Hilton Prize Coalition Wellbeing Project: Staff Wellbeing and Sustainable Engagement in Humanitarian Organizations

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A project of the Hilton Prize Coalition Collaborative Models Program, a collaboration between The Task Force for Global Health and Heifer International

A Report for the Hilton Prize Coalition Members, April 2019

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# Table of Contents

**Letter to Coalition Members** .............................................................................................................. i

**Executive Summary** ........................................................................................................................ ii

**Report**

- Introduction ........................................................................................................................................ 1
- Methods ................................................................................................................................................ 2
- Results .................................................................................................................................................. 6
  - Survey .................................................................................................................................................. 6
  - Interviews ........................................................................................................................................... 8
  - Organizational needs and resources ............................................................................................... 15
- Discussion ............................................................................................................................................ 19
- Conclusion ........................................................................................................................................... 24
- References ........................................................................................................................................... 26

**Appendices**

- Appendix A. Semi-structured Interview Guides .................................................................................. 32
- Appendix B. Survey Questions ............................................................................................................... 34
- Appendix C. Survey Results ................................................................................................................ 48
- Appendix D. Components of Organizational Wellbeing; Examples from Laureates .......................... 61
- Appendix E. Additional Resources ....................................................................................................... 67
Warm Greetings to our Colleagues in the Hilton Prize Coalition:

The Hilton Prize Coalition Wellbeing Project has its origins in a growing awareness of the stresses inherent in humanitarian work that can lead to burnout, depression, and post-traumatic stress disorder. In addition to affecting individual humanitarian workers, these factors can limit the effectiveness of humanitarian organizations in their efforts to alleviate suffering and provide support to communities.

We at the Task Force for Global Health and Heifer International are honored to be part of the Hilton Prize Coalition. We recognize that our own organizations, as well as many of our fellow Laureates, are facing these key challenges. Therefore, we are grateful to Global Impact, the Hilton Prize Coalition and the Collaborative Models Project for the opportunity to learn more about the effects of stress and burnout among this esteemed group.

We would like to thank all the organizations that contributed to this project and, particularly, their staff members who participated in interviews or completed the survey. We hope the findings will be beneficial as you think about your own organization’s policies and procedures related to employee wellbeing. As the report illustrates, there also are opportunities to learn from the good work already being done by fellow Laureates to improve employee wellbeing. We hope this project will support a continuing dialogue about how to enhance staff and organizational wellbeing across our Coalition and the broader field of humanitarian and global health organizations.

Sincerely yours,

Dave Ross
President and CEO
The Task Force for Global Health

Pierre Ferrari
President and CEO
Heifer International
Executive Summary

The fields of humanitarian aid and global health attract many idealistic, highly-skilled individuals who are committed to the values of social justice, solidarity, service, and compassion. They often work in conditions of deprivation, stress, and conflict and bear witness to intense human suffering. Chronic exposure to these conditions can lead to burnout, depression, and post-traumatic stress disorder. Available evidence suggests that burnout in humanitarian workers leads to high staff turnover, decreased performance, and suboptimal organizational effectiveness. Little is known, however, about efforts taken by humanitarian organizations to address and prevent burnout or about the effectiveness of these measures.

Recipients of the Conrad N. Hilton Humanitarian Prize are regarded as among the most effective and influential humanitarian and global health organizations in the world. During the 2017 annual meeting of the Hilton Prize Coalition, an alliance of the Conrad N. Hilton Humanitarian Prize recipients, leaders of these Laureate organizations expressed interest in better understanding burnout and developing effective approaches to improve staff resilience and wellbeing.

In the spring of 2018, two of these organizations, the Task Force for Global Health and Heifer International, received a Collaborative Model grant for the Hilton Prize Coalition Wellbeing Project. The purpose of the project was to 1) better understand staff stress and burnout across Hilton Prize Laureates; 2) identify policies and approaches currently used by Hilton Prize Laureates to provide staff support; and 3) identify opportunities for Hilton Prize Coalition members to improve employee resilience and psychological health.

All members of the Hilton Prize Coalition were invited to participate. Dr. Deirdre Guthrie conducted individual semi-structured interviews with the chief executive officer (CEO) or designee, the director of human resources (HR) or designee, and up to three additional staff members from each organization choosing to participate. HR representatives were also invited to complete an on-line survey; completed surveys were received from 14 organizations. Interviews were completed with 10 CEOs or their designees, 10 HR directors or their designees, and 19 staff.

Findings indicate that among Hilton Prize laureate organizations, stress is ubiquitous, burnout is not uncommon, and resources for staff wellbeing are often inadequate. Specific stressors vary by type or organization. At the individual level, types of stressors differ by gender; they also differ between headquarters and “field” staff and between national and expatriate humanitarian workers. Based on findings from the interviews, key stressors can be grouped
into two broad categories. First are “structural dynamics” that contribute to burnout; these include internal factors such as workload, communication pathways, management, supervision, and team cohesion and external factors such as contracts, pay, audits, and pressure for performance. Second are stressors around “safety,” which include both physical security (e.g., transportation, travel, threat of violence) and psychological safety (e.g., trusting relationships, civility) stressors.

Hilton Prize Coalition employees have a strong sense of calling and commitment, which provides meaning and purpose and may be essential for this kind of work. However, their high degree of self-identification with work can interfere with their ability to adequately attend to their own needs for personal and relational wellbeing. Participants reported inadequate self-care, even those who indicated during interviews that their organizational leaders care deeply about employee wellbeing.

We received completed surveys from 14 organizations. Survey respondents (HR directors or their designees) were asked to indicate, on a scale from 0 to 10, their opinion of the quality and effectiveness of specific resources available in their organization to manage employee stress across seven specific domains: human resource policies, training to manage stress, crisis support, screening for burnout, monitoring and ongoing support, end-of-assignment support, and post-assignment support. A score of 0 indicated that resources were not available, not accessed, or completely ineffective, while a score of 10 indicated available, accessed as often as needed, and highly effective resources. Only policies and crisis support received a mean score higher than 5; screening for burnout received the lowest mean score, 3.4. Perceived barriers to addressing staff stress, burnout, and mental health included lack of funding (85.7% of responding organizations), lack of time (64.3%), lack of expertise (57.1%), and lack of support from leadership or governing board (14.3%).

The small sample size limits our ability to generalize these findings to all Hilton Humanitarian Prize Laureates or to humanitarian organizations in general.

For members of the Hilton Prize Coalition as a whole, this report provides a baseline assessment and points to exemplary practices to foster wellbeing in several Laureate organizations. While no one organization appeared to fully meet all the needs for addressing stress and burnout, each Coalition member organization can point to preferred practices that they already engage in, often in innovative and creative ways. Sharing employee well-being strategies, including policies, training programs, and monitoring and evaluation approaches across members could be helpful to the Coalition as a whole. Supplemental materials and resources are provided in the appendices.
Introduction

The fields of humanitarian aid, development, and global health are motivated by an unshakeable belief in the interconnectedness of the human family and a commitment to the values of social justice, solidarity, equity, and compassion. The fields attract, and depend on, idealistic, highly skilled individuals who bear witness to intense and, at times, overwhelming human suffering. These individuals often enter the field out of a sense of calling, which can be fostered by significant personal encounters including an experience of suffering in their own lives.

The idealism that motivates humanitarian work and the stressful conditions of the work itself can be precursors to stress and burnout. Particularly in crisis situations, the “heroic” culture of humanitarian and global health organizations tends to push its employees to the edge of human endurance. Psychologist Herbert Freudenberger, who coined the term “burnout” in 1974, wrote that persons most at-risk for burnout are “[t]he dedicated and the committed”—more specifically, those who are “seeking to respond to the recognized needs of people” (Freudenberger, 1974).

Burnout is typically associated with physical and emotional exhaustion, including signs and symptoms of depression, short-fused irritability, paranoia, inflexibility, and extreme negativity (Freudenberger, 1974). The potential long-term impact of burnout on emotional and psychological health is far-reaching, often causing feelings of powerlessness, depersonalization, cynicism, and apathy. Burnout is correlated with diagnoses of clinical depression, anxiety, and post-traumatic stress disorder (PTSD) (Aronsson et al., 2017; Chemali, Smati, Johnson, Borba, & Fricchione, 2018; Freudenberger, 1974).

The prevalence and impact of burnout among healthcare professionals (primarily physicians, nurses, mental health workers and emergency medical service professionals) has been well-documented in recent decades (Elshaer, Moustafa, Aiad, & Ramadan, 2017; Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). Considerably less attention has been given to humanitarian and global health workers, but available evidence indicates that they commonly experience burnout, anxiety, and depression (Brooks et al., 2015; Curling & Simmons, 2010). These conditions are exacerbated during deployment to areas of crisis and can persist for at least 3-6 months after workers return home (Cardozo et al., 2013).

Stressors leading to burnout and poor mental health for these workers are not limited to those particular to their organizations’ response efforts (e.g., violence, disease, extreme poverty, death) but also include overall workplace-related factors such as organizational culture, lack of financial resources, excessive work demands, and lack of recognition for work (Ager et al., 2012; Aronsson et al., 2017; Cardozo et al., 2013; Chemali et al., 2018; Eriksson et al., 2013; Strohmeier & Scholte, 2015).

Burnout also contributes to high staff turnover, decreased job performance, and suboptimal organizational effectiveness (Antares Foundation, 2012; Aronsson et al., 2017; Chemali et al.,
Ultimately, “[s]tress fundamentally interferes with the ability of the agency to provide services to its supposed beneficiaries” (Antares Foundation, 2012, p. 7). Despite these organizational costs, however, it is difficult for many humanitarian organizations to make staff wellbeing a true priority, as they are constantly presented with many pressing, and often conflicting, demands.

In 2009, the Stanford Social Innovation Review (SSIR) published an article describing the “nonprofit starvation cycle,” in which unrealistic donor expectations and demands lead to organizations’ underinvestment in their own personnel and operations, which limits organizational effectiveness and results in unmet goals (Gregory & Howard, 2009). It has also been reported that the BBB Wise Giving Alliance, GuideStar, and Charity Navigator have criticized as counterproductive “the false conception that financial ratios are a proxy for overall nonprofit performance” (Taylor, Harold, & Berger, 2013, 2014).

While burnout for humanitarian organizations is primarily associated with increased staff turnover, decreased productivity, and a failure to maximize donor investments, it can also be viewed as the result of an organization’s failure to prioritize—and a willingness to sacrifice—their employees’ overall wellbeing (IASC, 2007).

