Stress and staff support strategies for international aid work

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This article will explore a variety of stressors affecting humanitarian aid workers operating in an increasingly challenging environment and review structures for aid worker support. It will summarise the findings of a workplace stress survey conducted in 2009 by a large international aid organisation and provide a comparative analysis with the 2003 stress survey carried out within the same organisation. The article presents the results of respondent self evaluations relating to key sources of stress in humanitarian aid work and includes an analysis of results by sub-group, comparing staff operating in humanitarian emergencies and those working in the relative safety and security of headquarters environments, male and female, and national and international staff. Finally, the article offers a review of the effectiveness of a range of organisational staff support strategies, including a peer helper programme.

Keywords: coping mechanisms, international humanitarian aid work, peer helper programme, staff support, staff wellbeing, stress

Introduction

Humanitarian aid workers are exposed to a plethora of severe stressors including exposure to human rights atrocities and violence, working under conditions of hardship combined with high work demands. In recent years, aid workers have increasingly become the direct targets of intentional violence, and numerous reports have documented the escalating risks to the security of aid workers in many countries (Sheik, Gutierrez, Bolton, Spiegel, Thieren & Burnham, 2000; Rowley, Crape & Burnham, 2008; Stoddard, Harmer, & DiDomenico, 2009). An accumulation of such severely stressful experiences as well as the exposure to a single traumatic event can result in depression, anxiety, burnout, vicarious trauma and in some cases result in posttraumatic stress disorder (PTSD). Widespread recognition of the cost to individuals and organisations of workplace stress, traumatic stress and vicarious trauma has materialised with a corresponding recent increase in research focused on evaluating the burden of relief work on those who deliver humanitarian aid. In response, the provision of effective staff support is a burgeoning area of concern amongst the international aid community.

InterAction has defined staff care as '*self care and institutional responses to stress among humanitarian workers in particularly difficult and stressful environments*', while USAID extends 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*' (Porter & Emmens, 2009). Staff support strategies that a number of aid agencies have put in place include: dedicated organisational mental health professionals, or staff counsellors, peer helper programmes and pre and post deployment briefings for aid workers. Research carried out by People in Aid and InterHealth

(Porter & Emmens, 2009) on psychological care for aid workers found that *'staff care practices appear to be inconsistent, and existing guidelines (or minimum standards) tend not to be adhered to.'* They conclude that *'an important next step for the sector is to gain a clear understanding of the impact and effectiveness of staff care initiatives.'*

This article summarises the findings of a workplace stress survey which was conducted by a large international aid organisation in November 2003 and March 2009. Additionally, it will explore the results of analysis of peer helper statistical reports gathered over a period of five years (2004–2009) and discusses a range of staff care strategies applicable to aid worker contexts.

Methods

The purpose of the survey was to identify the key source of stress for humanitarian staff due to the unique nature of their work, gather a stronger understanding of sources of stress and coping mechanisms among sub-groups, and to evaluate the utility and use of support services. For the purposes of analysis, sub-groups were defined as staff working in emergency and in headquarter duty stations, and were further broken down by gender, and by national and international staff.

A list of common stressors experienced by staff working for the organisation was composed through informal interviews, consultations and group discussions with a representative cross-section of national and international staff in a range of duty stations, covering headquarters and field, including emergency duty stations. The 2009 survey totalled 66 questions resulting in eight matrix questions using non-comparative scales and seven optional demographic questions.

Table 1. Stress survey questions: Sources of stress

Sources of stress:
Working hours; workload, ability to achieve work goals and objectives; status of employment contract; relationship with supervisor; relationship with colleagues; private circumstances (family, financial, health, etc.); the political, economic and/or social situation in the country presently working; being, or fear of becoming, infected with HIV; the effects of HIV/AIDS on friends/family/community; overall level of stress.

