Occupational support for aid workers: Aid Organizations' Stress Prevention and Intervention (AOSPI): A model

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About the author

Christina's career started in the United States where she earned a Masters' degree in community counselling. She has since received a PhD in Industrial-Organizational psychology researching aid workers' resilience. Christina worked in Africa, Asia, Europe and the Middle East as a counsellor to aid workers and now lives in England.

Introduction

It is because of the survivors of natural disaster, war, homelessness, internal displacement and/or famine that aid work exists, and it is implicitly worthwhile. In comparison to the general population aid workers (AW) experience high levels of burnout and traumatic stress (Connorton et al., 2012). Traditionally, AW have been held responsible for their own well-being, as self-care is believed to be the primary mode of protection against the stress of humanitarian work (Quimby, 2021). More recently (Stringer, 2023), the psychological safety climate (Hall et al., 2013) of aid organizations has been recognised as being fundamental for the welfare of AW (Jachens et al., 2019). Therefore, aid organizations, whatever the capacity or role, have a pivotal role in mediating the stress of AW (Strohmeier et al., 2019). But the psychosocial support for AW can be a challenge for AO (Aldamman et al., 2019), as the work stress that affects AW can be compounded by inefficient organizational structures and leadership inadequacies (Strohmeier et al., 2019). To increase the psychological safety climiate of AW it is therefore important to scrutinise what aid organizations can do to improve upon existing AW support. This paper is written in the hope of creating cues for formal or informal dialogues and exchanges about information, policies, resources and programmes related to the protection of AW. This paper is shared to encourage psychologists to research and embrace careers in the aid sector, as despite its challenges the work can be rewarding. While not intending to be exhaustive of all facets of AW, the discussion below illustrates some of the triumphs and struggles AW face. Here I propose the *Aid Organizations' Stress Prevention and Intervention (AOSPI) model*, which was forged by gathering empirical evidence and existing best practice. The model provides a template for understanding the complexity of supporting AW at all levels. The *AOSPI* model is meant to be adapted, developed, changed and moved along the spectrum of needs across diverse aid organizations.

The work of aid workers

Since 2013 there has been a 40% increase in the number of AW, with more than 630,000 professionals estimated to be working in countries with humanitarian crises in 2020 (ANALP, 2022) as *"The world faces worst humanitarian crisis since 1945, and 20 million people will starve if the wealthier population does not help"* (BBC, 11 March 2017). Overall, there are over 13 million humanitarian volunteers or non-professional AW who respond to the call to support people across the globe before, during or after crises (Hazeldine & Baille Smith, 2015) helping 93 million beneficiaries. Humanitarian aid can be extended by governments and by religious or secular non-governmental organizations (NGO) such as the Bangladesh Rehabilitation Assistance Committee (BRAC), or by inter-governmental organizations such as the United Nations (UN), or the International Federation of Red Cross and the Red Crescent Societies (IFRC). Aid workers can be locally or internationally recruited, seconded, volunteered or unpaid. Aid is usually funded by donors but can also be profitable (Casey, 2012). Aid work can be linked to permanent health care, to temporary provision in the aftermath of a disaster or political unrest, or to protracted refugee, development, human rights, political or peacekeeping support.

Aid workers can be engaged in supporting beneficiaries during emergencies, extended conflict, or economic development, and can specialise in anything from sanitation to political and economic protection. Contractual agreements for AW span from sub-contractor or volunteer to long-term employee. While the increase in professionalism of AW has been welcome in the sector, the level of competence required for AW posts can make aid work employment an exclusive choice for elite students who have access to stable internet and education (Gloss et al., 2012), making aid work an elite profession in many nations. Nationally recruited AW make up more than 90% of the official 632,000 emergency workforce. Yet, irrespective of expertise there is usually a power imbalance between nationally and internationally recruited aid workers, as the most senior professional positions are held by international aid workers (NALP, 2022).

Aid workers customarily have assigned duty stations, which can be from a *field* office with limited infrastructure and financial resources such disaster sites or refugee camps to headquarters (HQ). The International Civil Service Commission (2022) categorises duty stations according to the level of danger and/or privation which increases from H (HQ) to E (E being the most remote or dangerous, or both). Emergencies make aid work impermanent, and most IAW spend the better part of their professional life in the

field, moving from one posting to the next, some spending their working lives in D and E duty stations. Upon re-entry from missions or life-long careers, AW often face social (McCormack et al., 2009) and spiritual isolation (Wartenweiler & Eiroa-Orosa, 2016). To my knowledge, the long-term effects of lives spent working in challenging and or isolated geopolitical areas are under-studied.

The insecurity of aid work

Regardless of disposition, gender, posting, national origin, or contractual status AW will experience challenges as the safety and security of AW has severely deteriorated. Crime and danger have become inherent to aid work as exposure to critical incidents is now routine, increasing the mandate to protect the well-being of AW (Stoddard et al., 2022). From 2009 to 2016 the Aid Worker Security Database (AWSD, 2022) listed 2,139 security incidents involving 4,112 AW. In 2020, 484 AW were victims of violent attacks, 117 of whom died, making 2020 the worst year for humanitarian work losses after 2019. From 1997 to 2018, 1830 AW died, 1365 were kidnapped and 1700 were wounded. While being less reported, sexual violence against AW has increased (Mazurana & Donnelly, 2017; Nobert, 2017). With overall violent attacks totalling 459 in 2021; attacks against AW were more deadly. Among those attacked, 141 AW were killed, 117 were kidnapped and 117 seriously injured (AWSD, 2022). In countries where violence and sexual assaults or threats are common, and where AW are exposed to secondary security risks, AW live in a constant state of alert (Houldey, 2021; Quimby, 2021).

The aid sector is unpredictable because it often requires immediate responses to disasters and conflicts which by nature are overwhelming. Immediate emergency responses require emergency funding, lifesaving rescues and supplies and readily available AW (UNICEF, 2023). Therefore, while employed professional national and international aid workers have the potential to earn good money, and many AW called upon to answer humanitarian emergencies have weak or short contractual agreements based on need. This lack of job security can add to existing family burdens for AW (Asgary & Lawrence, 2014). I have spoken to many AW providing shelter in emergency refugee camps who sleep little for weeks if not months, as the urgency of need of desperate people trump personal needs. While it is understood that the nature of emergency interventions requires sacrifices, working under such conditions for long periods will affect resilience reserves (Brooks et al., 2015). Add to the situational urgency organizational structures that are unprepared for supporting AW; the burden on AW can easily lead to long-term stress consequences. The recovery phase of emergency operations may find AW who have already reached

burnout (Jachens et al., 2019). Regardless of contractual status, the exigences of service for many AW often include exposure to extreme human suffering, lack of social support, and dissatisfying work (Quimby, 2021). Given common organizational stressors can extend everyday work stress, some stressors particularly related to aid organizations are illustrated below.