How to prevent burnout and to develop systems and practices that effectively foster staff resilience is an understudied topic. Resilience is a broad concept that generally refers to positive adaptation in any kind of dynamic system that comes under challenge or threat. It comprises the processes or patterns of positive adaptation and development in the context of significant threats to an individual’s life or function. More simply, resilience is the capacity to “bounce back” after experiencing challenges and crises in life.

Recipients of the Conrad N. Hilton Humanitarian Prize are widely regarded as among the most effective and influential humanitarian and global health organizations in the world. During the 2017 annual meeting of the Hilton Prize Coalition, an alliance of Hilton Humanitarian Prize recipients, leaders of these Laureate organizations expressed interest in better understanding burnout and developing effective approaches to improve staff resilience and wellbeing. The current project, conducted through a Collaborative Model grant, was undertaken to 1) better understand staff stress and burnout across Hilton Prize Laureates; 2) identify policies and approaches currently used by Hilton Prize Laureates to provide staff support; and 3) identify opportunities for Hilton Prize Coalition members to improve employee resilience and psychological health.

**Methods**

Emails were sent to all Hilton Prize Coalition member organizations in June 2018, inviting them to participate in the project. From June through December 2018, for each participating organization, Dr. Deirdre Guthrie conducted and recorded semi-structured interviews (see Appendix A for interview guide) with 1) the chief executive officer (CEO) or designee; 2) the director of human resources (or designated official); and up to three staff members in various
roles within each organization, with an emphasis on front-line workers. In addition, each participating organization completed an on-line survey. Organizations participating in the interviews and survey are indicated in Table 1.

Table 1. Hilton Prize Coalition Members and Participation in the Wellbeing Project

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**Interview Process**

During interviews with CEOs or their designees, Dr. Guthrie used a framework developed by the Antares Foundation, “Managing Stress in Humanitarian Workers - Guidelines for Good Practice” as a springboard for conversation (Antares Foundation, 2012). This framework identifies eight domains or components to be addressed by organizational programs for employee wellbeing. An adaption of the model is shown in Figure 1.

The CEOs/designees were asked if their organization formally assesses staff needs regarding wellbeing and acute or chronic stress, what strategies and interventions had been tried, and what remaining gaps or challenges persisted. They were also asked to describe their
organization’s approach to staff wellbeing as well as the extent to which they themselves modeled self-care at work.

*Figure 1. Adaptation of Antares Model of organizational components for employee wellbeing*

HR directors/designees were asked how staff burnout was monitored and assessed, which policies and interventions seem to be most effective, and what barriers remain to establishing an organizational culture of wellbeing. Finally, frontline and country office staff, who were referred by both organizational leaders and HR representatives, were asked if they had an awareness of their own early warning signs of burnout (e.g., work-related symptoms or risk factors to burnout, compassion fatigue, vicarious trauma) or if they were able to perceive these signs among their colleagues. They were also asked to share their direct experience with stressors. Interview questions evolved, as key themes emerged from this iterative process.

Taken together, these three perspectives—from leadership, HR representatives, and frontline workers—were used to gain an insight into how the participating Hilton Prize Laureates address the issues of work-related stress and burnout.

Once interviews were complete and recorded, Dr. Guthrie used her notes and the recordings to create a summary of pertinent quotes and themes regarding barriers, facilitators, and needs for wellbeing support. She then coded these summaries and compared them across organizations to identify significant variables and patterns. CEOs and their designees were identified by name, while other staff respondents were identified by job title only.
Surveys

For each participating organization, an on-line survey was completed by HR representatives, including directors, employee wellbeing staff, or mental health professionals (e.g., staff psychologists or counselors). The survey was developed using Qualtrics survey software and included 29 questions (Appendix B). The survey took an average of 30 minutes to complete. Each respondent was instructed to answer on behalf of her or his own organization.

Definitions

In this report, we drew from the definitions below of “burnout” and various components of wellbeing in the psychological and organizational management literature to inform the design of our instruments as well as preliminary data analysis.

Burnout

Burnout is the state of physical and/or mental exhaustion or collapse caused by chronic overwork and cumulative stress. It often results from a combination of feeling increasingly ineffective (a reduced sense of personal accomplishment, competence, or overall job effectiveness), exhausted (feeling depleted, overextended), and/or cynical (holding depersonalized, callous attitudes towards work and others, feeling detached) (Maslach & Leiter, 2008; Schaufeli, Leiter, Maslach, & Jackson, 1996).

Burnout tends to be associated with organizational stressors such as inadequate resources (Puleo, 2011), role ambiguity or role conflict (Elman & Dowd, 1997; Kilfedder, Power, & Wells, 2001), increased time pressure (Rabatin et al., 2015), high workload (Leiter & Maslach, 2009; Puleo, 2011), staff conflicts (Puleo, 2011), and lower levels of autonomy or loss of job control (Leiter & Maslach, 2009). Many of these stressors are initiated or compounded as a result of organizational change (Puleo, 2011).

Wellbeing

In the literature, “wellbeing” or “flourishing” has two often strongly correlated components that are distinguished as “hedonic” (pleasant feelings and positive assessments of satisfaction and engagement) and “eudemonic” (doing what is virtuous, morally right, true to one’s self, meaningful, and self-actualizing and results in learning and growth of one’s talents and capacities) (Ryan & Deci, 2001; Ryff & Singer, 2008, Seligman, 2002; Sheldon & Elliot, 1999). A related hedonic concept is “vigor” defined as a positive affective experience involving feelings of physical strength, emotional energy, and cognitive liveliness (Shirom, 2003, 2006).

Using these definitions, an organizational culture that supports wellbeing refers to one where individuals experience more “positive” (engaged, vigorous, satisfying, pleasant) work days than “negative” (disengaged, cynical, ineffective, depleted) ones and feel their work has meaning and purpose because it is aligned with their core capacities and values. A wellbeing culture also
creates a “sanctuary” of social support and mentorship when needed and provides ample opportunities to learn and grow.

**Results**

Of the 23 Hilton Prize Coalition member organizations, 15 participated in at least one aspect of the project; 14 completed the survey, 11 participated in one or more interviews, and 6 shared resource materials (Table 1). Appendix C provides a full report of the survey results, including characteristics of participating organizations and tabular presentations of responses to each question.

**Survey Results**

**Turnover**

Respondents were asked to approximate their organization’s annual rate of staff turnover, averaged over the last 5 years. The most commonly cited turnover rate, for 6 out of 14 organizations (42.9%), was in the range of 11%–20%, followed by 0%–10% for 4 (28.6%) organizations, and 21%–30% for 3 (21.4%); only one organization reported a turnover rate of 51% or more.

When prompted to select their organization’s top three reasons for turnover (in no particular order), 8 respondents (57.1%) indicated ‘funding restraints,’ which was the most common response along with the ‘other’ option, which allowed respondents to write in their own answer. The 8 written-in responses included ones related to pursuing further education and better career opportunities, as well as retirement, marriage, migration, and time-limited contracts. Other common reasons for turnover were ‘pay and/or benefits’ (n=6); ‘burnout’ (n=5); ‘barriers to career advancement’ (n=5); and ‘problems with manager/supervisor’ (n=4). One organization indicated ‘workload’ as another primary reason. No one cited ‘work environment’ as a main reason for turnover.

**Burnout**

Respondents were asked to consider a list of factors that contribute to staff burnout in the following categories: organizational culture and management, relationships, other aspects of the job, and contextual factors (which are more external to the organization). Respondents were encouraged to select as many options as apply to their organization and staff experience, to the best of their knowledge.

**Organizational Culture and Management**

The most common contributing factor to burnout in this category was ‘problems with communication’ (n=9, 64.3%), followed closely by ‘barriers to individual growth and contribution’ (n=8, 57.1%). Six organizations selected ‘unrealistic or ambiguous job roles / program objectives,’ and five selected ‘challenging decision-making processes’ and ‘lack of transparency.’ One to two respondents selected ‘macho or heroic organizational culture,’
‘microaggressions,’ ‘stigma around self-care,’ and ‘structural / institutional discrimination or bias.’ Four respondents wrote in their own answers in addition to what they selected.

**Relationships**
The most common response in this category was ‘supervisors,’ which was selected by 8 organizations (57.1%); 6 organizations indicated ‘other leadership.’ The next most common relationship factor was ‘funders’ (n=4), followed by ‘collaborating organizations’ (n=3). One to two respondents chose ‘peers,’ ‘project teams,’ ‘stakeholders,’ and ‘none of the above.’ One participant selected ‘other’ and wrote that headquarter (HQ) relationships with the field staff were a source of burnout at their organization. One said that none of the workplace relationships contributed to burnout. No one selected ‘community or affected persons.’

**Other Aspects of the Job**
By far, the most common burnout factors in this category were ‘long and/or unpredictable working hours’ (n=10, 71.4%) and ‘job expectations, roles, responsibilities’ (n=9). Following those were ‘uncertain program funding’ (n=6), ‘pay or benefits’ (n=5), and ‘deployment length and timing’ (n=4), with a few less-common selections for most of the remaining choices. No one selected ‘lack of job fit’ or ‘barriers to keeping up with current research / policies & recommendations.’

**Contextual Factors**
Six respondents (42.9%) indicated that none of the contextual factors were main sources of burnout for their staff. Five respondents selected ‘surrounding poverty’ and ‘witnessing suffering / moral distress,’ and four selected ‘surrounding violence.’ Six organizations indicated various forms of discrimination-related issues: race, ethnicity, or national origin (n=2); gender (n=2); and sexual orientation or gender identity/expression (n=2). One respondent indicated ‘health risks’ and one selected ‘other’ and wrote in “family problems.”

**Burnout for Headquarters/Main Office Staff vs. Remote/Field Staff**
Ten respondents indicated that their organization does distinguish between staff at the main office (headquarters) and those in the field (i.e., working in the community and with the programs). The remaining four respondents indicated that their organizations do not make that distinction.

The respondents who differentiated between main office and field staff were then asked if the types of stressors faced by both types of staff differed, and, if so, to what extent (in their own words). Almost all respondents indicated a distinction in the nature of the work of the two types of staff, as far as working conditions and the resources at their disposal. These respondents shared observations about field staff traveling more, working more hours, working more closely with the communities, and traveling and working in more difficult areas (e.g., in isolation, conflict zones or other danger, low-resource settings, etc.) compared to HQ staff. Among their responses, most survey participants indicated that these working conditions led
field staff to feel disconnected from the decisions being made at headquarters, to manage everything alone as opposed to being able to rely on a team for support, or to make do with extremely limited resources and poor infrastructure, which has an impact on efficiency. One respondent summarized the distinction between field staff and main office staff by saying that the stressors for the HQ staff were deadlines and workload, whereas the field staff’s stressors involved “service delivery, vicarious trauma, security,” in addition to deadlines and workload.