Questions solicited an assessment of specific sources of work, inter-personal, environmental and private sources of stress, as well as the overall level of stress of the respondent on a five-level Likert scale, a common rating scale used in survey research. Respondents were asked to rate their level of stress at their current assignment or position concerning 11 key sources of stress, the rating scale included stress level options of: Not at all, Slightly, Moderately, Very, or Extremely. (See Table 1: *Stress survey questions: Sources of stress*). Respondents were asked to assess whether, and how frequently they experienced 10 common symptoms of physical, emotional and psychological stress in *'the past month'*. Additionally, respondents were asked to identify the magnitude of reliance on eight negative and positive coping mechanisms within the same question matrix.

An anonymous electronic survey was disseminated via an intra-organisational broadcast message to all 10 838 staff working for the organisation in 143 countries with a designated organisational e-mail address. This included all national and international

Table 2. Respondent profiles

Sub-groups	2009 Survey response	2009 Organisation breakdown
Gender (M/F)	43/57%	52/48%
Duty station (HQ/Field)	13/82%	13/82%
Staff type (national/international)	71/29%	76/24%

staff. The survey was offered in three language versions (English, French and Spanish). Volunteer, native-language speakers of French and Spanish translated the English version of the questions, and the translations were checked and adjusted where necessary by professional translators. Anonymity was ensured through the administration of the survey by an independent, external organisation, which received and processed the returned surveys. Anonymity was emphasised in the survey introduction.

Over 4000 staff members responded from 135 countries with a total of 3668 staff members who submitted a '*complete*' survey. A '*complete*' survey was defined as a survey where all mandatory questions were answered and the survey fully submitted. An '*incomplete*' was defined as a partially completed survey, in the case where the electronic survey was opened and questions were answered but was not submitted, or when all mandatory questions were not completed. Analysis of the complete surveys was conducted using a statistical software, SPSS (Statistical Package for the Social Sciences). Both frequencies and raw information were assessed and compared to 2003 survey results when possible.

Respondents' profiles reflected a greater response rate by female staff (57% of respondents versus 48% of staff), while the response rate by national staff closely matched the actual staff breakdown (71% of respondents versus 76% of staff). The response rate from headquarters duty stations, 13%, exactly matched the actual staff profile at the time of the survey (See Table 2). For the purposes of analysis, headquarter duty stations were defined as the organisation's seven head offices in cities in the United States of America, Europe, and Asia. The selection of 20 emergency duty stations was determined using the organization's internal March 2009 '*Emergency Country*' list and '*Country Watch List*'.

Discussion

Sources of stress

The most prevalent causes of stress for staff were '*workload*', '*ability to achieve work goals and objectives*', '*working hours*', '*status of employment contract*', and '*feeling undervalued and/or unable to contribute to decision making*' (see Table 3). The top three stressors are in

Table 3. Top five sources of respondent stress, 2009

Stress categories
1) Workload
2) Ability to achieve work goals and objectives
3) Working hours
4) Status of employment contract
5) Feeling undervalued and/or unable to contribute to decision making

Table 4. Workload related stress in headquarter and emergency duty stations

Sub-groups	Workload stress in HQ	Workload stress in emergency
Males	47%	56%
Females	53%	57%
National staff	41%	52%
International staff	59%	65%

keeping with other research into the principal causes of stress in humanitarian aid work, that work stress was the most commonly cited experience (Fast & Wiest, 2007). Likewise, workload and working hours were rated the first and third greatest sources of stress by staff working in emergencies. Responses to ratings of '*workload*' and '*working hours*' as sources of stress were further examined by type of duty station, international versus national staff and gender.