Working with aid workers

Specific stressors articulated by AW are internal (agency or team) conflict, lowered productivity (Dahlgren et al., 2009), high staff rotation, cliques, indiscriminate blaming or scapegoating, apathy, and excessive sick leave (United Nations High Commissioner for Refugees, UNHCR, 2001). Aid workers occupational stressors can also involve chaotic programmes, local settings, and conflict over available resources (Wenar, 2009). Failing leadership and poor team support negatively affect AW teams (Young et al., 2022). While 40% of the 600,000 humanitarian workers who provide forefront aid are women, most IAW with families at home are men. Women international aid workers who are professionally compelled to serve beneficiaries across continents are more likely to be unmarried / uncoupled, and less likely to be in leadership positions (Black et al., 2017). Women, and especially non-White AW are more vulnerable to discrimination (WeciE, 2023), sexual harassment and assault (EISF, 2018). Pervasive sexist attitudes are aggravating stress factors for women AW who often ignore sexual harassment to survive in aid work (Mazurana & Donnelly, 2017; Wagener, 2017).

While AO are often criticised for resource and financial waste (Asgary & Lawrence, 2014), the scarcity of internal resources (Strohmeier et al., 2019) can itself create additional stress. Conservation of Resource theory (Holmgreen et al., 2017) helps explain how the scarcity or loss of resources can bring significant distress for AW in field offices where even primary assets such as food and other essentials are severely restricted (Comoretto et al., 2015). When comforts are few and far between, the psychological stress can be intensified by AW competing for assets. For an example, of a seemingly minor issue, if the mission has a total of four cars for more than 20 AW, and three of the cars are taken by senior AW to meet with officials to obtain permission to establish emergency supply chains (think for example the Covid19 vaccine), the car rotation schedule (to get supplies for personal use or to beneficiaries) is challenged. The hierarchical use of limited resources and conflicting needs creates competition and distress. Other resource struggles or distress can stem from ease of access to basic needs such as running water, sanitation, internet, reasonably comfortable accommodation or means of comfort. Senior

AW with greater access to resources and increased freedom of movement will most likely experience less distress or conflict because of easier access to necessities and/or freedom of movement.

While acceptable levels of stress can facilitate cognitive function, exposure to intense stress can impair performance on complex tasks (Sandi, 2013); particularly those concerned with teamworking where *transactive memory*, a form of shared cognition across the team is needed to code, store and retrieve information (Blanchet & Michinov, 2014). To safeguard energy under stress, the brain's focus narrows to short-term goals and needs. Such focus affects complex thinking behaviour, hampering planning and decision-making abilities and weakening restraint and prosocial behaviour (Forbes et al., 2022). Thus, because of the need to preserve cognitive energy (Bogdanov et al., 2021) AW facing high or prolonged stress may default to a position of *least cognitive effort*. For example, I have witnessed AW preserving their cognitive energy avoiding speaking in a second or third language and gathering with colleagues from the same national background, producing what appeared as *'us vs them'* splits across teams.

Many are the demands for flexibility and for adapting to new environments for AW, and accepting dispositional and perceived cultural encumbrances can also be experienced as hurdles (Putnam et al., 2009). Cultural stressors include nationally recruited aid workers who must adjust to incoming IAW recruited managers on rotation who may or may not acknowledge existing local expertise. National aid workers may also be forced to work with ethnic or minority groups that may be culturally different, or if the country is experiencing a civil war, may work under members of opposing factions (McFarlane, 2004). For international aid workers, after moving home and countries, adapting to a new office environment means learning local customs and new offices *rules*. For example, a conservative IAW assigned to a liberal country may find it demanding to be confronted with more liberal values regarding dress and social behaviour or may not have a choice of diet. Similarly, AW may be required to acclimate to local culture by adopting behaviours or clothing they may perceive as constrictive. Regardless of internal variances, in general AW identify strongly with the fundamental participatory humanitarian principles of: Humanity, Impartiality, Neutrality and Independence. As such the politicisation of aid is generally incongruous with AW beliefs (Jachens et al., 2019), and can undermine AW motivation (Dany et al., 2013), therefore a brief mention of the politicisation of aid work is central in understanding its effect on AW.

The politics of aid work

The power and financial disparities created by history and by the costs of aid across the globe remain influential in aid policies and actions (Belloni, 2007). Much has been written about the influence of aid, as politicians at all levels use aid for their own gain whether to grab or keep power, to legitimise financial interests, or to enforce political strategies (Escalante Block, 2021). For example, in 2022, 35 countries abstained, five voted against, and 12 did not vote in supporting a UN resolution against Russia's invasion of Ukraine (Mills, 4 March 2022). Russia, as a permanent member of the UN security council has veto rights. Faced with moral distress related to challenges to the core humanitarian principles (Nilsson et al., 2011) the frustration for well-meaning AW can also mount because of oppressive bureaucracies and political tugs (Lopes Cardozo et al., 2012). Strains can stem from value systems dictated by aid donors via, for example, corruption clauses that limit resources reaching beneficiaries (IASC, 2016). For example, the food insecurity in Afghanistan has protracted for decades (Atmar, 2001) because of reluctance in helping existing regimes, or the Taliban government that has now banned women from working in the humanitarian sector (Naqui, 2022). Or supplies have had a difficult time reaching the victims of the latest earthquake in February 2023 in Syria because of political tensions and interests. To that effect, AW voice how efforts to implement programmes are frustrated by donors' political demands, or how priority is given to donor political reports over recommended changes in resource allocation by field staff *in the know* (Quimby, 2022). The tendency to evaluate aid's effectiveness via reductionist approaches (based on statistics and numbers, the predisposition to translate behaviours and needs into numbers that can be counted/monetised) and to present the needs of entire nations based on figures alone frustrates aid workers and diminishes the meaning found in aid work (Quimby, 2022). According to the AW themselves, effectiveness of aid interventions may be better served by inductive participatory studies that considers the nuances in persons and behaviours through human experiences informed by beneficiaries and AW in the field (Houldey, 2021).