One respondent mentioned another important type of resource inequity, indicating that the benefit package and overall compensation for field staff were much lower in quality and quantity than for HQ staff. This participant cited “personal economic stresses created by fluctuations in the cost of living” as a significant burnout factor for their organization’s field staff, along with the fact that their compensation and benefits are based on the local standard in their area of work, while the HQ staff (based in the U.S. in this case) received their local standard compensation (which, although the respondent didn’t explicitly state this, in most cases amounts to more than the field staff’s compensation).

**Burnout for National/Local vs. Foreign/Expatriate Staff**

Ten respondents indicated that their organization distinguishes between national staff and foreign staff (i.e., employees working in a country in which they are not a citizen). Three organizations reported that they do not make that distinction. One organization did not respond.

For the open text follow-up question, most of the responses indicated that the difficulties for foreign/expatriate staff center around being away from their homes and families. Specifically, one respondent listed the following stressors: “being relocated, including being away from family, maintaining the requirements for work permits, limited movement, and navigating language/cultural issues in the work place.” Discrimination and currency fluctuation were also mentioned, as well as the lesser benefit package for national staff discussed in the paragraph above.

**Interview Results**

Interviews were completed with 10 CEOs or their designees, 10 HR Directors or their designees, and 19 staff. Findings from the interviews suggest that key stressors can be grouped into two broad categories: “structural dynamics,” which can be further divided into the categories of internal and external factors; and “safety,” which includes both psychological and physical stressors (Figure 2). These factors are discussed below. Interview results showed that all of these stressors are exacerbated by macro-level factors such as civil conflict, economic and social deterioration, and limited resources, which often are the setting for humanitarian work.
External Structural Dynamics: Contract and Pay Structures

Short “rigid” contracts are difficult because of the unpredictable nature of the work. Each program has its own unique trajectory and this makes organizations vulnerable.
– Steve Davis, CEO PATH

In-country staff are particularly impacted by the unpredictable nature of project-driven funding cycles. Consistent with the survey results, which showed ‘funding restraints’ as the most common reason for organizational staff turnover, field staff reported unreliable pay as a consistent source of stress, with some reporting common delays of 2-5 months for a paycheck.

Highlighting problems with another pay issue—unpaid leave—a senior manager stated, “The way our pay is organized, when you go on leave, you do not get paid, which discourages staff from taking time off. My recommendation is to give structured time off and a 12-month salary.” Azharul Khan, chief physician and head of hospitals at icddr,b, explained that there is always insecurity towards the end of a 1-year contract even though, “…we can usually renew [grants] for several years... But Bangladesh is still a developing country and facilities need to be upgraded all the time and priorities for donors change. Now the priorities are refugee settlements and climate change so these other things—staff wellbeing, staff pay—fall to the wayside.”

“A big challenge for us is the 6-month contract cycle of program funding,” said one country manager. “This prevents our program participants from accessing credit at the bank. We are
looking for longer, open-ended contracts. [One particular funder] is very difficult to work with because contracts are more rigid. They don’t understand that changing norms and behavior takes time and that the community needs to write ‘outcomes’ as they emerge.” Steve Davis of PATH explained, “As projects get funded differently, there is more rotation. We are not here to do a 25-year intervention. We are here to set something up and then let government or industry take it on but that means we are constantly bringing new people in and asking others to leave and that stress of constant change—every year we hire 500 new people—is a huge stress to the system.” While Davis and other Laureate leaders see many changes in the development model such as more public-private partnerships and increased local leadership as positive, he concedes, “people are exhausted by change.”

**Internal Structural Dynamics: Workload, Communication, Management, and Team Cohesion**

Staff are having to keep up with more stringent requirements to measure results, in effect being asked to do more with less so they work into their ‘friends and family’ time to meet work demands.

— An HR Director

The continuous workloads that staff face, combined with a high level of uncertainty related to changing priorities, funding cycles, and environmental conditions, have a significant impact on staff wellbeing over time. Related to the field’s perpetually changing landscape, staff may be further stressed because of unclear or inconsistent and overlapping job role responsibilities. Some staff reported that work-life integration is further eroded in places where email and Skype have resulted in their working around the clock.

The geographic positioning of a country office and its time zone can complicate travel, forcing some staff to use Sundays to get to Monday meetings or to receive late night Skype calls after a full day of writing reports. One HR representative said their executive team made an internal decision to stop sending out emails over weekends and were surprised how a small action made such a big difference in staff wellbeing.

In other offices, the challenge lies in creating connections and building virtual communities when scientists work across a global network. PATH, for example, uses Slack technology to create a community of practice. Slack is a cloud-based set of team collaboration tools and services that unifies communications and streams workflow. PATH’s staff in Nairobi were most familiar with this tool and took the lead on how to navigate it, demonstrating their expertise and knowledge in improving organizational processes.

Staff also reported as stressful a “top-down” management or supervision style characterized by a perceived lack of transparency and poor communication pathways. Team cohesion can be compromised whenever supervisors/managers are viewed as lacking emotional and social intelligence capacities. For example, staff in one Laureate organization reported that because of a supervisor’s lack of relational skills “team-building” exercises “came off at times as either
contrived or obtrusive into peoples’ personal lives.” These findings from the interviews are supported by data from the survey, which indicated that supervisors and others in leadership positions contributed to burnout in 12 (86%) of 14 organizations.

Tensions and resentments around real or perceived inequities in treatment or access to opportunities (mobility, training, education credentials) among members of teams made up of men and women and nationals and internationals highlighted differences in power and privilege. “Most national staff here do not have a clear idea how they can progress in the workplace,” said one country director. These resentments can accumulate and, in turn, create a strained atmosphere that challenges teamwork, problem-solving efforts, and collaboration.

**Stressors: Physical Safety**

This was the first time people in my office were attacked but for those of us who are used to the field, we have encountered this situation many times.

– A country director

When our staff try to do outreach to teach girls about reproductive health/hygiene or the dangers of child marriage, elders or traditional healers may attack them, chase them away or accuse them of wanting to teach the girls how to have sex. They may return from the 8 to 9-hour journey home scared, hiding in our office.

– A country director

Field and office conditions in resource-poor areas can be harsh, and humanitarian workers may be political targets. One country director had managed three offices in-country for 7 years. Our interview took place just days after a recent incident in which his staff was physically attacked when rocks were thrown through windows by an angry mob, who possibly mistook the humanitarian office for the nearby government one. “It’s funny,” he remarked, “because you think this kind of thing [mental health support] isn’t needed until it is. We’d been thinking of shortening our work days from 8:00-4:00 pm so people could return home when it is still daylight. But now I’m thinking we need more immediate support.”

When asked about prior attacks, he responded as follows:

This was the first time people in my office were attacked but for those of us who are used to the field, we have encountered this situation many times...the last convoy I was on ...just trying to get supplies to people in need...we were attacked 9 times, very violent attacks, our trucks ransacked...(pause). Actually, this is the first time as a country director I think we need trauma support. Before we got by with WhatsApp informal circles to help cheer each other up but we never had formal support. I’m not sure if it was cut or never existed.
In response to the attacks on staff, his organization arranged to have several days of psychosocial support for staff and interested family members. They also offered the country director some time out of the country, but he declined, not wanting to leave his team.

Another country director reported, “I’ve had guns to my head, broken bones, been detained from security who assumed I was CIA and interrogated for long periods of time so I’m aware of what can trigger burnout.” He sought medical care through his organization but despite making an initial call to a hotline, did not follow through to receive psychological support.

In response to these threats, many organizations are launching programs to target and anticipate issues such as safety and security training and e-learning opportunities for staff. For example, if there are upcoming elections that will likely stir up civil unrest, one organization tracks these events and instructs local staff to avoid risky public spaces and work from home.

**Stressors: Psychological**

There is a lack of knowledge around the early warning signs of burnout in frontline work. Our focus has been on the absence of a pipeline of qualified and available healthcare workers. The question has been how do we get them, not how do we take care of them and develop them over time? If I’m a Rwandan nurse working on cancer/HIV care in a place with very modest resources, how much death can I see before I can’t take care of my family, can’t go to work? Or if I’m a Haitian community healthcare worker, how much starvation can I see without respite? Or a Ugandan surgeon working in Liberia without blood supply… how much death can I see? We haven’t studied that well.

—Gary Gottlieb, CEO Partners In Health

Actually, this entire country needs trauma support. People are becoming insensitive to things…like death and killing…it is getting to a level of intoxication that is very harmful …people are becoming desensitized zombies… anyone we hire will be facing this problem [of trauma].

— A country director

It is important for organizations to conceptualize and define burnout or empathetic strain as a normal reaction to abnormal situations.

— A trauma psychiatrist

In some contexts, populations that are being served are traumatized by years of violence, deprivation and abuse. “To understand Haitian people,” said one interview participant who is a Haitian priest and psychologist, “one must know how this country has endured centuries of adversity and slavery. It is a source of mass trauma that is still transmitted today across generations.” Working with such populations can be traumatic. “Liberia,” said a psychologist, “has had 14 years of civil war and 2 years of Ebola. Yet most government clinicians here are not
able to diagnose PTSD and depression which results in many patients being misdiagnosed with epilepsy.” He said burnout and vicarious trauma are an everyday risk for staff in their inter-relationships with community persons, given the level of trauma experienced by the local population.

Those who are witnessing suffering on a daily basis speak of getting emotionally involved with patients they cannot check up on or treat adequately. They struggle with having to watch as those who bear some kind of stigma (of disease or affiliation) are refused hospitality by local communities. Also, expatriate staff may experience a kind of survivor guilt for having the mobility to flee a conflict zone or epidemic when the crisis worsens. Even staff who are not occupying frontline positions can be triggered or experience moral distress from the work.

One country director recounted a receptionist breaking into tears after transcribing the details of a child’s sexual abuse at a staff meeting. Another interview respondent who is a program evaluator recalled an experience when she was on her rounds with community healthcare workers and saw a child with a swollen head who seemed to be near death in her mother’s arms. She described being haunted by her feeling of helplessness.

I mean we had never discussed at work taking on something outside of trachoma but what do you do as a normal human being when you see something like this? And I didn’t do anything. I walked away with the rest of the team and tried very hard not to think about it anymore and very conveniently got back to work...

It wasn’t until she read an article by a colleague that chronicled his own ethical dilemmas and feeling of moral distress in his work that she decided to go speak with him about her feelings. That conversation led to the first organizational meeting on a need for debriefing where, much to her surprise, she realized she was far from alone.

