# 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., 2009) 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 well 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/EAPC, 2009). Whilst 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 behaviours 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 importance of promoting a culture of participation, equality and fairness; flexible working; and a management style encompassing an open communication style and provision of regular feedback. It may be that these guidelines equally apply to the field of humanitarian relief work. Understanding which factors are most important in promoting or impairing psychological wellbeing in humanitarian responders is essential to prepare responders adequately for the challenges they will face and where possible, avoid exposure to major stressors and to develop interventions to meet their needs during and after deployment.

In this systematic review we identify risk and resilience factors which may predict psychological outcomes in humanitarian relief workers, in order to identify recommendations for interventions for reducing risk and fostering resilience in disaster relief workers.
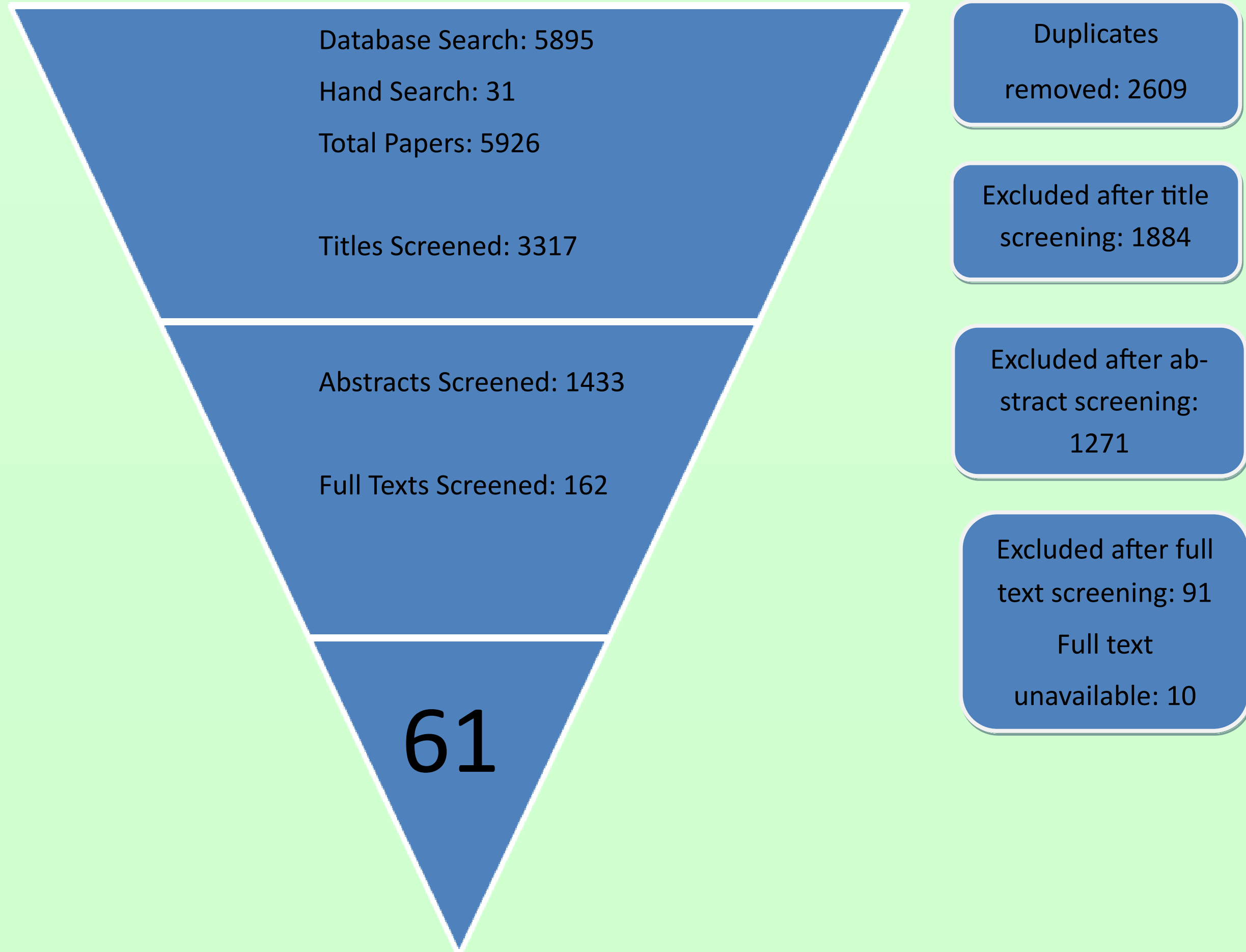
## OBJECTIVE

To conduct a systematic review of factors affecting the psychological wellbeing of disaster relief workers in order to identify recommendations for interventions.

## 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 professions 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.

Figure 1: A flow chart of the inclusion/exclusion process

| | |
|---|---|
| Database Search: 5895 Hand Search: 31 Total Papers: 5926 | Duplicates removed: 2609 |
| Titles Screened: 3317 | Excluded after title screening: 1884 |
| Abstracts Screened: 1433 | Excluded after abstract screening: 1271 |
| Full Texts Screened: 162 | Excluded after full text screening: 91 Full text unavailable: 10 |
| **61** | |

## RESULTS

Figure 2: Emergent themes from the literature.

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 overall percentage was 85.7% (IQR = 71.4 – 93.3). The quality of qualitative papers was more inconsistent. The median score was 76.4% (IQR = 55.5 – 88.9); there were seven lower-quality papers which scored below 60%.



Preparedness & Training | Becoming Emotionally Involved | Self-Doubt & Guilt | Traumatic Exposure | Social Support | Leadership | Formal During-Disaster Support | Inter-Agency Cooperation | Deployment Length & Timing | Role | Media | Personal & Professional Growth | Safety & Equipment | Demands, Workload & Long Hours | Socio-Demographic Characteristics & Pre/Post-Disaster Experiences | Coping Strategies | Formal Post-Disaster Support

## IMPLICATIONS

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

*Interventions which appear the most likely to make a difference include:*

- Systematic, educational training programmes pre-deployment, emphasising psychological as well as physical preparedness;
- Making appropriate guidelines, handbooks and policy documents available, particularly for workers going on their first deployment;
- Dedicated training programmes and management courses for those in supervisory roles;
- Regular manager-employee feedback, ensuring that good work is 'rewarded' with positive feedback and encouragement;
- Training to build and maintain cohesion between team members which incorporates awareness of the psychological challenges of humanitarian work;
- Establish and emphasise joint goals to encourage teamwork;
- Training in effective ways of supporting other team members.

*Other, perhaps less important but still potentially helpful interventions:*

- Increased communication with other agencies; encouragement to focus on a joint goal;
- Identification of personnel with poor support networks at home; ensure this vulnerable group have good support from professionals, both during and post-disaster;
- Additional training in skills for dealing with the media;
- Encouraging talking, sharing, and other relaxing or expressive outlets;
- Ongoing non-judgmental support groups allowing for the sharing of experiences and opportunities for discussion and education about emotional responses to disasters;
- Interventions to promote positive thinking and teach appropriate coping strategies such as acceptance or redefining the experience in positive ways;
- Education about the potential risks of the job and training in relaxation, problem-solving and self-care behaviours;
- Interventions aimed at improving psychosocial skills e.g. skills in supporting colleagues;
- Interventions aimed at improving self esteem and self efficacy.

## 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.

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