Because sense of coherence and meaningfulness are strong predictors of better health outcomes for AW (De Jong et al., 2022), the personal effect of the politicisation of humanitarian aid can challenge the resilience of AW. Aid organizations may create hostile environments by their mere presence, raising the security profile of AW (Fee et al., 2019). Consequently, AW can be confronted by challenges when exposure to the host country's and/or to colleagues' hostility toward aid takes away from the sense that the *sacrifices* they are making are worthwhile or recognised (Putnam et al., 2009). Working

under raised physical protection strategies, for example high security barb-wired gated compounds, convoy travel, helmets and flat jackets that create divisions between AW and beneficiaries can demoralise AW who tend to be idealistic (Asgary & Lawrence, 2014) and favour softer security approaches (Fee et al., 2019). For security *reasons* AW may have to work side-by-side with security or armed forces, knowing the work will not appear neutral, nor impartial, but instead is perceived as top-down and from a position of power, as it is often that. Perhaps the issue is best illustrated by the recent experience of an international AW who had just returned *home* after working for an international non-governmental organization in the Horn of Africa. The AW expressed frustration at not being able to help the hungry because the local government and rebels were stopping the supply chain so that the *opposition* would starve. The AW was living without running water or internet for several months at a time without breaks, and felt their sacrifice no longer had purpose. The AW's inability to help on *the ground* was wearing on their sense of coherence (Thomas, 2016) gathered from providing life sustaining supplies for desperate beneficiaries.

Sense of coherence is a determinant for well-being, and a key component for sense of coherence is meaningfulness (De Jong et al., 2022). For *support* AW lacking contact with beneficiaries, the absence of recognition and direct contact with aid recipients undermines sense of coherence (Thomas, 2016), individual motivation (Friesen, 2022), and meaning of work (Montaiuti, 2013); all factors that psychologically can aggravate existing strain. In political or peacekeeping UN missions assisting governments or peace and security operations (United Nations, 2023), the direct contact with aid recipients by AW may be limited by security or by narrow mandates agreed with governments and/or international entities as the African Union, the Arab League according to the UN Charter. Such *substantive* operations are usually in active conflict and/or remote areas (for example Somalia or Libya), and aid efforts are often political or directly related to paradoxical peacekeeping military engagements, which seem intangible to AW (Montaiuti, 2013). In such operations, work sense of coherence may be found for *substantive* AW who may be leave the compound to meet political actors; *support* AW (HR, logistics, security, finance, and others) however may never need to leave isolated compounds and working *behind the scenes* can create additional psychological pressure. While essential to keeping *substantive* aid work going on the *front lines*, generally donors (and politicians) are not keen on the costs of administration (IASC, 2016). Aid organization culture may derive from similar attitudes where *support* AW can be resented for *taking* resources that could otherwise help more *substantive* aims, which in turn devalue *support* AW moving them to feel diminished (Montaiuti, 2013).

The role of aid organizations before, during and after deployment

Whatever the service aid agencies offer, the responsibility for the well-being of AW rests solidly on the shoulders of aid organizations to research and implement effective solutions to best assist AW in delivering services to beneficiaries (Dunkley, 2018; Stringer, 2023). Some aid organizations such as the United Nations High Commissioner for Refugees (UNHCR, 2021) have plans in place for the welfare of AW which inform best practice. However, despite of the importance of the role of aid organizations in the prevention of AW stress, the level of commitment to prevention and intervention policies varies (Connorton et al., 2012). To avoid the tendency of aid organizations to bolster mental health care *only* after critical incidents (Quimby, 2021), I propose a *Model for Aid Organizations' Stress Prevention and Interventions (AOSPI)* in *Figure 1*. The *AOSPI model* illustrates a multi-modal approach to enhance the psychological safety climate. The aim is to forge robust prevention and intervention policies as protective factors for AW. As illustrated in detail below, the greatest burden rests on aid organizations to establish stress prevention measures and psychological safety climate.

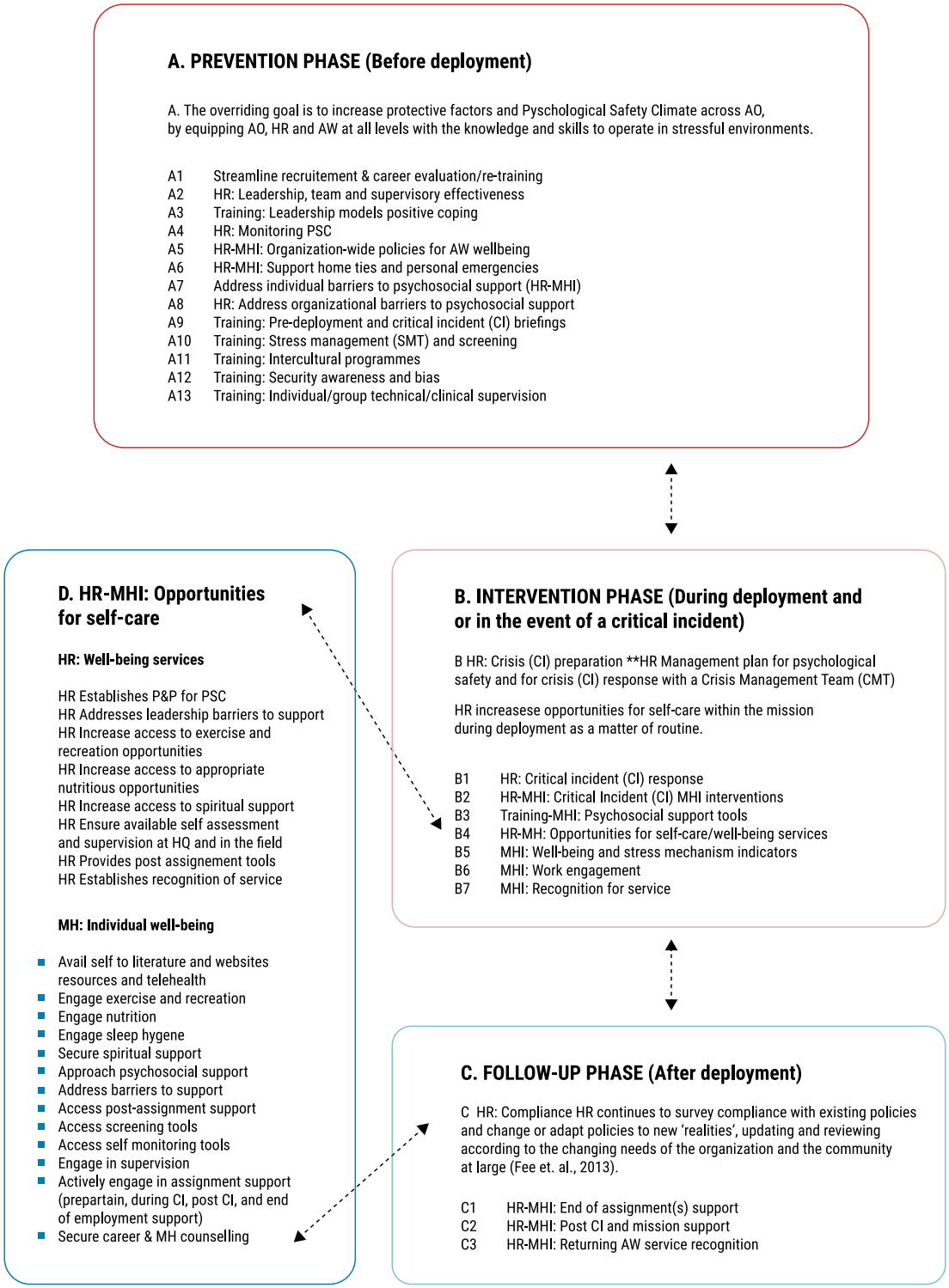
Aid Organizations' Stress Prevention and Intervention (AOSPI): A model