Poverty, war, famine, and disease are complex, intractable problems, and finding ways to creatively engage with partners cannot happen if workers are overwhelmed with stress in the workplace, are far away from their loved ones for long periods of time, and feel that they must be psychologically vigilant at all times. Particularly for those on the front lines who may directly witness and seek to relieve suffering in the world as part of their job, experiencing some level of empathetic strain, vicarious trauma, moral distress, and burnout is highly likely. “Seeing vulnerability and the suffering of others every day and being so emotionally connected takes a toll,” said one country manager who has been working on eradicating sex-trafficking for more than 15 years.

This reaction is inherent to humanitarian work after repeated and sustained exposure to suffering. Although individual capacities for resilience and post-traumatic growth may differ, Arthur Kleinman who writes extensively on policies to support caregivers, has suggested that
“endurance” may be the term that better captures what it takes to sustain one’s commitment to caregiving (personal conversation, Decatur, Georgia, April 26, 2018).

Other comments on empathy from interviewees included the following:

There's nothing you can do to totally prepare for when you see someone die in front of you... The question [from the standpoint of organizational leadership] is what are you prepared to do? How much are your arms around people? How much is there a culture of empathy that is created by the knowledge that those elements of support are there?  
– Gary Gottlieb (Partners In Health)

Staff must learn to channel, understand, and cherish their empathy.  
– A trauma psychologist

**Stressors: Gendered Implications**

There is an additional gendered implication regarding how these conditions impact frontline workers. Despite protective measures, many women remain at increased risk. In Nigeria and Tanzania, for example, female national staff must travel long distances on bad roads in extremely hot weather using unreliable transportation vehicles (bus or motorbike), which may break down causing the women to arrive after dark in villages with no electricity or cell connection, potable water, or toilets. Some women are reported to have had miscarriages on these trips. When they arrive, they feel unsafe and fear being raped or kidnapped. On a basic level, as one country manager explained, once they arrive, they ‘do not know where to throw their pad’ if they are menstruating and, even if they have money, there may be no place to buy food or water. When they bring water, they face a moral dilemma, explains another country manager, and may feel it is ‘impolite’ to drink it in front of others who are malnourished and thirsty.

Once home, many female staff, who seem to constitute the majority of community health workers (CHWs) and paraprofessionals and represent the “walking feet” of the humanitarian/development movement, also have family and household obligations. “We don’t have servants in our houses. We are the servants,” said one woman who works 10-12 hours a day, 6 days a week, attending from 60–100 patients a day in a surgical center. “We cook, clean, take care of our husbands and kids plus handle everything in the workplace,” she said.

Being a pregnant female staff member is also stressful, particularly if one’s job involves travel. Ironically, although many organizations advocate that community women breastfeed for at least 6 months, restricted maternity leave policies (up to 14 weeks) in some organizations make this prohibitive for their own staff who travel and may find it difficult to access clean water or private (socially acceptable) breastfeeding stations. For many women, there may be other physical/bodily work restrictions, including even walking in public spaces, particularly in conflict areas where security is an issue and gender norms are particularly rigid.
Women can also face gender-based harassment and/or violence at work, particularly in contexts where jobs are scarce and women act as heads of households. Many organizational leaders referenced the MeToo movement and Oxfam scandal as galvanizing forces that have led to the creation of hotlines and third-party websites for reporting abuse for all staff members. Much more needs to be learned about everyday practice and policy implementation in these areas, but many leaders cited the implementation of zero tolerance policies to address abuses.

Organizational Needs and Resources

During interviews with Laureate organization members, we assessed their needs and resources along the dimensions depicted in Figure 1. A selection of needs as well as organizational strengths are included in Appendix D so that organizations can learn from and potentially support each other in strengthening wellbeing programs and resources.

Survey Results

In the survey, respondents were asked to indicate, on a sliding scale from 0 to 10, their opinion of the quality and effectiveness of specific resources available in their organization to manage employee stress. Findings are presented in Figure 3 and Table 2. A score of zero indicates not available, not accessed, or completely ineffective. A 10 indicates available, accessed as often as needed, and highly effective. Only whole numbers were possible.

Figure 3. Mean Scores of Self-Evaluation for Resources and Activities to Prevent Burnout
Table 2. Scores given by Human Resource Directors on organizational effectiveness in managing employee stress and promoting wellbeing. Some respondents left some questions unanswered. Only one participant registered a zero for one of their resources, and this individual also left the remaining choices blank (non-response).

<table>
<thead>
<tr>
<th>Resource</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis support &amp; management</td>
<td>2</td>
<td>10</td>
<td>6.1</td>
<td>13</td>
</tr>
<tr>
<td>HR policies</td>
<td>0</td>
<td>8</td>
<td>5.9</td>
<td>14</td>
</tr>
<tr>
<td>Post-assignment support</td>
<td>2</td>
<td>7</td>
<td>4.6</td>
<td>11</td>
</tr>
<tr>
<td>Monitoring / ongoing support</td>
<td>1</td>
<td>10</td>
<td>4.6</td>
<td>11</td>
</tr>
<tr>
<td>End-of-assignment support</td>
<td>1</td>
<td>7</td>
<td>4.4</td>
<td>12</td>
</tr>
<tr>
<td>Preparation / training to manage stress</td>
<td>2</td>
<td>8</td>
<td>4.1</td>
<td>13</td>
</tr>
<tr>
<td>Screening / assessing for stress or burnout</td>
<td>1</td>
<td>6</td>
<td>3.4</td>
<td>12</td>
</tr>
</tbody>
</table>

Mental Health Support Staff

Seven organizations indicated that they employed one or more mental health professional (e.g., psychologist, counselor, social worker, etc.); this was the most common selection, representing 50% of responses. Six organizations (42.9%) selected ‘none of the above.’ Types of professionals employed by the seven organizations include stress reduction professionals (5 organizations), physical health professionals (4 organizations), professional/life coaches (3 organizations), and chaplains or other spiritual advisors (1 organization). Two respondents selected ‘other’ and wrote in ‘Employee Assistance Program’ or ‘EAP,’ which we considered more of a benefits package than mental health support staff (and included it under the wellbeing resources question—see next paragraph).

Resources that Address Wellbeing

All 14 respondents indicated that their organizations provide health insurance for their staff. The next most common selection was ‘Employee Assistance Program (EAP)’ (n=8, 57.1%), followed by ‘partner/spousal benefits’ (n=7, 50%). Six respondents selected ‘counseling/therapy (for individuals or families)’ and ‘trainings.’ Five organizations offer wellness programs offered on a permanent basis, workshops or seminars, and/or childcare/nanny support. One organization indicated under ‘other’ that depending on where their staff is based, they either provide health insurance or they pay a health insurance allowance and certain international staff are eligible for restoration time (e.g., post-assignment).

Information from Open-Text Responses

Many respondents simply listed the types of resources that their organizations offer, which were previously indicated in the checklist. Two respondents indicated that the wellbeing resources offered by their organizations are restricted to headquarters/main office staff (with
the exception of health insurance, which is provided to all). Some offer staff and family psychosocial support for their employees in the field, and/or are looking to expand their resources to include or improve this.

Two responses provided great detail about the wide array of resources that their organizations offer to staff:

- “We offer remote counseling in local languages to all [organization] staff and their families. We offer management counseling for struggling managers. We are weeks away from launching a website with resources in all official languages on psychosocial wellbeing, including screening tools, self-study resources, and videos. We have a mandatory online training on stress and resilience for all staff. A specific online training on Staff Care for Managers will be offered [soon] and will be mandatory for all supervisors. We also have a variety of staff led groups--employee resource groups, personnel committees, and staff welfare groups.”

- “We have an additional private health insurance for all employees that covers therapies and interventions to counter and address stress, such as psychological support, physiotherapy, work aids, acupuncture etc. We also have an agreement with another larger NGO for specialized post-travel/assignment de-briefing and counseling in case staff had a traumatic experience during the mission. Due the small size of our organization we do not have specialized counseling staff on our team.”

Resources: Staff Use and Need

Respondents were asked to answer questions, using open-text boxes, regarding which staff (e.g., entry-level vs. high-level, headquarters vs. remote/field, male vs. female, etc.) utilize their organization’s resources the most, which staff utilize them the least, and which staff need the resources the most.

Use Most

Many respondents indicated that entry-level, HQ/main office, and female staff members were the types or levels of staff that used the resources the most. Some also observed that management used the resources because they “have family dependents” or because “they have been around enough to know that they benefit from these resources.” One respondent noted that their staff is 75% female, which is perhaps indicative of the gender make-up of many other humanitarian organizations in our sample and would partially explain the higher use of resources among female staff.

A few respondents indicated that they did not have the data to support an answer, that there was no determinable use pattern among their staff, or that all their staff use the resources equally.
Use Least
Responses for this question varied, but included high-level/executive staff, mid-level staff, remote/field staff, corporate services staff (who are “not exposed to” the organization’s target population), and male staff.

One respondent indicated that their entry-level staff do not utilize the resources because they perceive their work at the organization “as a great and fun opportunity,” eagerly accepting unpaid internships and other junior positions, which means they generally do not need (and/or qualify for) available resources.

A few respondents stated that they did not have the data to support an answer or that there was no determinable pattern of use among their staff.

Need Most
About half of the respondents indicated that all of their staff need the resources the most. Reasons given included “due to the stress and limitation in resources,” “to help manage work life issues and challenges,” “for different reasons,” or to “not assume that there are sections of staff that might need it less.”

The other respondents listed entry-level, HQ, and female staff; international missions program team; front line staff, who deal directly and daily with the community; field office staff who are closer to violence (terrorist attacks and ethnic conflicts); local nationals, who are often seen as more “resilient” and therefore perceived as not able to directly benefit from resources; remote field and foreign nationals; and “particular attention to staff who travel heavily and those staff with heavy and sustained workloads.”

Resources: General Evaluation

Accessibility
Most respondents (n=8, 57.1%) indicated that their organization’s resources were ‘somewhat accessible.’ One respondent selected ‘not accessible.’ The remainder (n=5, 35.7%) selected ‘very accessible.’

Staff Receptivity
The majority of respondents (n=10, 71.4%) indicated that the staff at their organization were ‘somewhat receptive’ to the resources offered. The remainder (n=4, 28.6%) selected ‘very receptive.’