Respondents working in emergency duty stations reported '*workload*' and '*working hours*' to be a greater source of stress than their counterparts working in headquarters duty stations, likely reflecting the taxing work environment in both acute and chronic emergencies. International staff respondents stationed in both emergency and headquarter duty stations rated these two sources of stress to be greater than national staff respondents. It is postulated that to some degree this is a reflection of the more senior level appointments generally held by international staff, in comparison to national staff, which typically carry a greater work load, translating into longer working hours. When the results were examined by gender, both '*workload*' and '*working hours*' were reported to be almost equally stressful by male and female respondents in emergency duty stations; however, they were reported to be a source of high stress for more females working in headquarter duty stations than their male counterparts working in headquarter duty stations (See Tables 4 and 5). This finding is surmised to be at least partially influenced by the conflicting demands of work and care giving for families, the burden of which is more frequently carried by females. A 30 country survey conducted by the marketing research firm Roper Starch Worldwide surveyed 30 000 people between

Table 5. Working hours related stress in headquarter and emergency duty stations

Sub-groups	Working hours stress in HQ	Working hours stress in emergency
Males	26%	40%
Females	35%	38%
National staff	24%	33%
International staff	39%	50%

the ages of 13 and 65 and found that women who work full time and have children under the age of 13 report the greatest levels of stress worldwide (Roper Starch Worldwide, 2000). As most emergency duty stations are categorised as '*non-family*', in effect barring the presence of spouses, children and other dependants, females working in these duty stations are thus unburdened by the day-to-day care giving role, allowing them more time to focus on work. In contexts where emergency duty stations are categorised as '*family*' duty stations, there is generally greater access to affordable domestic help as compared to headquarters locations, thus serving to relieve female aid workers of some of the burden of care giving, and the stress caused by these conflicting demands. Further research such as in depth demographics and informant interviews with the aid worker population would be needed to determine the veracity of this hypothesis. While '*the political, economic and/or social situation in the country in which you are presently working*' was not recorded as one of the top five sources of stress by the entire respondent sample, respondents working in emergency duty stations reported it to be the second highest cause of stress (See Table 6).

Further analysis revealed that the '*political, economic and/or social situation in the country*' was experienced as highly stressful by a greater proportion of female respondents working in emergency duty stations than their male counterparts, and by a greater proportion of international staff respondents working in emergency duty stations than by their national staff counterparts (see Table 7). This finding could be interpreted as counter-intuitive as the situation in a country undergoing an acute or chronic emergency could be expected to be more stressful for national staff due to its effect on their daily living conditions, their extended families and the lack of opportunity to leave the emergency environment regularly – an entitlement afforded to international staff through '*Rest and Recuperation*' and '*Home Leave*' policies. In the light of the finding that humanitarian workers with low social support are more likely to experience trauma and some form of physical illness than those with medium or high levels of support (Fawcett, 2003, Eriksson, Vande Kemp, Gorsuch, Hoke & Foy, 2001), and as national staff members are more likely to live with their (extended) families in emergency duty stations than are international staff, it is possible that they are thus protected to some degree from the stress resulting from the prevailing security conditions. Furthermore, in chronic emergency duty stations, national staff may have become habituated

Table 6. Top three sources of respondent stress in emergency duty stations, 2009

Stress categories
1) Workload
2) Political, economic and/or social situation in the country in which you are presently working
3) Working hours

Table 7. Political, economic and/or social situation related stress in emergency duty stations

Sub-groups	Political, economic and/or social stress in emergency
Males	43%
Females	55%
National staff	46%
International staff	55%

to the ongoing or repeated crises, or conditions of hardship.

For international staff, security restrictions frequently result in limited freedom of movement, thus reducing personal freedom and impeding the opportunity to socialise. For international female staff in particular, the security situation can be further compounded by gender discrimination and harassment, as well as social restrictions prevalent in some emergency duty stations that confine their movement if unaccompanied. This restricted ability to socialise and to escape the confines of the work/living environment deprives these international aid workers of an important source of stress relief.

Levels of stress

Staff were asked to evaluate their overall levels of stress. Seventy-four percent of respondents reported feeling '*moderately*' to '*extremely*' stressed. In contrast, a national workplace survey carried out in the United Kingdom (Hodgson, Jones, Clarke, Blackburn, Webster, Huxtable, & Wilkinson, 2006) revealed that 45% of survey respondents reported finding their jobs '*moderately*' to '*extremely*' stressful. While the results cannot be directly compared, they reflect the greater levels of stress associated with working in the humanitarian environment.

