Risk & resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a Disaster

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BACKGROUND

Humanitarian staff deployed overseas in crisis response roles provide essential support to the local population. While many emergency responders view work overseas positively (Hibberd & Greenberg, 2011; Thoresen et al., 2006) some return suffering with psychological problems (Shah et al., 2007). The Health and Safety Executive (HSE, 2007) identified six primary workplace stressors: work demands; control over work; support; relationships; role and responsibilities; and organisational change. These stressors can affect employees’ general and psychological wellbeing. Similar factors may impact on humanitarian relief workers, although their psychological wellbeing may be affected by a combination of ‘everyday’ as well as role-specific stressors related to performing challenging tasks in austere environments. Research on military and civilian deployments has shown a typology of stressors which have the potential to affect wellbeing (NATO/RAC, 2009). While deployment stressors, including threats to safety and not feeling in control, are difficult to eliminate, organisations can ensure staff are properly informed about them so they can prepare accordingly. Stressors not inherent to deployment, but which may be equally detrimental to wellbeing, may include an absence of role-specific training and poor leadership/management practices (Williams & Greenberg, 2014). There is strong evidence of the impact of leader behaviour upon the mental health of military troops deploying on high-threat operations (Greenberg & Jones, 2011).

National Institute of Health and Care Excellence guidelines (NICE, 2009) for the mental wellbeing of employees emphasise the need for workers to be aware of the potential stressors they may face and to receive support to deal with these. National Institute of Health and Care Excellence guidelines (NICE, 2009) for the mental wellbeing of employees emphasise the need for workers to be aware of the potential stressors they may face and to receive support to deal with these. Humanitarian staff deployed overseas in crisis response roles provide essential support to the local population. While many emergency responders view work overseas positively (Hibberd & Greenberg, 2011; Thoresen et al., 2006) some return suffering with psychological problems (Shah et al., 2007). The Health and Safety Executive (HSE, 2007) identified six primary workplace stressors: work demands; control over work; support; relationships; role and responsibilities; and organisational change. These stressors can affect employees’ general and psychological wellbeing. Similar factors may impact on humanitarian relief workers, although their psychological wellbeing may be affected by a combination of ‘everyday’ as well as role-specific stressors related to performing challenging tasks in austere environments. Research on military and civilian deployments has shown a typology of stressors which have the potential to affect wellbeing (NATO/RAC, 2009). While deployment stressors, including threats to safety and not feeling in control, are difficult to eliminate, organisations can ensure staff are properly informed about them so they can prepare accordingly. Stressors not inherent to deployment, but which may be equally detrimental to wellbeing, may include an absence of role-specific training and poor leadership/management practices (Williams & Greenberg, 2014). There is strong evidence of the impact of leader behaviour upon the mental health of military troops deploying on high-threat operations (Greenberg & Jones, 2011).

METHODS

Search Strategy—We limited our search to primary research papers published in peer-reviewed journals in the English language. We only included papers which reported on factors determining psychological outcomes in humanitarian aid workers or similar professionals deployed to help with the aftermath of a disaster. As we suspected there would be a lack of papers exploring international deployments, any participants deployed outside of their usual role to assist with the aftermath of a disaster were included, whether they were deployed internationally or not.

RESULTS

Figure 2 illustrates the emergent themes from the literature that appeared statistically and personally significant to humanitarian aid workers after a disaster. The majority of quantitative papers scored highly, particularly for methodology. No papers scored below 41% overall. The median score was 76.4% (IQR = 71.4–82.7). The quality of qualitative papers was more inconsistent. The median score was 70.4% (IQR = 55.5–88.9); there were seven lower-quality papers which scored below 60%.

CONCLUSIONS

We found many non-disaster-specific occupational stressors (such as overwhelming demands, limited resources, lack of training, poor leadership and poor support networks) that were relevant and amenable to modification. Whilst direct exposure to traumatic events is impossible to prevent, training, preparedness and the support received during and after the mission can be improved. Taken together, the results of the review suggest that preparedness and support are of particular importance, both of which can be improved through good leadership.

While certain disaster-related stressors cannot easily be changed, such as exposure to traumatic events and developing a degree of emotional attachment to victims, organisations can work with their employees to ensure that they are properly supported, their concerns are listened to and they are taught evidence-based approaches to cope with their anxieties.

IMPLICATIONS

We have used the findings to develop a guideline of recommendations for reducing risk and fostering resilience in disaster response workers.

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