Fulfill Employees’ Needs
For this question, we clarified that ‘needs’ referred to emotional, mental, psychological, and physical needs. Most respondents (n=8, 57.1%) indicated that their existing resources met the staff’s needs ‘moderately well.’ Three respondents (21.4%) selected ‘slightly well.’ Two respondents selected ‘not well at all.’ One respondent selected ‘very well.’
Barriers

When asked which organizational barrier(s), if any, are preventing their organization from sufficiently addressing staff stress, burnout, and mental health, 12 respondents (85.7%) selected ‘lack of funding.’ The next most common responses were ‘lack of time’ (n=9, 64.3%) and ‘lack of expertise’ (n=8, 57.1%). Two organizations selected ‘lack of support from leadership or board.’ One respondent indicated that none of these were barriers for their organization. No one selected ‘lack of interest’ or ‘other.’

Resource Wish List

Various forms of psychosocial counseling/support and stress management resources were the most common responses for desired resources. Other responses include the following:
- “...regular counseling for staff in protection fields to guard against vicarious trauma... [and] more help around facilitating culture change around gender biases in our field sites.”
- “Funding for institutional time (mentoring, training, reflection, etc.)”
- “Occupational health infrastructure; Staff safety and security infrastructure...”
- “Pre and post psycho-social counseling; crisis management; stress management training for managers and staff; cultural sensitivity, safety and security trainings.”

Discussion

It might be helpful [to debrief the challenging and emotional areas of work] but then after sharing you have to do something about it and I’m not sure what can be done. You know I’ve been doing this so long that I don’t even know how people confront these things anymore. I have sort of lost touch with this kind of sharing.
– A Country Director

In order for organizational change to happen at the level of culture, leaders have to firmly embody and endorse positive coping strategies and self-care.
– A Minister and Psychologist

Building a Wellbeing Culture

The Antares Foundation Guidelines (Antares Foundation, 2012) recommends laying the groundwork for culture change by first identifying strengths among existing organizational stress management policies and practice, building a foundation of support and commitment through stakeholders and internal champions, and then developing a plan to address what staff feel is the first actionable priority that would contribute to greater levels of staff wellbeing and risk mitigation.
Programs to support wellbeing must be designed to fit specific subgroups and tailored to address the cultural variation within staff populations. A trauma psychologist we interviewed explained, “In the Bosnian context, for example, if you want to discharge tension, you smoke and go drink endless coffees with your buddies, you don’t necessarily have an individual private session with a therapist.” He recalls an early experience guiding African former child-soldiers into a relaxation meditation using the image of the beach. “It didn’t work at all because I was guiding them into what would be a nice place for many Europeans but not for them.”

Over-generalizing stress reduction and management strategies can result in an ineffective program that may even backfire and compound feelings of disconnect and burnout. Describing a stress management training that offered 10 free counseling sessions for staff, one HR representative reflected that the training seemed to engage international staff but alienate national staff:

> These were people whose relatives were killed in bombings. What is stress for me and for them is totally different. Houses were bombed, cousins were killed... and [yet] they were essentially being told there is a voluntary aspect to controlling and managing stress...So their attitude was like, ‘Don’t waste our time.’

Understanding the complexity of these challenges, Laureate leaders reported that they are open and willing to initiate culture changes and “mainstream mental health” within their organizations where transformation is needed. Yet, a majority expressed the desire and need for a “scaffolding” approach to implementing change where outside expertise is brought in to collaborate with those with insider knowledge to create wellbeing support spaces, policies, and programs (Bruner, 2004).

In addition to training for leaders and managers/supervisors who are in key positions to implement culture change, several Laureate staff suggested linking indicators of work quality with levels of resources devoted to support staff wellbeing. Finally, Laureate leaders emphasized the need for donors to understand and support an investment in a systems approach to developing organizational capacity that includes financial and human resources. Such supports should be tracked by ongoing assessment and improvement features to ensure accountability.

**Sustainable Engagement**

Positive engagement has been defined in the world of management consulting as a “pervasive state of positive emotional attachment and motivation toward one’s work” (Halbeselben, Bolino, & Harvey, 2009). Consulting firms assert that engagement leads to “greater productivity, better customer service, superior quality products and services, and more innovative solutions” and that engagement is “strongly connected to business outcomes essential to an organization’s financial success, such as productivity, profitability and customer
engagement” (Sorenson, 2013). For those who feel a vocational call to work, engagement translates into a sense of mission experienced in everyday work interactions and activities.

Indeed, John Clemens, Executive Director at icddr,b, suggested that burnout is averted in his organization largely because the staff is made up of individuals working in their home environment and their esprit de corps unites them in their mission. “People volunteer and have a tremendous amount of pride that they save lives and keep their hospital so clean,” he said of the largest diarrhea hospital in the world. The director of the hospital values teamwork and open communication: “Interaction with every actor is important. I must listen to the problems of everyone from nurses to cleaners to administrators and establish a real human connection.”

Likewise, Aravind, which enjoys a steady pipeline of doctors, promotes teamwork by providing free health care and weekly yoga and meditation for their staff. Paraprofessional women from local villages also receive “attitude training” through spiritual practice, which helps sustain their motivation in their mission of “seeing a God in each patient.”

Operation Smile reported that, because of such high levels of engagement, they cannot “keep up with the demand for medical mission volunteers.” Organizational leaders from this sector link this high demand to rising levels of burnout induced by the bureaucracies and audit culture of mainstream US medicine. “Here surgeons get to see the life changing impact of their work with kids or teens who have been shunned their whole lives [with cleft palate],” said Co-founder and President Kathy Magee.

Yet when the meaning and purpose of work becomes obscured by the pressures of metrics, workload, bureaucracy, and stress, staff begin to disengage. Disengagement can be a particular challenge for office work that is not frontline. Said one Deputy Director:

We’re not an implementing organization and so by nature people feel removed, not just because of the physical distance from the work, but the lack of specificity and clarity of what our goal actually is. Our mission is around this idea of creating collaborations but ... it’s so esoteric when you talk in these terms. Lack of clarity has resulted in people not being fully vested in their positions.

This kind of ambiguity is the reason that mission-driven organizations need to communicate regularly with their staff to see if the everyday internal practices and behaviors of the organization are felt and experienced by staff to reflect the values that drew them to the work in the first place.

More broadly, work in which the “problem to be solved” is nested within broader, complex systems of power and exploitation such as global poverty and structural violence, may trigger feelings of futility or cynicism that one’s contributions are “never enough.” When outcomes are difficult to measure or reflect little to no positive change over time, work can begin to feel burdensome. Therefore, it is important not only to empower staff to see themselves as
“change agents” but also to help staff “face the limits of what one can achieve”, said IRCT Secretary-General Victor Madrigal.

There also is a growing body of research that shows experiencing work as a “calling” may have its own drawbacks. Greater engagement at work can also relate to higher levels of work-family strain, job stress, and increased incivility at work, and to a significantly greater risk of burnout (Bakker, Albrecht, & Leitner, 2011; George, 2010; Schaufeli & Bakker, 2004; Sonnentage, Moiza, Binnewies, & Scholl, 2008).

Research also indicates that high levels of engagement may create “workaholism” among some employees who have higher levels of attachment-related anxiety. Workaholism is manifested in over-investment in work, an inability to extract oneself appropriately from work activities, and a tendency to disregard one’s own needs for rest, recovery, and restoration. Highly engaged employees are more likely to have diminished time and energy for their family and other pursuits outside of work. Research indicates they are much more likely to make detrimental sacrifices in other parts of their lives to sustain high engagement in their work. Unfortunately, most people are not aware of the tipping point at which optimal engagement becomes dysfunctional workaholism (Wellbeing at Work Project, unpublished report 2018).

**Confronting Mental Health Stigma and Modeling Self-Care**

I don’t talk to anyone. I was thinking...who do I talk to? ...as the leader you need to be the Captain of the Ship. You are helping keep the ship in control but in the end of the day we are human. Sometimes I sit in my office like last week after the whole thing has passed and I was completely lost...completely lost for the whole day...lost because I have no answers for myself, no answers for my staff, for the country, for anyone. I don’t know what to think ...you know I call my family but don’t share...I’m being affected as well ... I feel angry about what is going on.... − A Country Director

The idea of turning toward people I supervise, so they think that the CD is having issues, I think that is the wrong message to send to people ...it could flow up but that’s a different set of considerations. I don’t know who in my position would share down or up the hierarchy...Bottom line is I’m paid and was given this job to manage its challenges. When I got the job, I said I could operate in the [region] so to reach out for help in surviving living here was a kind of admission that parts of this job were overwhelming. − A Country Director

High levels of personal investment in work can lead to coping strategies that diminish wellbeing over time. In particular, among early career professionals who tend to be more idealistic, an over-preoccupation with affected populations can translate over time to a neglect of self-care or even enmeshment, akin to survivor guilt. According to one HR Director, organizational cultures, particularly those that relate to the practice of medicine with its emphasis on
outcomes, compliance, individual agency, and hierarchical clinician-client relationships, may harbor a heroic “helping culture that denies self-care.” Dave Ross, CEO of the Task Force for Global Health, admits that, “While we in global health possess a lot of knowledge and expertise, rarely do people ask, ‘And how do you feel about that? How did you get yourself sorted out?’” When stressors are continual and prolonged, and disengagement from work becomes difficult because of over-identification with it, even the most resilient staff may enter a “tipping point” into a zone of strain and eventually burnout.

The Wellbeing at Work Project found most burnout is cumulative and subtle. This finding was echoed among Laureate staff. “Paper cuts...that’s exactly how I describe time here ... its death by a thousand cuts...the traumas accumulate over time and never shed. They just keep progressively building,” explained a Country Director. Staff often do not recognize their own level of exhaustion, depression, or numbness and think they can sustain the work beyond a point that is productive let alone sustainable. “Our partners work autonomously,” explained an HR representative. “They can become so ingrained to violence and insecurity that they don’t think to ask for support or raise the red flag until they are in crisis mode.” Other helping-type professions that include intimate labor such as social work, therapy, and nursing are found to build mentoring and therapeutic supervision into their organizational cultures. Such supports are not regarded as narcissistic but reasonable measures to ensure and monitor effective work practice and counter the effects of high-stress workloads, which often lead to high rates of staff turnover.

It is perhaps an unstated but widely circulated cultural norm for visible and admired leaders within humanitarian and development organizations to embody a kind of “hyper-resilience” that others in the organization find difficult to emulate. Despite supporting the wellbeing of others, there seems to be an unconscious stigma among many staff to admit their own mental health challenges in the work. During interviews it was not uncommon for organizational leaders to be referred to with admiration and respect but also as poor models of self-care—behaviors leaders themselves often acknowledged as they described their nonstop travel schedules and commitments. In addition, surveys found that the groups cited as using wellbeing support resources the least included high-level/executive and male staff. (Those perceived to use resources the most were entry-level, HQ/main office, and female staff). This hyper-resilient model is particularly difficult to sustain if one is balancing or seeking to integrate outside duties and activities from caregiving for children or elders, maintaining partner relationships, or restoring one’s body and mind and often unintentionally serves to either diminish or stigmatize the process of seeking psychosocial support throughout the organization.