A closer examination of stress levels by gender revealed that a greater proportion of female respondents (62%) reported high levels of stress than males (38%). It is suggested here that this gender disparity can at least partially be explained by the exploring the gender differences in the aforementioned ratings of the sources of stress, including the conflict between work and care giver roles particularly in headquarters, and the impact of the security conditions on female aid workers in emergency duty stations. Other potential explanations for the difference could be related to a bias towards females in the ease of reporting stress or the social acceptability of admitting to feeling stressed. However, in this regard, it is worth reflecting on the finding above that male and female staff working in emergency duty stations reported similar ratings of the impact of work related stressors.

Comparing the 2003 and 2009 responses to the question assessing their level of stress, results from both surveys indicated that the percentage of respondents reporting overall high levels of stress declined from 35% in 2003, to 31% in 2009. It is surmised that the self reports of lower levels of stress in 2009 indicate that the population of aid workers had become habituated to the increase in stress since 2003, as the demands of the deteriorating humanitarian environment continue to impact aid workers both physically and psychologically. This premise is strengthened by the finding that in 2009, the ratings of the frequency of the symptoms of stress had increased, compared with the 2003 survey results. Specifically, these symptoms included tension headaches or body aches, problems with appetite, difficulty sleeping, tension, nervousness, irritability and mental and/or physical fatigue or exhaustion. All of the seven aforementioned symptoms assessed, with the sole exception of '*mental and/or physical fatigue or exhaustion*' which measured a slight reduction, increased markedly from the 2003 to the 2009 survey.

Coping mechanisms and support services

Respondents were asked to indicate how often '*in the past month*' they relied on common positive and negative coping mechanisms. Negative coping was defined as the reliance on alcohol, cigarettes, prescribed

or non-prescribed drugs and caffeine to manage stress, while positive coping was defined as the reliance on spiritual or religious practices, social activities, physical activities or professional support including counselling.

In keeping with the finding that the symptoms of stress had increased since 2003, respondents indicated an increased reliance on negative coping mechanisms in comparison to the 2003 results. However, the degree to which aid workers reported relying on positive coping mechanisms to help them manage stress was on average more than five times greater than the degree to which they reported relying on negative coping mechanisms. A total of 91% of respondents reported that they rely on social activities, 89% on physical activities, and 68% on spiritual or religious practices.

Respondents were also asked to rate the usefulness of a range of organisational staff support services including: social activities, information on stress, stress management workshops, organisational staff counsellors and peer helpers. As defined by an Emergency Support Network paper, peer helpers are members of a workgroup who have been specially selected and trained to provide a first line of support to assist colleagues affected by stress and in times of crisis. (Tunnecliffe, 2007).

A comparison of the 2009 and 2003 survey responses revealed an increased positive rating of the usefulness of these staff support services. Social activities arranged by the organisation were reported to be particularly useful, rated as such by 84% of respondents in 2009, an increase from 70% in 2003. Having access to information on managing stress and trauma reactions on the organisation's intranet was also highly valued (78% in 2009, up from 69% in 2003), as were stress management workshops (77% in 2009, compared with 68% in 2003). Access to support by the organisation's own in-house staff counsellor was rated as a useful resource by 64% of respondents (compared with 53% in 2003), and similarly 64% of respondents reported finding the services of peer helpers to be useful (compared with 48% in 2003).

Analysis of these data by type of duty station showed that respondents in emergency duty stations placed an even greater value on the usefulness of these staff support services than those working in headquarters. Ratings of the usefulness of the organisation's staff counsellor increased to 69% by respondents working in emergency duty stations compared with 54% of staff working in headquarters, while 64% of staff in emergencies rated peer helpers to be a useful resource, compared with 54% in headquarters. These findings highlight the importance that humanitarian workers place on social support and are particularly pertinent in the light of the findings relating to the protective aspect of social support (Fawcett, 2003). The results must be interpreted in the light of the fact that both access to and awareness of the role of the staff counsellor and the peer helpers have increased since 2003, as the programme has been rolled out. In 2003, 7% of staff reported accessing the services of the staff counsellor and 10% the services of peer helpers in '*the past six months*'. These figures increased to 12% and 14%, respectively, in 2009.