The main premise for the AOSPI model, is the establishment of an organizational plan for psychological safety climate which includes the role of the aid organizations and of individual AW in prevention, intervention, crisis service-delivery and follow up. The model was assembled by combining Fee et al.'s (2013) *HR model for expatriates* with an *intervention model for critical incident response* (Miczaica & Montaiuti, 2019) and by integrating existing evidence and best practice. Within the context of aid organizations' policies and procedures, the AOSPI model contains three interchangeable phases of (A) before, (B), during and (C) after deployment and/or critical incident. Within each phase are four broad categories of Human Resources (HR), Training, Mental Health Interventions (MHI) and HR-MHI (HR policies and procedures addressing burnout and MI). Suggestions refer to national aid workers and international aid workers regardless of employment status unless otherwise specified. Section D further details opportunities for self-care and well-being services offering recommendations for HR and individual AW interventions to increase ipersonal well-being regardless of existing psychological safety

climate or disposition. *For each overall theme recommended policies and procedures are written in italics.*

Figure 1

Aid Organizations' Stress Prevention and Intervention (AOSPI): A model



A. Prevention phases (before deployment)

A. HR: Overriding policies and procedures

Aid worker stress can be minimised by better organizational practices acting as protective barriers against the inherent stress of aid work (Cockcroft-McKay & Eiroa-Orosa, 2020), and the overriding goal of AOSPI is to help equip aid organizations at all levels with the knowledge and skills to operate in stressful environments. Because preparedness and training (Connorton et al., 2012) are more effective than assessment and pre-screening (Opie et al. 2022), before aid operations or critical incident interventions can take place, an overview of existing policies and procedures is necessary. Tailoring the aid agency's management plan for psychological safety climate follows.

Regardless of the aid organization's mandate, the management plan for psychological safety climate includes a review of the organization's role in prevention and intervention and crisis service-delivery (Fee et al., 2013), and critical incident follow-up policies and procedures (Miczaica & Montaiuti, 2022) designed to support AW mental and physical health and professional goals. In addition to existing evidence, policies based on participatory approaches help AW feel valued and benefit HR decisions at HQ (Curling & Simmons, 2010). *Organizational wide policies and procedures that implicate AW's well-being are reviewed, established and implemented according to empirical and grass-root evidence obtained from AW (Asgary & Lawrence, 2014).*

A.1 HR: Streamline recruitment and career evaluations

Stable work environments with clear roles and matched competency positively impact transactive memory increasing team efficiency and reducing stress (Blanchet & Michinov, 2014; Josam et al., 2022). In aid organization team changes are frequent, and it is important that HR practices match levels of expertise with previous incumbents to increase team cohesion, communication and knowledge sharing (Blanchet & Michinov, 2014). Instead, inadequate HR services in the aid sector can lead to promoting a disproportionate number of technical AW with seniority to occupy management position without proper management or leadership training or expertise outside their own technical proficiency (Houldey, 2021). Moreover, for legal reasons letters of recommendations are not required by some aid organizations. Therefore, AW who may have been fired (something that happens rarely for again, legal reasons) can be hired by another organization without being vetted (Quimby, 2021); instead, rumours can

serve as recommendations. Creating recruiting practices, evaluation and compensation strategies that are efficient and transparent by way of bias-free feedback mechanisms and accountable procedures unburden AW from toxic leadership or colleagues (Houldey, 2021). *HR helps harmonise skills and personal preferences with assignments (Asgary & Lawrence, 2014) by lowering procedural burdens and bureaucratic requirements (Ghodsi et al., 2022) and enhancing transparency in training before promotions.* Providing new skills and knowledge and fair employee evaluation processes to AW regardless of contractual status improves peoples' sense of worth; especially if such skills help improve continuity and team stability. These improved HR practices in turn help aid organizations respond to increasing aid needs (Hoffman & Weiss, 2007). *AW need training and support in transition to leadership and should be supported. HR provides confidential and systematic career counselling and or training and re-training to all AW regardless of contractual status to improve services across aid needs. Objective performance/key performance indicators (KPI) are monitored.*

A.2 HR: Leadership, team and supervisory effectiveness

Aid worker stress is mediated by improving supervisory and team relationships and perceived organisational support (Young et al., 2022). Team cohesiveness can improve with insights into cultural nuances of newly assigned offices. Therefore, addressing cohesiveness through leadership effectiveness and creating cultural insight is crucial for improving AW resilience (Bartram et al., 2017; Brooks et al., 2015). *Because of the transient nature of many aid office roles, the role of HR is critical in helping forge dynamic new teams through good leadership training and cultural integration. Accountability via leadership, team and supervisory Key Performance Indicators (KPIs).*

A.3 HR: Training: Leadership models positive coping

The knowledge and ability of leaders to manage AW enabling them to feel valued is a protective factor (Ghodsi et al., 2020). Conversely, poor leadership is a strong barrier; with supervisors able to influence the capacity for mental health support and judgement attitude surround psychosocial issues. When seeking self or psychosocial care is seen by supervisors as being 'weak' or 'unfit', stigma increases. Senior AW can also model negative copying by espousing a culture of overwork, or the appearance of overworking (e.g., long hours in the office). Macho/martyr organizational cultures which encourage the suppression of emotions can be addressed by improving erroneous perceptions that only people with severe issues are to seek support (Cockcroft-McKay & Eiroa-Orosa, 2020). *Aid organizations invest in training leadership on the benefits of accessing support. AW leaders are*

role models for psychosocial well-being and engage in executive coaching (Korotov, 2016). Senior AW are responsible for engaging with the resilience and development of junior AW. HR and leaders improve access to well-being services by communicating availability of support devoid of stigma and by modelling self-care. Leaders model accessing to well-being services (Cockcroft-McKay & Eiroa-Orosa, 2020).