The role of leadership is foundational to establishing a positive ecosystem of wellbeing within organization culture. While managers/supervisors may have a more direct impact on environmental change because they are in charge of allocating resources such as time, space, and money and are accountable for the follow through of a project or initiative, these mid-level staff must still be empowered by their leaders. It is vital then that leaders at all levels embody and enact the values of wellbeing in everyday practice.
This currently remains a challenge for many executive leaders. “I cannot be a good role model when I travel 300 days out of the year, which makes self-care virtually impossible,” admits one CEO. A few joke about the habitual use of sleep aids that accompany being a “road warrior.” Several HR managers/directors refer to leaders as setting too high of a bar in their work performance, demonstrating to others “incredible stamina beyond belief” where “long hours appear not to take a toll” and even exhibiting addictive work behaviors such as working through vacations or illness, refusing to take leave, and interrupting other staff on their off-hours for work-related business.

A psychologist and priest we interviewed reported how challenging it is to model resilience and wellbeing when one is so devoted to the work. He remembers early on as a young priest, with duties both in his rector and within the grassroots organizing movement of liberation theology, when he was so overworked he was having blurred vision. He explained:

A friend who was an internist took my blood pressure following Easter Mass and told me, ‘You have to stop, this is going to kill you.’ But I couldn’t see my limitations. And even now, I forget... I recently worked from October to July with no rest, all the time on the road, and got an infection. Now I am re-developing my self-care plan.

“Leaders have to understand the value of staff wellbeing towards sustaining the quality of the work, or it will undermine the larger effort,” stated an HR manager. In order for this leadership development to occur, leaders must see the value of moving beyond a strictly “behavioral competency” model of leadership to one that encourages capacity building in internal processes as well (Martin, 2007).

**Conclusion**

Humanitarian work attracts highly motivated people who care deeply about the world. The conditions under which they work are often stressful. If organizational systems are not in place to recognize, manage, and prevent this stress, it can lead to burnout, depression, and PTSD. In addition to affecting individual humanitarian workers, these factors limit the effectiveness of humanitarian organizations in their efforts to alleviate suffering and provide support to communities.

Findings from surveys and interviews with leaders and staff indicate that burnout is an important challenge for employees of Hilton Humanitarian Prize Laureate organizations. While some of the major stressors resulted from the difficult working conditions, such as witnessing suffering, many organizational factors were also cited as contributing to burnout, including ambiguous job roles, long and unpredictable working hours, perceived barriers to professional growth, and poor relationships with supervisors or other organizational leaders. Additionally, stressors are not uniformly experienced by all employees. Divisions within the workforce (such
as those related to assignment location, travel duty and/or access to the organization’s headquarters offices) may result in unequal access to the services and supports that are available. Women face additional stressors and have concerns about sexual harassment and gender-based violence.

Self-assessment by HR leaders of the quality and effectiveness of resources available to manage employee stress revealed significant gaps, particularly in screening or assessing for burnout and in pre-assignment preparation. However, as a whole, Hilton Prize Laureates currently provide a range of creative programs and services to support employee wellbeing (Appendix B). The most effective programs are implemented at both the individual and organizational levels and have become imbedded in organizational culture.

The small sample size limits our ability to generalize these findings to all Hilton Humanitarian Prize Laureates or to humanitarian organizations in general.

For individual Laureate organizations that wish to strengthen their programs to prevent burnout and enhance employee wellbeing, key resources are listed in Appendix E for multiple categories, including policy, screening and assessing, preparation and training, mentoring and ongoing support, and end and post-contract support. Developing and implementing an organizational culture of wellbeing involves rich collaboration and a sustained curious and compassionate spirit of inquiry. Therefore, before such a design is attempted, organizations must examine their own internal structures and practices that may foster resistance to culture change. Several tools are available to assist organizations in assessing their programs and services for wellbeing. For many organizations, commitment to employee wellbeing requires a shift in culture that involves awareness training for staff, strong support of leadership, and changes in internal structures, practices, and norms that reward stoicism, overwork, and self-sacrifice.

For members of the Hilton Prize Coalition as a whole, this report provides a baseline assessment and points to exemplary practices to foster wellbeing in several Laureate organizations. Many of the innovative policies, practices, and programs currently supported by Hilton Prize Coalition members could be shared and adapted by other organizations. Hilton Humanitarian Prize Laureates represent an elite group, whose commitment to employee wellbeing can influence the humanitarian world as a whole.
Acknowledgements
The authors of this report express gratitude to all participating Hilton Prize Coalition member organizations, especially the leaders and staff who participated in the interviews, and to Global Impact for support.

References


Curling, P., & Simmons, K. B. Stress and staff support strategies for international aid work Intervention. (2010). *War Trauma Foundation, 8*(2), 93-105.


Appendix A. Semi-structured Interview Guides

Organizational Culture
An understanding of the culture that guides an organization provides insight into organization’s inner workings and allows for organizational understanding. The use of cultural models may help illustrate organizational expectations and norms, cultural dimensions, and possible areas of conflict.

Interviews with Organizational Leaders
1. What is the organization’s reputation in the broader field of humanitarian/global health (H/GH) work? (respondents may reference competing NGOs, funders, community persons, religious organizations)
2. What ideas and beliefs does leadership hold as integral to the organization?
3. How directly do care-workers gain opportunities to actualize these beliefs and practices in the work environment? Why or why not?
4. What are some intra-organizational terms or expressions regularly used or heard that may provide a window into its organizational culture? (Give examples if needed).
5. Has there been a cultural shift(s) during your time here at the organization? Describe. (Examples: from aid to accompaniment, from human-centered to audit culture).
6. How open is the communication in the environment; both between workers and with leaders? In other words, are dynamics within work hierarchies harmonious or not? Do workers feel valued and heard from all levels?
7. By what standards are workers hired? evaluated and promoted? (promotions are usually determined based on how closely aligned workers are to prevailing norms as established by leadership)
8. How do you recognize worker wellbeing? Or lack thereof?
9. What areas of the work environment/culture/ecosystem seem to negatively affect worker wellbeing? Any lessons learned from pitfalls experienced in the past?
10. How can the work environment and culture be improved or adapted to support the wellbeing of its workers?

Interviews with Staff
1. We would like to learn about how you became an aid worker. We are interested in the long story, even going back to your childhood and how it shaped your journey into development and humanitarian work. We want to learn about all the important people and events that were part of your journey.
2. We want to hear stories about when you experienced particularly high wellbeing and stories about when your wellbeing was particularly low. When you tell us stories, we might ask some more specific questions like these:

1Adapted from Resilience of Humanitarian Workers by Pascale Blanchetiere, November 2006, pp. 12-13.
• What people were an important part of this story? What was your relationship like with them?
• How did you cope with the negative events or people? What kinds of support would have been helpful?
• How did things turn out for you? For others?
• As you think about that period in your life, are there any lessons from that experience?

3. A final question in this conversation will be about practices you use to support your wellbeing. We are interested in things you do to cope with stress, challenge, and hardship, and also the things you do to sustain your wellbeing and enrich your life.

**Addressing Resilience from Organizational Perspective: HR Questions to Follow-up Survey**

**Before Assignment: Selection**
- How do recruiters screen for resilience and assess individual vulnerabilities?
- How does this knowledge inform mission assignment and placement?

**Training**
- How are workers prepared for working with their team, conflict resolution, job tasks/procedures?

**Briefing/Onboarding**
- Does it include enough time to instill organizational values and systems, gauge commitment of person, teach the context of the mission (geopolitical, security, existing and possible tensions), and include discussion on mental health and existing support?

**During Assignment**
- What is external support system?
- Is there a stable and long-term team?
- Is supervision effective and sensitive to worker’s needs?
- How is worker finding meaning in work?
- Are management structures clear and flexible if needed?
- What are the media representations of the worker’s role?

**After Assignment: Debriefing**
- How does organization recognize the worker’s contribution?
- How does organization support worker’s reflection on both positives and negatives of field assignment?
- Is Critical Incident Debriefing (CID) available and used when needed?

**After Contract**
- Any support? (free counseling up to 6 months after contract)
- What is the reintegration strategy for workers?
- Is space allowed and even encouraged between (difficult) missions?
Appendix B. Survey Questions

Hilton Wellbeing Project

Start of Block: Section 1: Organizational Background Information

Welcome to the Hilton Prize Coalition Wellbeing Project survey.

We appreciate you taking the time to answer our questions about your organization. This survey is part of a Hilton Prize Coalition project addressing wellbeing in the workplace. It is intended to identify challenges to employee wellbeing, inventory existing resources and policies, and provide recommendations to Hilton Humanitarian Prize laureates to further address those challenges.

This survey should take approximately 25-30 minutes to complete. You will not be able to save your answers and leave the survey to complete at a later time, so please ensure that you have plenty of time before you begin. The progress bar at the top of your screen will indicate how much you have left to fill out.

Your responses will not be viewed by anyone outside of our project team at the Task Force for Global Health and the University of Notre Dame. For all reports and presentations related to the project, responses to the survey will be presented in the aggregate: unassociated with your name, your organization's name, or any other identifying information.

Thank you so much for your time and your participation in our project.

Q1 What is your name?

Q2 What organization do you work with?

Q3 What is your job title/position at that organization?

To begin, we would like to ask you some general background questions about your organization. This will help us understand the size, scope, and impact of your organization and its work, for categorization purposes.
Q4 Which of these categories best describe the affected populations and/or programs that constitute your organization’s main focus of work? (Select all that apply.)

☐ Children/youth

☐ Elderly/seniors

☐ People with disabilities

☐ Refugees / internally displaced persons

☐ Women

☐ Agriculture

☐ Economic empowerment / micro-lending

☐ Global health/Social medicine

☐ Homelessness

☐ Mental health

☐ Poverty

☐ Sustainable development

☐ Trafficking / exploitation (sex/labor)

☐ Victim assistance

☐ War / conflict zones

Q5 Approximately how many staff are employed at your organization, including any field staff?

Q6 How many countries, including your own, does your organization currently work in? (By "work" we mean managing projects, collaborating with partners, or supporting work financially or with staff.)
Q7 Where does your organization work? (Select all that apply.)