The need for effective staff support strategies can be expected to increase in the deteriorating security context of the humanitarian environment. The high ratings from staff on the usefulness of staff support services provide evidence that reinforces the effectiveness of strategies that could offer aid

organisations, large and small, affordable and achievable options to support their staff in managing their stress resulting from these conditions.

Limitations

The main limitations of the survey are issues surrounding the cultural relevancy of the broader concept of stress, including definitions and categories of stress, coping mechanisms, and manifestations of stress. It is important to acknowledge that tools of western psychology are not always appropriate without validation in various cultural contexts (Wessells, 1999). The researchers attempted to minimise this by compiling the survey questions according to the responses of a representative, multi-cultural sample in the informal focus groups.

The respondents were asked a series of highly sensitive questions concerning their wellbeing, coping mechanisms, and their opinions on the quality of various organisational staff support services, all of which could have affected their willingness to report accurately or participate at all in the survey. As anonymity was guaranteed and emphasised, it is not expected that fear of identification would have had a significant impact on suppressed responses.

Additionally, the short time-frame for survey completion, approximately 22 days, may have reduced the numbers of responses and affected some of the more subtle differences among final results. The use of an electronic (web-based) survey itself also has technological limitations in that it potentially reduced participation from staff that had difficulty accessing the internet in that time frame, or who were not familiar with navigating web-based surveys. Finally, consultants who were not included on the intra-organisational mailing list may have been excluded.

Recommendations: guidelines for good practice in staff support

Over the past few years, considerable progress has been made in the provision of staff care by humanitarian aid organisations (Porter & Emmens, 2009). While organisations vary in the amount of resources that they have available to invest in staff support services, as outlined above many low cost interventions are capable of providing highly valuable support to humanitarian staff. Staff counselling requires a greater investment if the organization hires a dedicated staff counsellor. Creative alternatives include cost-sharing arrangements with local counsellors on an inter-organisational basis, or training local counsellors who then act as regional referral resources for an organisation. Staff counselling is often supplemented by a peer helper programme. This section explores the benefits and limitations of each type of counsellor as well as guidelines for successful peer helper programmes and highlights the need for staff support services within broader, organisational strategies for staff wellbeing, in order to provide a seamless professional service for supporting staff.

Organisational staff counsellors and outsourcing

Advantages of investing in a dedicated in-house staff counsellor include their familiarity with the organisational culture, internal processes, policies, procedures and benefits and the acquired understanding of how these are applied within the organisation. As an internal resource, an organisational staff counsellor ensures that sensitive organisational issues such as workplace harassment are dealt with internally and confidentially. Through repeated field missions the staff counsellor is able to develop relationships with staff and establish trust, thus facilitating access to and use

of the counsellor's services. A '*Staff Support Mission*' by the staff counsellor sent to hardship or emergency duty stations is perceived by many staff as a demonstration of organisational support and recognition of the difficult work environment. Additionally, the staff counsellor is able to develop a constructive working relationship with key partners in the organisation including human resources, emergency operations, security, medical services, staff association or staff unions and ombudsman or mediators. Through these established working relationships the staff counsellor is able to appropriately follow up with recommendations for staff support within the organisational structure.

A critical aspect of such an investment in the context of humanitarian work includes an organisational staff counsellor's ability to monitor and follow up with staff through the course of various duty station assignments. This aspect is particularly critical for employees who have been affected by a traumatic event or who have experienced mental health problems such as depression or substance abuse. The staff counsellor should also be utilised to facilitate the provision of pre mission briefings as well as post mission debriefings for staff, which is a much needed,and often neglected, staff support strategy.