A.4 HR: Monitoring psychological safety climate

Some existing harassment policies leave managers to address harassment (UN, 2019) and the repercussions of outing abusers can be difficult for AW (Lee, 2018), especially in isolated or field offices. The PSC-12 (Hall et al., 2010), a short instrument measuring psychological safety climate, is relevant for monitoring management values and attitudes toward staff care. *Accountability systems include robust policies and reporting procedures that protect AW from the repercussions of whistleblowing and or reporting harassment. Instruments like the PSC-12 are engaged regularly to keep management at all levels accountable for psychological safety climate.*

A.5 HR-MHI: Organization-wide policies for AW well-being

Although interventions such as effective leadership (Bartram, et al., 2017) can alleviate stress burdens (Asgary & Lawrence, 2014), the conflicts and stress of emergency teams can remain unmanaged. Since emergencies are often sudden and/or ongoing, there may neither be the time nor the resources to address the stress management of AW, as priority must be given during emergency operations the delivery of essential supplies or safety. However, ungoverned stress affects self-efficacy and safety (Comoretto et al., 2105). *Teamwork guidelines and well-being policies and procedures are established before operations begin.*

A.6 HR-MHI: Support home ties and personal emergencies

Social support is a robust component of the resilience of AW (Stevens et al., 2022), but the altruism that shows as a dominant value for AW (Fechter, 2012) can create internal struggles between the AW's internal values and existing organizational macho/martyr culture (Cockcroft-McKay & Eiroa-Orosa, 2020), particularly when things are amiss at home. For example, the needs of a loved one may be perceived to be in conflict with the needs of beneficiaries on the ground, an emotional divergence which can exhaust the psychological resilience capital of AW involved in emergencies (Houldey, 2021). Social strains can also overwhelm the stress coping mechanisms of AW because of the logistics of aid work. For example when a child is severely ill or in trouble; the AW may not be

able to travel home for various reasons; flights once every 7 days, nobody to cover, or supervisor may have empathy fatigue and will not allow the AW to leave. Or if a spouse threatens divorce the AW does may not have internet or stable phone access to make private calls. During my years as an AW, I witnessed extreme emotional responses, and while some were normal reactions to extreme situations others, such as suicide were the result of a combination of stress and personal crises often caused by a crack in existing social support systems (King et al., 2006). Leaving beneficiaries to take care of self or loved ones is not selfish, it is basic self-care, and an essential element for efficient aid work (Asgary & Lawrence, 2014). Moreover, it is important for international aid workers to maintain a home and social network in a country of choice (Snelling, 2018). *Policies and procedures allow reprieve from witnessing misfortune and disaster and support social bonds outside the mission (Hearns & Deeny, 2007). HR facilitate home ties by allowing for frequent breaks away from the stress of AW, and by establishing effective communication and/or IT systems. Safeguards are in place for emergency support without repercussions on careers or reputation. Leadership actively manages rumours and HR holds colleagues accountable on gossip via employment KPIs and supervision.*

A.7 Address individual barriers to psychosocial support

Whether sometimes acute, continuous, or intermittent, emotional and/or physical, AW will most likely be exposed to stress, testing resilience of individuals and teams. AW exposure to stress and critical incidents increases the incidence of longstanding traumatic stress including long-term psycho-biological and behavioural changes (Macpherson & Burke, 2021). Even when psychosocial support is available, AW can experience psychological barriers to support that may be personal, professional, and/or environmental. Personally, AW can be reluctant in seeking psychological help because of a personal lack of self-awareness (e.g., 'I don't know what I need when I am stressed') or a tendency toward avoidance (e.g., 'I don't want to deal with it now)'. Coping mechanisms such as forced normalisation ('this *is* normal') and *wait & see* ('*I'll see* how I manage') attitudes downplay or belittle one's own issues. Aid workers also avoid seeking support by using compartmentalising and detaching as coping mechanisms (Cockcroft-McKay & Eiroa-Orosa, 2020) (*"I don't need to think about that"* or subconsciously deciding not to feel anything).

AW with secure attachment styles seem to better manage stress, as do AW with dismissive attachment style who distance themselves from the emotional impact of overwhelming experiences by suppressing emotions (Declercq & Willemsen, 2006). Compassion fatigue

expressed as lack of empathy itself a consequence of over-exposure to stress, and can present as avoidant attachment (Guilaran, 2012). While temporarily compartmentalising or detaching may be helpful in dealing with stress for short periods, it may also encourage a habit of shutting down (Guilaran, 2012). Frequent emotional blackouts used to survive stress can undermine well-being, because once AW can no longer willfully engaged such mechanism, shutting down can transform into burnout and empathy fatigue (Quimby, 2021).

Professional barriers to support for AW include feeling guilty about taking time off to focus on self-care when beneficiaries/national colleagues are suffering. AW perception of the relevance of psychological support (e.g., personal/cultural beliefs and the cost) can also hamper accessing support (Cockcroft-McKay & Eiroa-Orosa, 2020). *Aid organizations help establish a culture of well-being: include well-being plans within budgetary guidelines, train AW on the sources and consequences of stress, and scaffold AW leadership well-being. Enhance psychosocial support to include reasonably-accessible, confidential psychological support.*

A.8 HR: Address organizational barriers to psychosocial support

Aid organizations can boost psychological safety climate by dismantling organizational barriers via transparent leadership (Asgary & Lawrence, 2014), clear accountability practices (Quimby, 2021) and by financing and normalising psychosocial support (Houldey, 2021). Organizational protective factors include ease in providing services to beneficiaries (Jachens et al., 2019). Obstructions to psychological support for AW can stem from inside the aid organizations (Quimby, 2021). For example, when rumours about the lack of confidentiality of staff services undermine access to support, objective evaluations of existing psychosocial services can help address such barriers *(Cockcroft-McKay & Eiroa-Orosa, 2020). Aid organization makes face-to-face and/or telehealth/cyber assisted psychosocial support routinely accessible. Aid organization safeguards AW against the lack of perceived confidentiality or trust in psychosocial provision and establishes accountable ethical KPI across department, and by planning for regular professional supervision for psychosocial service providers.*

A.9 Training: Pre-deployment and critical incident briefings

Suitable training and knowledge help AW gain the confidence to operate under challenging conditions, particularly when AW are required to take control, make decisions, and take up positions of responsibility (Yang et al., 2022). However, existing ongoing critical incident preparedness is limited in some aid organizations (Connorton et al., 2012). Because the resilience of AW to stress is enhanced by specialised training (Turner

et al., 2021), aid organizations are responsible for setting up evidence-based pre-and post-deployment CI training and support (Connorton et al., 2012). Pre-departure sense of coherence trainings tailored by gender preferences help avert mental health incidences and cannot be underestimated (De Jong et al., 2022), therefore, *prior to active employment and for each deployment, AW are made aware of potential psycho-biological risks of aid work and particularly of critical incident stress. Gender preferences, individual psychological, behavioural and cultural barriers to accessing psychosocial support are incorporated in all training (Cockcroft-McKay & Eiroa-Orosa). Websites, telehealth, and supportive literature are clearly marked and unambiguous. Aid organizations' policies and procedures include psychological training (sense of coherence), time management strategies, regular (confidential and professional) screenings for psychological distress (Borho et al., 2019), and heavy-drinking awareness and treatment (Jachens et al., 2019).*

