to put in place more effective and positive coping strategies.

Contrary to what was predicted at the beginning of the study, only two of the three areas of protective factors, the dispositional (e.g. age, gender, number of previous missions, etc) and the environmental (e.g. social support) ones, had a positive influence on the way participants coped with deployment-related stress factors. The area of cognitive protective factors (e.g. motivation, optimism, etc) was affected by stress experiences, and influenced the development of resilience in a negative way.

## **Conclusion and implications for organisations**

Organisational culture, management and support can be considered as key factors in shaping overseas workers' responses in the face of atypical and stressful demands of humanitarian missions.

According to the results of this investigation the main contribution offered by humanitarian agencies should happen in terms of pre-mission personnel selection, which could be based, for instance:

- on the utilisation of specific and existing questionnaires to assess levels of vulnerability and resilience, which can be used to anticipate staff needs and select resilient workers for business continuity roles
- on the screening of candidates on the basis of their intrinsic protective factors (e.g. age, motivational level, gender, number of past missions, coping strategies)

In conclusion, the assessment of vulnerability and resilience factors could be used to anticipate humanitarian workers' support and training needs, to select resilient individuals for response and management roles, and to prioritise post-event support provision and monitoring.

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