As the staff counsellor is neither part of the general office culture nor local culture in the duty station, certain circumstances can warrant confiding in this counsellor easier than a local counsellor. This is of particular relevance in cultures with taboos related to gender and discussing mental health problems in general. In cultures where it may be seen as '*taboo*' for men to talk about their problems, reported challenges include that a male staff member may be reluctant to seek support from a counsellor from his own community; however, he may be more likely to seek the support of a foreign counsellor, especially one who is not connected to the day-to-day work and social culture.

Conversely, this approach is associated with certain inherent challenges. Staff may be reluctant to confide in an in-house counsellor, especially regarding issues that they fear might impact on their careers, such as those involving mental health problems. Moreover, if the staff counsellor is based in the headquarters or a regional office, she/he is not able to provide ongoing counselling at the country office level. However, the staff counsellor can identify local counsellors while on mission travel and develop a professional relationship with them, facilitating referrals for staff in the field. In addition to being available for ongoing counselling, local counsellors have a firm grasp on local conditions, culture and practices. However, reported challenges include the reluctance by national staff to confide in someone who is part of their local community and with whom they may have regular interactions. Moreover, local counsellors usually do not have a clear understanding of the kinds of stressors inherent in international aid work, and therefore are not perceived by many international staff to be a useful source of support. People in Aid/ InterHealth completed a review of staff care practices of 19 international nongovernmental organisations and one international organisation working in the humanitarian and development sectors (Porter & Emmens, 2009). Regarding the choice between organisational staff counsellors and outsourcing to local counsellors, they concluded that the solution is not in deciding whether an in-house counsellor or outsourced support is better, but rather exploring both choices as valid options and determining which aspects

of in-house and outsourced staff support mechanisms are best suited for specific staff needs (Porter et al., 2009).

Organisations may choose to supplement staff counselling services with a peer helper programme. In this case, a designated function of the staff counsellor would be to train local peer elected staff members to serve as *'peer helpers'*. The staff counsellor would be tasked to provide peer helpers with the appropriate and necessary ongoing technical supervision, support, and training. This arrangement would ensure the availability of immediate support in the local context that could provide quality service provision to staff. Moreover, it would provide a clear connection and easy referral to the staff counsellor for situations that are out of the scope of peer helpers' qualifications and warrant more professional assistance.

Peer helper programmes

Literature reviews of peer helper programmes demonstrate that peer helpers can provide quick and effective interventions for common workplace issues, preventing the escalation of crises and facilitating referrals to more professional support services when needed, and therefore can play an important *'burnout'* prevention function (Urban Institute, 2004; Hager & Brudney, 2004; Tunnecliffe, 2007). In addition to supporting individual staff and dependants, peer helpers frequently play an active role in organising activities and events in the office that support staff wellbeing, such as staff parties, exercise classes, relaxation and meditation groups, and outreach to sick and bereaved colleagues. By contributing to the development of a supportive work environment, peer helper programmes contribute to an increase in productivity, attendance and staff retention, as well as staff morale, and as such are a valuable and relatively low cost resource, that provides an excellent return on investment (Masi, 2005).

To function effectively, peer helper programmes require a considerable investment of human and financial resources and even effective programmes will be undermined if there is a perceived lack of organisational *'buy-in'*. Minimum requirements include the rigorous implementation of recruitment, screening and selection criteria, supervision of, and support to, the peer helpers, and consistent documentation of peer helper activities. The major risk associated with such programmes is that of mission creep: if the roles and functions of the peer helpers are not clearly defined, there is the danger that they can be encouraged to become de facto staff counsellors. Other risks are associated with the potential for peer helper burnout and vulnerability to secondary traumatic stress.

The peer helper programme under review in this paper coincides with many of the principles outlined in other reviews of best practices and principles of volunteer programmes in diverse settings (Urban Institute, 2004; Hager & Brudney, 2004; Tunnecliffe, 2007; National & Community Service, 2007) and was rolled out and refined over a period of six years. As part of their duties, the peer helpers were required to submit a biannual statistical report on their interventions that included information on the type of problems addressed, what referrals were made and general demographic information on the staff member while maintaining confidentiality. No reports included the name or job title of the staff member who sought services. An analysis was carried out of more than 500 of these statistical reports, collected over a period of five years from 2004 to 2009.