A.10 Training: Stress management and screening

Although distress is pervasive in aid work (Lopes Cardozo et al., 2012), AW may not always be aware of protective factors and risks associated with stress (Dahlgren et al., 2009). Training AW in crisis teamwork response before deployment can help facilitate collaboration (Yang et al., 2021), and without insight into stress, individual self-efficacy can diminish, as can the quality of service to beneficiaries (Hears & Deeny, 2007; Turner et al., 2021). Therefore, positive impact stress management training includes explanations of boundaries, *Psychological First Aid (WHO, 2021)*, *active listening skills (Guskovict & Potocky, 2018) and are integrated into stress well-being prevention programmes.*

Because of the pivotal role of leadership in the prevention and support of AW serving under challenging conditions, *policies and procedures are established about training of leaders to recognise and manage stress reactions. Because training on local culture and counter-culture shock also helps alleviate stress burdens (Strohmeier et al., 2019), HR plans for psychological safety climate include policies and procedures about mental health within each team's cultural context (Comoretto et al., 2020). Psychological First Aid/PFA (WHO, 2022) is taught across seniority levels for the prevention of long-term effects of traumatic stress by enabling safety and calmness, and by supporting self-efficacy and hope within affected communities. The Total Worker Health® (a computer-based training, Hammer et al.,2021) for mental health helps guide leaders to target interventions is adopted widely.*

A.11 Training: Access and equitability

Shielding elements against stress are: team building (Comoretto et al., 2015), effective learning programmes and healthy communal living (Josam et al., 2022). Protective factors also include perfected team communication and understanding across the aid organizations (Walsh, 2009). Additional safeguarding elements feature equitable, inclusive, gender and racially un-biased work environments (Houldey, 2021). AW often work far apart from colleagues and may experience additional challenges in teamwork because of logistics imperatives. For example, HQ AW may never have worked in field offices, newly assigned international aid workers may lack local knowledge needed to help beneficiaries in situ (Johnson et al., 2016), national aid workers may attend to unfamiliar or unfriendly communities (Hess, 2017; Strohmeier et al., 2019). It is the responsibility of the aid organization to address the realities of aid work by improving teamworking. *Based on IASC guidelines when devising policies and procedures, local communities and knowledge inform the development of cultural awareness training, and systems are put in place to regularly gather updated grassroot information (Kang, 2016). All AW, regardless of position or assignment, benefit from intercultural and training programmes addressing possible partialities, conflict and specific field offices qualities (Dass-Brailsford, 2008; McFarlane, 2004).* Gender balanced teams promote the overall health of AW (De Jong et al., 2022), *efforts are made to gender-balance teams. Leadership demonstrates commitment to inclusivity and diversity by acknowledging bias and the risks of racism and by attending training (Arthur & Moutard, 2016).*

A.12 Training: Security awareness and bias

Security is an essential element of the stress of AW (Lopes Cardozo et al., 2013), and to protect AW, safety and security are relevant to AW well-being. Aid staff are heterogenous, and have diverse security needs (Hensch, 2016; Jones et al., 2017). *All AW, regardless of contractual status receive adequate security awareness, communication and critical incident training (Fee et al., 2019). AW diversity entails cultural sensitivity, as the nature of crises informs its reaction and levels of communication at the appropriate cultural level (Woodrick, 2009). Aid organizations integrate race considerations into aid organization security processes and adapt security training to include diversity and inclusivity components on power, privilege, and biases (EISF, 2018). Aid organizations diversify security hiring and leadership to improve on understanding of on-the ground security threats (Arthur & Moutard, 2016).*

A.13 Training: Individual/group technical/clinical supervision

Effective supervision (Callifronas et al., 2018) is related to lower stress (Ellis et al., 2017). Just as AW supervision can be a vital source of support (Guskovict & Potocky, 2018) supervision of peer support volunteers bolsters self-confidence and efficacy (Curling & Simmons, 2010). *Regular clinical supervision is scheduled for professional mental health AW and peer support volunteers. Ongoing supervision and professional support are organized for AW at all levels involved in the aftermath of crises or disaster relief (Guskovict & Potocky, 2018).*

B. Intervention phase critical incident interventions and interventions during deployment

B. HR: Crisis incident preparation

Aid Organizations' role in the CI reactive phase is to be prepared and to maintain ongoing situational assessment. Critical incident P&P include standard operating procedures for crisis management and establishing a Crisis Management Teams (CMT). *Policies and procedures are free of diversity, gender and racial bias (Dass-Brailsford, 2008). Crisis management team maintains active drills and activates drill response adequate to crisis. Community preparations before crises includes psychologists, religious leaders, colleagues and peers trained in critical incident response (Eriksson et al., 2009). Management at all levels prepares and coordinates ongoing situational assessment and service delivery of coordination with crisis management team (Fee et al., 2013). Critical management team ensures channels are ready and stakeholders are updated about interventions and evacuation maintaining compliance with existing P&P (Fee et al., 2013). Support service delivery preparedness via critical management team and HQ coordination includes safety and security, medical and administration, media, intervention teams, evacuation, care, referrals and post care in coordination with HQ (Fee et al., 2013; Miczaica & Montaiuti, 2013). Policies and procedures secure insurance coverage for mental health establishing resident professional counselling services and/or tele-health.*

B.1 HR: Critical incident response

In event of a critical incidents the crisis management team activates drill response according to established standard operating procedures. Communication between stakeholders and the crisis management team includes crisis management team critical incident-specific services. Short-term and immediate psychosocial responses and long-term emergency recovery and mitigation

efforts must incorporate mental health interventions (IASC, 2017). Planned crisis service delivery is implemented through local and culturally appropriate community-based entities when needed via culturally-appropriate Psychological First Aid (WHO, 2022) and CALMER protocols (Consider-your own needs, and those closest to you; Acknowledge-the source of stress, and how it impacts upon you; Listen-how you are feeling mentally and physically; Manage-ways to deal with stress and regain control; Enable-what has enabled you to cope with stress in the past; Resource-what do you need to put steps in place, *Davidson, 2010). Ongoing situational and individual assessment by mental health professionals on the scene is coordinated via crisis management team and HQ (according to existing HR policy and procedure). Professionals make specific mental health intervention assessment and recommendations (Miczaika & Montaiuti, 2019). Crisis management team coordinates administrative and mental health support during evacuations of AW that are culturally appropriate (Miczaika & Montaiuti, 2019). Critical management team equips local AW to carry on services when evacuation of just international aid workers are required (Fee et al., 2013). Critical management team executes established critical incident protocol for individual/group technical/clinical supervision of all AW involved. At least one person at HQ is on a 24/7 rotation during crisis to support ground staff at all levels. Personal and organizational barriers to support are modelled by trained leadership. Critical management team manages press/social media and rumours via established policies and procedures. Critical management team hands over to HR crisis teams who deliver post critical incident care (Miczaika & Montaiuti, 2019).*