- Africa
- Asia
- Australia
- Europe
- North America
- South America

Q8 What has been the annual employee turnover rate (%) at your organization, averaged over the last 5 years?

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51% or more
Q9 Please select the 3 most common reasons for employee turnover in your organization.

Note: You can select no more than 3 boxes.

☐ Burnout (a combination of feeling exhausted, ineffective, and/or cynical due to cumulative stress)

☐ Interpersonal conflict

☐ Pay and/or benefits

☐ Workload

☐ Barriers to career advancement

☐ Lack of fit to the job

☐ Problems with manager/supervisor

☐ Other (specify) ____________________________________________

☐ Funding restraints

☐ Medical reasons

☐ Work environment

End of Block: Section 1: Organizational Background Information

Start of Block: Section 2: Stressors in the Workplace

Now we would like to ask you about your perception of factors in your organization that may contribute to burnout.

Burnout is the state of physical and/or mental exhaustion or collapse caused by chronic overwork and cumulative stress. It often results from a combination of feeling increasingly ineffective (a reduced sense of personal accomplishment, competence or overall job effectiveness), exhausted (feeling depleted, overextended), and/or cynical (holding depersonalized, callous attitudes towards work and others, feeling detached).

The next three questions address potential contributors to burnout in the following categories: (1) organizational culture and management, (2) relationships, and (3) other aspects of the job.
Organizational Culture and Management

We define organizational culture as “values, norms, rites, rituals, symbols, and shared beliefs that make up an organization” (Champoux 1996).

Please indicate which of the following aspects of organizational culture & management contribute to burnout and/or compromise worker wellbeing in your organization. (Select all that apply.)

- [ ] Barriers to individual growth and contribution
- [ ] Challenging decision-making processes
- [ ] Lack of transparency
- [ ] "Macho" or "heroic" organizational culture
- [ ] Micro-aggressions (communications or encounters, whether intentional or unintentional, which communicate negative messages against members of a marginalized group)
- [ ] Problems with communication
- [ ] Stigma around self-care
- [ ] Structural/institutional discrimination or bias
- [ ] Unrealistic or ambiguous job roles / program objectives
- [ ] Other (specify) ____________________________
- [x] None of the above
Q11
Relationships

Please indicate which of the following workplace relationships contribute to burnout or compromise worker wellbeing in your organization’s employees. (Select all that apply.)

☐ Peers
☐ Project teams
☐ Supervisors
☐ Other leadership
☐ Community or affected persons
☐ Stakeholders
☐ Funders
☐ Collaborating organizations
☐ Other (specify) ________________________________________________
☐ ☒ None of the above
Q12
Other Aspects of the Job

Please indicate which of the following job-related aspects contribute to burnout or compromise worker wellbeing in your organization's employees. (Select all that apply.)

☐ Long and/or unpredictable working hours
☐ Job expectations, roles, responsibilities
☐ Travel
☐ Deployment length and timing
☐ Lack of job fit
☐ Job insecurity
☐ Uncertain program funding
☐ Pay or benefits
☐ Paperwork/bureaucracy
☐ Barriers to keeping up with current research / policies & recommendations
☐ Other (specify) ________________________________________________

☒ None of the above

In addition to these three major contributors to burnout, some of your staff may work in challenging contexts and experience additional stressors that contribute to burnout.
Q13 Please indicate which of the following contextual factors contribute to burnout or compromise worker wellbeing in your organization’s employees. (Select all that apply.)

☐ Discrimination, insecurity, or threat based on class / socioeconomic status
☐ Discrimination, insecurity, or threat based on race, ethnicity, or national origin
☐ Discrimination, insecurity, or threat based on religion
☐ Discrimination, insecurity, or threat based on gender
☐ Discrimination, insecurity, or threat based on sexual orientation, gender identity, or gender expression
☐ Health risks (due to lack of infrastructure, etc.)
☐ Surrounding poverty
☐ Surrounding violence
☐ Unsafe or dangerous working conditions
☐ Witnessing suffering/ moral distress
☐ Relationships with authorities (e.g. police, political officials, etc.)
☐ Other acute stressor (specify) _____________________________________________

☐ None of the above

Q14 In your organization, do you distinguish between staff at the main office (headquarters) and those in the “field,” i.e. close to the community and the programs?

☐ Yes

☐ No

Skip To: Q16 If in your organization, do you distinguish between staff at the main office (headquarters) and those... = No

Q15 Do the types of stressors faced by staff in the field differ from those faced by staff at the main office? If so, please briefly describe.

_________________________________________________________________________
Q16 In your organization, do you distinguish between foreign staff (i.e. employees working in a country in which they are not a citizen) and national staff?

- Yes
- No

Q17 Do the types of stressors faced by foreign staff differ from those faced by national staff? If so, please briefly describe.

End of Block: Section 2: Stressors in the Workplace

Start of Block: Section 3: Resources to Support Well-being & Address Distress

For this next section, we would like to ask you questions about the availability and quality of various resources for your organization’s employees, specifically those that address employees' physical, emotional, and psychological wellbeing.
Q18 Please drag each slider below to indicate your opinion of the quality and effectiveness of specific resources available in your organization to *manage employee stress*.

**Note:** A zero would indicate not available, not accessed, or completely ineffective. A 10 would indicate available, accessed as often as needed, and highly effective.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
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<td>HR policies</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Screening/assessing for stress or burnout</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation/training to manage stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Monitoring/ongoing support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Crisis support &amp; management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End-of-assignment support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Post-assignment support</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Q19 Which of the following types of support staff, if any, does your organization employ for the benefit of your employees? (Select all that apply.)

- [ ] Mental health professionals (psychologists, counselors, social workers, etc.)
- [ ] Physical health professionals (nutrition, fitness, etc.)
- [ ] Stress reduction professionals (mindfulness, meditation, etc.)
- [ ] Chaplains / spiritual advisors
- [ ] Professional (life) coaches
- [ ] Other (specify) ________________________________________________
- [x] None of the above
Q20 Does your organization offer any of the following types of resources that address wellbeing, resilience, burnout, trauma, and/or mental health? (Select all that apply.)

- [ ] Employee Assistance Program (EAP)
- [ ] Counseling/therapy (for individuals or families)
- [ ] Support groups
- [ ] Wellness programs (offered on a permanent basis)
- [ ] Wellness programs (offered on a temporary basis)
- [ ] Spiritual or religious support
- [ ] Mentorship program
- [ ] Speaker series
- [ ] Trainings
- [ ] Workshops or seminars
- [ ] Health insurance
- [ ] Restoration time post-travel or post-assignment
- [ ] Partner/spousal benefits
- [ ] Childcare/nanny support
- [ ] Educational stipends for children
- [ ] None of the above
- [ ] Other (specify) ____________________________________________________________

Skip To: Q28 If Does your organization offer any of the following types of resources that address wellbeing, resilience, burnout, trauma, and/or mental health? = None of the above
Q21 Please describe in more detail the resources available at your organization that you selected in the previous question, particularly the ones that have been the most successful in addressing worker wellbeing/burnout.

________________________________________________________________

________________________________________________________________

________________________________________________________________

Q22 Which staff do you believe utilize these resources the most, and why? (e.g. entry-level vs. high-level, headquarters vs. remote/field, male vs. female, etc.)

________________________________________________________________

________________________________________________________________

________________________________________________________________

Q23 Which staff do you believe utilize these resources the least, and why? (e.g. entry-level vs. high-level, headquarters vs. remote/field, male vs. female, etc.)

________________________________________________________________

________________________________________________________________

________________________________________________________________

Q24 Which staff do you believe need these resources the most, and why? (e.g. entry-level vs. high-level, headquarters vs. remote/field, male vs. female, etc.)

________________________________________________________________

________________________________________________________________

________________________________________________________________
Q25 In your opinion, how accessible to employees are these resources?

- Very accessible
- Somewhat accessible
- Not very accessible
- Not accessible

Q26 In your opinion, how receptive are employees to using these resources, in general?

- Very receptive
- Somewhat receptive
- Not very receptive
- Not receptive

Q27 How well do you feel that these programs/resources fulfill employees' needs?

Note: "Needs" refers to emotional, mental, psychological, and physical needs.

- Extremely well
- Very well
- Moderately well
- Slightly well
- Not well at all
Q28 What resource(s) do you wish your organization could add to its wellbeing tool-kit or culture?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Q29 Please indicate which organizational barrier(s), if any, are preventing your organization from sufficiently addressing staff stress, burnout, and mental health. (Select all that apply.)

☐ Lack of funding

☐ Lack of time

☐ Lack of expertise

☐ Lack of interest

☐ Lack of support from leadership or board

☐ Other (specify) ________________________________

☐ ☒ None

End of Block: Section 3: Resources to Support Well-being & Address Distress
Appendix C. Survey Results

Hilton Wellbeing Project: Descriptive Summary of Survey Results

Introduction

The global impact of burnout on healthcare professionals (primarily physicians, nurses, and emergency medical services) has been well-documented in scientific literature in recent decades. It is, understandably, a very common byproduct of the sustained stress, exposure to intense suffering, and emotional burden of care for the sick and dying that characterize the daily work of these professionals. However, there is much less formal examination and documentation of the toll that these very same working conditions have on humanitarian aid and global health practitioners.

This project aims to identify the factors contributing to burnout and other challenges to wellbeing for staff members at the Hilton Humanitarian Prize Laureates, as well as inventory and evaluate the kinds of resources (benefits, programs, support staff, etc.) that these organizations have in place to mitigate burnout and support their employees’ overall wellbeing.

Methods

For the survey phase of the project we targeted heads of HR, mental health professionals (staff psychologists, counselors, life coaches, etc.), or Directors of Diversity & Inclusion, depending on the type of staff available, at each participating Laureate organization. These participants were asked to complete our online survey, which was developed using Qualtrics survey software and was comprised of 29 questions. The survey took no more than 30 minutes, on average, to complete. Each respondent was instructed to answer on behalf of their own organization and its staff.

The survey aims to identify (1) factors that contribute to cumulative stress and burnout in employees of this group of global health and humanitarian organizations, and (2) the availability and quality of various resources for employees that support their psychological, emotional, and physical wellbeing.

Definitions

In the survey, we gave the following definition for burnout:

“Burnout is the state of physical and/or mental exhaustion or collapse caused by chronic overwork and cumulative stress. It often results from a combination of feeling increasingly ineffective (a reduced sense of personal accomplishment, competence or overall job effectiveness), exhausted (feeling depleted, overextended), and/or cynical (holding depersonalized, callous attitudes towards work and others, feeling detached).”
We defined organizational culture as "values, norms, rites, rituals, symbols, and shared beliefs that make up an organization" (Champoux 1996).