Analysis revealed that while 38% of these peer helpers were male and 62% are female,

male peer helpers provided support almost equally to female and male staff, with female peer helpers providing support to almost twice as many female staff as male staff. The user profile of national/international staff more closely matched that of the peer helpers: 75% of the peer helpers are national staff and 14% internationals, while approximately 80% of the users of services are national staff, and 18% are international staff.

The main reason why support was provided to staff by peer helpers was for work related issues (50% of all cases for national staff and 51% for international staff). This finding reflects the results of the workplace stress survey, where workload was reported to be the greatest source of stress in 2003 and in 2009 by national as well as international staff. Additionally, 9% of support provided to colleagues was for family related concerns and between 6% and 7% for traumatic incidents, physical problems or for interpersonal or social problems. Peer helpers are also available and accessible to staff dependants, although dependants comprise only 2% of their total case load. The main reason for peer support to dependants was for traumatic events (47% of cases) and this is most likely because peer helpers are an internal organisational resource whose training focuses primarily on workplace issues, and staff are therefore less likely to use this service for their dependants except for cases of great need.

Organisation focused approaches to staff care

Person centred approaches, including those described above, clearly do not address all aspects of staff wellbeing and are most effective when combined with a comprehensive range of strategies focusing on the work environment. An in depth discussion of these approaches is outside the range of this paper; however, recommended strategies include, but are not limited to, the implementation of flexible work modalities, training and strategies to address conflict management, as well as structures to enhance the safety, security and health of staff. Research has highlighted the importance of fostering good staff relations and the need for a comprehensive approach to the development of managers, including coaching and peer support to improve leadership skills (Bowie, Fisher & Cooper, 2005). Systematic anonymous surveys to review staff morale and staff concerns and providing structures such as staff associations or staff unions and mediators to address grievances, are examples of effective resources that improve staff wellbeing. Strong and sustained management support is essential for the success of all organisational wellbeing strategies (Semmer, 2008).

Conclusion

There is a clear moral justification for the provision of organisational wellbeing programmes given the degree of threat, instability and hardship to which aid workers are exposed, coupled with demanding workloads and long working hours. Staff care programmes can also be justified purely from an economic perspective through reduction in sick leave absenteeism and health costs (Chapman, 2005). While the data set produced through the workplace stress survey cannot infer causality without further investigation, preliminary conclusions that can be drawn from the survey results include that work related stress is a major stressor in humanitarian aid work, and reflective of the taxing work environment. In general, female respondents reported distinctly higher levels of stress than males. Both male and female respondents working in emergencies reported higher levels

of stress than their counterparts working in headquarters. For staff working in emergencies, workload was rated as more stressful than the political, economic and/or social situation in the country where the staff member was stationed at the time of the survey. The political, economic and/or social situation in emergency duty stations was reportedly more stressful for international staff than for national staff, and more stressful for females than for male staff.

The findings from the survey highlight the growing importance that humanitarian workers place on social support in the increasingly insecure environment of humanitarian relief work. The need for effective staff support strategies can be expected to increase in the deteriorating security context of the humanitarian environment. The Inter-Agency Standing Committee has published guidelines on mental health and psychosocial support in emergency settings (Inter-Agency Standing Committee, 2007). They specify that the *'provision of support to mitigate the possible psychosocial consequences of work in crisis situations is a moral obligation and a responsibility of organisations exposing staff to extremes.'* The staff support services outlined here, ranging from the establishment of an inhouse staff counsellor and implementation of a peer helper programme to organising social activities in the office, offer aid organisations practical and achievable strategies to meet the duty of care for their staff. The high ratings from staff on the usefulness of staff support services offer evidence that reinforces the effectiveness of these strategies.

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