B.2 HR-MH: Critical incident mental health interventions

The common thread when confronted with unexpected or extraordinary events are feelings of helplessness, and critical incidents have the power to tax the resilience of any AW. Many AW are repeatedly exposed to potentially traumatic critical incidents, and some struggle to find their way through sometimes-crippling mental health diagnoses (Lopes Cardozo et al., 2012). Because critical incident stress may also have a negative impact on the availability and quality of social support (King et al., 2006), critical incident stress must be met with the consideration of the aid community of mission colleagues, where HR policies and procedur sustains community (IASC, 2017) as a means for psychological safety climate and healing (Taylor et al., 2019). *All psychological support service actions undertaken in emergency responses meet the IASC guide six core principles (2017). Mental health support interventions are community based and person focused. Mental health policies and procedures and drills have been routinely managed and ensure spiritual and religious practices that help foster meaning, interconnections and purpose are available as alternatives to Western*

psychosocial interventions (Houldey, 2022). Regardless of contractual status, HR immediate psychosocial response and long-term emergency recovery and mitigation efforts are engaged as appropriate and incorporate no-stigma mental health assessment, intervention, evacuation, care and post-care (Macpherson & Burkle, 2021). HR Macho/martyr culture is addressed via leadership activities and modelling (Cockcroft-McKay & Eiroa-Orosa, 2020). Policies and procedures include continued evaluation, supervision (Guskovict & Potocky, 2018) and monitoring of mental health interventions with a gendered approach (Jachens et al., 2019).

B.3 Training-mental health interventions: Psychosocial support tools

Stress exerts a negative impact on the availability and quality of social support (King et al., 2006), and in many isolated field offices, the organization is *the* community, therefore the community of colleagues must learn ways to support fellow AW. As an alternative to post-critical incident debriefing which is not widely recommended (Donnelly, 2017), and in a low resource setting with limited mental health service, the British Red Cross recommends guiding interventions according to the *CALMER* (Davidson, 2010). Psychological First Aid (WHO, 2022) is a simple resource-rich psychosocial tool for critical incident interventions (Corey et al., 2021). It is delivered through support system by competently trained AW rooted in the critical incident contexts; who have access to supervised support. Peer support volunteer training intended as the informal colleague support and referrals system provided by especially trained non-professionals, can be activated in a crisis (Carvello et al., 2019). Psychological first aid *and CALMER, and the peer support volunteer network are implemented as part of a wider critical incident protocol. Peer support volunteer training and supervision is funded and organised across aid organizations.*

B.4 HR-mental health: Opportunities for self-care/well-being services

Competing demands on AW can challenge the best intentions about self-care. Aid organizations can increase AW prospects for self-care by collecting evidence about what works best in what aid operation from the AW themselves, and by allowing for easy access to self-care (Ghodsi et al., 2022). Beyond this, broadening the range of measures to upturn resilience includes elements of RESPECT: Relaxation, education, social, physical, exercise, creativity and thinking (Dunkley, 2022). Opportunities for socialising outside the work team (Guskovict & Potocky, 2018) and rest and recuperation (R&R) help mitigate the balance between professional and personal life (Josam, 2022), and alleviate the physical and emotional burden of isolation often experienced in field offices (Asgary & Lawrence, 2014). Allowing for quality physical health also improves stress outcomes (De Jong et al.,

2022) with sleep hygiene, diet and exercise (Soteriades et al., 2022). Contact with nature also helps elevate mood (Klots et al., 2021) and improves stress outcomes and cognition, as do cold water immersion or showers (Kelly & Bird, 2021). *HR help alleviate stress burdens by making room for individual input and needs in decision-making and by exploring ways to express joy in work (Josam et al., 2022). HR directs resources and actively support officed-tailored prospects for social, reflection, rest, exercise, sleep, creative education, and a diet. Input is sought from junior AW as a matter of practice. Leaders help preserve or restore health by modelling and encouraging healthy lifestyle choices, allowing for recreational prospects and rest between assignments (Ghodsi et al., 2020).* Because NAW at times experience greater stress than their expatriate colleagues (Ager et al., 2012; Musa & Hamid, 2008), *despite the predetermined differences in benefits and needs, access to psychological support is provided to all AW aid organizations regardless of contractual status (Strohmeieret al., 2019; Asgary & Lawrence 2014). Counselling support integrates culturally appropriate interventions through established connection to local community systems and leaders (Houldey, 2021).*

B.5 Mental health interventions:Ill-being and stress mechanism indicators

Well-being preservation involves regular self-screening (Borho et al., 2019) as targeted regular psychosocial health interventions help avoid the long-term effects of aid work stress (Sifaki-Pistolla et al., 2016). The following tools can be engaged contingent upon need: *The Headington Institute Resilience Inventory* is a multidimensional assessment tool used to support the resilience of AW (Nolty et al., 2018). Likewise, *The Self Care and Lifestyle Balance Inventory* (the Headington Institute, 2023) is for educational purposes and aims at improving insight into resilience. Chari et al. (2022) developed *The Worker Well-Being Questionnaire (WELLBQ)* which measures multiple dimensions of well-being. The instrument was developed through literature reviews and expert panel recommendations and has acceptable reliability and validity. Additional tools that help identify stress reactions include *Sense of Coherence* which evaluates three components: Comprehensibility, Manageability, and Meaningfulness (Antonovsky, 1987); *The Hopkins Symptom Checklist* (Derogatis et al., 1974) is a self-inventory, it helps identify symptoms of anxiety and depression during the last seven days. *The Post-Traumatic Check List DSM-5* (Blevins et al., 2015) measures the DSM-5 symptoms of PTSD. *The PostAID/Q* (Post mission altruistic identity disruption questionnaire) by McCormack et al., (2016) is a self-inventory developed for the post-deployment screening of psychological trauma, and burnout of AW. This tool highlights behaviours and feelings that can hinder personal reintegration into teams or social settings. *The Vicarious Trauma Toolkit* (the International Society for Traumatic Stress, ISTS, 2022) can raise awareness of vicarious trauma.

It is freely and regularly used to support self-monitor against secondary trauma or stress experienced by witnessing or listening to suffering of others (Lusk et al., 2015; Shah et al., 2007). *Listed measuring tools are employed to assess general well-being and help forge immediate and long-term well-being interventions. COPPS ethical professional guidelines for occupationally mandated psychological evaluations are followed (APA, 2017).*

B.6 Mental health interventions: *Work engagement*

Criteria for burnout are met when a person at work experiences emotional exhaustion, depersonalisation, and a reduced sense of accomplishment (Maslach et al., 2001). While burnout in AW is not directly related to the number of field assignments (Cardozo et al., 2012) senior AW will more likely experience it (Eriksson et al., 2013) as post CI stress strongly correlates with burnout (Chatzea et al., 2017) and empathy fatigue (Guilaran, 2012). The quality and insight of leadership can greatly affect team cohesion and effectiveness (Ghodsi et al., 2020), and levels of burnout in leadership impact teams (McCormack & Joseph, 2017) therefore aid organizations have a duty of care in equipping leaders with measures to address burnout (Cripe & Nyssens, 2017). Mitigating factors protecting AW from the consequences of stress and *vicarious* trauma (ISTS, 2022) and vicarious burnout (the burnout of office colleagues) include qualities associated with suitable leadership such effective boundaries, insights into own burnout and successful delegation (Osicki, 2016). *Work engagement outcome indicators include the Maslach Burnout Inventory (Maslach et al., 1981) measuring burnout-related experiences of emotional exhaustion; and the Utrecht Work Engagement Scale (Schaufeli et al., 2006), measuring work engagement that is understood as engaging, positive occupational mindset. Burnout solutions are assessed routinely by senior AW and HR and leadership and general AW support policies are modified according to the agency's needs.*

B.7 Mental health interventions: Recognition of service

Aid work is rarely done half-heartedly (Fechter, 2012), and considerations need to be made about well-meaning and altruistic AW who may also be misguided by a disproportionate need to help (Houldey, 2021). Aggravating factors of AW stress are the lack of recognition for the *personal cost* of work. Recognition through bottom up feedback to more senior AW and a deliberate focusing on the purpose of aid work helps obviate challenges to individual sense of coherence during and post-assignments (De Jong et al., 2022). By acknowledging the impact that sense of coherence and the meaning of work

have on resilience (Young et al., 2022) and on self-efficacy (Turner et al., 2021) leaders increase protection against stress. *Public recognition of service is routinely organised in the field and HQ. Include AW who have low or no contact with beneficiaries in vision meetings and when not harmful, improved direct contact with beneficiaries* (Friesen, 2022).

C. Follow up phase (After deployment)

C. HR: Compliance

Human Resources continues to survey compliance with existing policies and change or adapt policies to new 'realities', updating and reviewing according to the changing needs of the organization and the community at large (Fee et. al., 2013).

C.1 HR-mental health interventions: End of assignment(s)

Check out briefings and post mission assessment to minimise stress responses, and included repatriation procedures for AW (Comoretto et al., 2015). *HR's role in the follow up phase of a critical incident or re-deployment is complex, and includes evacuation, repatriation, personal property recovery, updates on personnel skill. If international aid workers are evacuated, policies are implemented that equip national aid workers to carry on essential work (Fee et al., 2013). HR is prepared for national aid workers' families' safety, the continuation of work post critical incident, post mission briefings. Critical incident repatriation for national aid workers and families (if evacuated) is established clearly with the support of established internal policies and budgetary support. Plans are in place and executed for post-mission/employment follow-up and aftercare mental health interventions in person or via telehealth as required.*

C.2 HR-mental health interventions: Post critical incident and mission

The responses of the crisis management team, HR provide valuable lessons learnt, and a post CI or mission review is necessary to learn and improve on the experience (Fee et al, 2013). *Therefore, a close evaluation of service-delivery and survey compliance with existing policies and procedures needs carrying out. Policies and procedures can be updated according to the emerging needs of the aid organizations and their AW and lessons learnt is implemented.* Meanwhile, HR continues to assist with changing roles and assignments of AW, and to oversee care for their psycho-bio-social health (Comoretto et al., 2015). HR provision upon end of mission/operations/employment comprises of written policies supporting staff adversely impacted by exposure to critical incident stress upon assignment (Wersig & Wilson-Smith, 2021). *Policies and procedures are established or modified and implemented*

for the psychological culturally appropriate assistance at the end of assignments according to AW wishes. Post critical incident or mission provisions include adaptable protective policies and procedures for adversely impacted AW (Wersig & Wilson-Smith, 2021). Practical and psychosocial care is delivered post mission or post critical incident, in person or via telehealth, and include follow-up and professional supervision (Guskovict & Potocky, 2018).

C.3 HR-MHI: Returning AW service recognition

Beyond practical challenges of moving countries, post-mission(s) adjustment can be significantly taxing, as AW routinely experience difficulties in sharing their identities altered by aid work with families and friends (Comoretto et al., 2015). The perceived lack of support of returning AW from the employing agencies can aggravate post-employment stress (Thormar et al., 2013) therefore, AW can benefit from assistance with re-integrating. *HR interventions comprise repatriation of people and things (Fee et al., 2013), career counselling, CI after-care, education and self-care support, prior to separation. Aid organizations commitments include end of service recognition, practical and social assistance, and follow-up post-assignment (Albuquerque et al., 2018). Ceremonies involving loved ones acknowledging returning AW are routine (Norwegian Ministry of Defence, 2014). Contingent upon individual AW needs, aid organizations scaffold the long-term resilience of AW by helping merge existing and post-deployment identities (McCormack & Joseph, 2013) with the help of the peer support volunteer network. The PostAID/Q (McCormak et al., 2016) contributes to the reintegration back into the home community of AW by validating past work, by evaluating feedback and insight from work, and by monitoring the stages of post-mission integration.*

Concluding remarks

Occupational hazards for aid workers who have first-hand contact with hardship, danger and some the most challenging human conditions (UNICEF, 2023) can weaken well-being. Environmental dangers add to existing organizational complexities and challenges such as stifling bureaucracies, high turnover, lack of contact with beneficiaries, excessive politicisation and paucity of resources. Minimising the psychological burden of aid work is an ethical responsibility of all aid organizations, as psychological safety climate affects the quality of life of aid workers and in turn, that of beneficiaries. Aid organizations can increase aid workers well-being by addressing aid workers' physical and psychosocial needs, and by providing a psychological safety climate that is free of internal stressors.

Protective organizational measures against the stress of aid work involve solid commitments to shield aid workers against negative psychological outcomes while holding leadership at every level accountable before, during and after deployment or critical incidents. Without wanting to underestimate the complexity of the task, The *Model for Aid Organizations' Stress Prevention and Interventions (AOSPI)* is designed to help aid organizations and aid workers mitigate stress responses alike by dismantling barriers to psychosocial support, and by establishing programmes suitable for sustaining psychological safety climate in aid work. My viewpoint is influenced by my own cultural affiliation with the 'Global North' and by my professional experience as an aid worker, therefore different outlooks are likely to improve upon my interpretation of how to preserve psychological safety climate in aid work. The model is a work in progress and can be improved by expanding upon emergent practices or empirical scrutiny on the experience aid workers, and by broadening perspectives across the world of aid.

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