**Results**

**Respondents**

We solicited survey responses from 15 Hilton Humanitarian Prize Laureates (only the ones from whom we had received a response to our initial project invitation or follow-up) and we received 14 completed surveys.

The organizations that completed the survey are as follows:

- Aravind Eye Care System
- BRAC USA
- ECPAT International (End Child Prostitution and Trafficking)
- Heifer International
- Humanity & Inclusion
- icddr,b (International Centre for Diarrhoeal Disease Research, Bangladesh)
- International Rescue Committee (IRC)
- IRCT (International Rehabilitation Council for Torture Victims)
- Operation Smile
- PATH
- Partners in Health (PIH)
- St Christopher’s Hospice
- The Task Force for Global Health
- Women for Women International (WFW)

**Organizational Characteristics of Respondents as Self-reported in Survey**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type (Categories of work &amp; target population)</th>
<th>Staff Size</th>
<th>Location of main office(s)</th>
<th>Where they work</th>
<th>Differentiate between Field &amp; HQ staff?</th>
<th>Differentiate between national &amp; foreign staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aravind Eye Care System</td>
<td>Global health / Social medicine (Clinical)</td>
<td>4,500</td>
<td>India</td>
<td>India</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>BRAC USA</td>
<td>Children / youth; Refugees / IDPs; Women; Agriculture;</td>
<td>8,000</td>
<td>USA</td>
<td>11 countries; Asia and Africa</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Organization</td>
<td>Focus Areas</td>
<td>Number</td>
<td>Country</td>
<td>Additional Information</td>
<td>Funding</td>
<td>Activities</td>
</tr>
<tr>
<td>------------------------------------</td>
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<td>--------</td>
<td>---------</td>
<td>-------------------------------------------------------------</td>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>ECPAT International</td>
<td>Economic empowerment / micro-lending; Global health / social medicine; Poverty; Sustainable development; Victim assistance; War / conflict zones</td>
<td>25</td>
<td>Thailand</td>
<td>90+ countries; all continents except Australia</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Humanity &amp; Inclusion</td>
<td>Children / youth; Sustainable development; Trafficking / exploitation; Victim assistance</td>
<td>15 (US); 300 (France HQ); 3000+ field</td>
<td>8 national offices (Europe &amp; North America)</td>
<td>59 countries; Africa, Asia, and South America</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Heifer International</td>
<td>Women; Agriculture; Poverty; Sustainable development</td>
<td>960</td>
<td>USA</td>
<td>23 countries; Africa, Asia, and North &amp; South America</td>
<td>Yes</td>
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<tr>
<td>icddr,b</td>
<td>Global health / Social medicine (Research)</td>
<td>4,000</td>
<td>Bangladesh</td>
<td>Bangladesh</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>International Rescue Committee (IRC)</td>
<td>Refugees / IDPs; War / conflict zones</td>
<td>13,000</td>
<td>USA</td>
<td>41 countries; all continents except Australia</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>IRCT</td>
<td>Victim assistance</td>
<td>13</td>
<td>Denmark</td>
<td>35-70 countries; all continents</td>
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<td>No</td>
</tr>
<tr>
<td>Operation Smile</td>
<td>Global health / social medicine</td>
<td>450</td>
<td>USA</td>
<td>45 countries; all continents except Australia</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Organization</td>
<td>Sector</td>
<td>Total</td>
<td>Country</td>
<td>Reach</td>
<td>Needs to be a Global Health/Global Health Policy Unit</td>
<td>Needs to be a Global Health Task Force</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------</td>
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<td>---------------------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Partners In Health</td>
<td>Global health / social medicine</td>
<td>15,000</td>
<td>USA</td>
<td>9 countries; Africa and North &amp; South America</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PATH</td>
<td>Global health / social medicine</td>
<td>1,700</td>
<td>USA</td>
<td>70 countries; Africa, Asia, Europe, North America</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>St. Christopher’s Hospice</td>
<td>Elderly / seniors; Global health / social medicine</td>
<td>600</td>
<td>England</td>
<td>England</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Task Force for Global Health</td>
<td>Global health / social medicine</td>
<td>152</td>
<td>USA</td>
<td>157 countries; all continents</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Women for Women International</td>
<td>Women; Economic empowerment / micro-lending; Poverty</td>
<td>400</td>
<td>USA</td>
<td>10 countries; Africa and Asia</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Organizational Dynamics: Stressors in the Workplace

Turnover

Respondents were asked to approximate their organization’s annual rate of staff turnover, averaged over the last five years. The most commonly cited turnover rate, at 6 out of 14 organizations (42.9%), was in the range of 11-20%, followed by 0-10% with 4 organizations. Three organizations indicated 21-30% and only one stated 51% or more.

<table>
<thead>
<tr>
<th>Turnover Rate</th>
<th>Count</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>0-10%</td>
<td>4</td>
<td>28.6%</td>
</tr>
<tr>
<td>11-20%</td>
<td>6</td>
<td>42.9%</td>
</tr>
<tr>
<td>21-30%</td>
<td>3</td>
<td>21.4%</td>
</tr>
<tr>
<td>31-40%</td>
<td>0</td>
<td>0%</td>
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<tr>
<td>41-50%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>51% or more</td>
<td>1</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

When prompted to select their organization’s top three reasons for turnover (in no particular order), 8 respondents (57.1%) indicated ‘funding restraints,’ which was the most common response along with the ‘other’ option, which allowed respondents to write in their own answer. The 8 written-in responses included ones related to pursuing further education and better career opportunities, as well as retirement, marriage, migration, and time-limited contracts. Other common reasons for turnover were ‘pay and/or benefits’ (n=6); ‘burnout’ (n=5); ‘barriers to career advancement’ (n=5); and ‘problems with manager/supervisor’ (n=4). One organization indicated ‘workload’ as another primary reason. No one cited ‘work environment’ as a main reason for turnover.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding restraints</td>
<td>8</td>
<td>57.1%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>8</td>
<td>57.1%</td>
</tr>
<tr>
<td>Pay and/or benefits</td>
<td>6</td>
<td>42.9%</td>
</tr>
<tr>
<td>Burnout (a combination of feeling exhausted, ineffective, and/or cynical due to cumulative stress)</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td>Barriers to career advancement</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td>Problems with manager/supervisor</td>
<td>4</td>
<td>28.6%</td>
</tr>
<tr>
<td>Workload</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Interpersonal conflict</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Lack of fit to the job</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Medical reasons</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Work environment</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Burnout

Respondents were asked to consider a list of factors that contribute to staff burnout in the following categories: organizational culture and management, relationships, other aspects of the job, and contextual factors (which are more external to the organization). Respondents were
encouraged to select as many options as apply to their organization and staff experience, to the best of their knowledge.

Organizational Culture and Management
The most common contributing factor to burnout in this category was ‘problems with communication’ (n=9, 64.3%), followed closely by ‘barriers to individual growth and contribution’ (n=8, 57.1%). Six organizations selected ‘unrealistic or ambiguous job roles / program objectives,’ and five selected ‘challenging decision-making processes’ and ‘lack of transparency.’ One to two respondents selected ‘macho or heroic organizational culture,’ ‘microaggressions,’ ‘stigma around self-care,’ and ‘structural / institutional discrimination or bias.’ Four respondents wrote in their own answers in addition to what they selected.

<table>
<thead>
<tr>
<th>Problems with communication</th>
<th>9</th>
<th>64.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers to individual growth and contribution</td>
<td>8</td>
<td>57.1%</td>
</tr>
<tr>
<td>Unrealistic or ambiguous job roles / program objectives</td>
<td>6</td>
<td>42.9%</td>
</tr>
<tr>
<td>Challenging decision-making processes</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td>Lack of transparency</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>4</td>
<td>28.6%</td>
</tr>
<tr>
<td>Microaggressions (communications or encounters, whether intentional or unintentional, which communicate negative messages against members of a marginalized group)</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Structural/institutional discrimination or bias</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>“Macho” or “heroic” organizational culture</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Stigma around self-care</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>None of the above</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Relationships
The most common response in this category was ‘supervisors,’ which 8 organizations (57.1%) selected. Six indicated ‘other leadership.’ The next most common relationship factor was ‘funders’ (n=4), followed by ‘collaborating organizations’ (n=3). One to two respondents chose ‘peers,’ ‘project teams,’ ‘stakeholders,’ and ‘none of the above.’ One participant selected ‘other’ and wrote that HQ relationships with the field staff were a source of burnout at their organization. One said that none of the workplace relationships contributed to burnout. No one selected ‘community or affected persons.’

<table>
<thead>
<tr>
<th>Supervisors</th>
<th>8</th>
<th>57.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other leadership</td>
<td>6</td>
<td>42.9%</td>
</tr>
<tr>
<td>Funders</td>
<td>4</td>
<td>28.6%</td>
</tr>
<tr>
<td>Collaborating organizations</td>
<td>3</td>
<td>21.4%</td>
</tr>
<tr>
<td>Peers</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Project teams</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>None of the above</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Community or affected persons</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
Other Aspects of the Job

By far the most common burnout factors in this category were ‘long and/or unpredictable working hours’ (n=10, 71.4%) and ‘job expectations, roles, responsibilities’ (n=9). Below that were ‘uncertain program funding’ (n=6), ‘pay or benefits’ (n=5), and ‘deployment length and timing’ (n=4), with a smattering of less-common selections for most of the remaining choices. No one selected ‘lack of job fit’ or ‘barriers to keeping up with current research / policies & recommendations.’

<table>
<thead>
<tr>
<th>Factor</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long and/or unpredictable working hours</td>
<td>10</td>
<td>71.4%</td>
</tr>
<tr>
<td>Job expectations, roles, responsibilities</td>
<td>9</td>
<td>64.3%</td>
</tr>
<tr>
<td>Uncertain program funding</td>
<td>6</td>
<td>42.9%</td>
</tr>
<tr>
<td>Pay or benefits</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td>Deployment length &amp; timing</td>
<td>4</td>
<td>28.6%</td>
</tr>
<tr>
<td>Travel</td>
<td>3</td>
<td>21.4%</td>
</tr>
<tr>
<td>Paperwork/bureaucracy</td>
<td>3</td>
<td>21.4%</td>
</tr>
<tr>
<td>Job insecurity</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>None of the above</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Lack of job fit</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Barriers to keeping up with current research / policies &amp; recommendations</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Contextual Factors

Six respondents (42.9%) indicated that none of the contextual factors were main sources of burnout for their staff. Five respondents selected ‘surrounding poverty’ and ‘witnessing suffering / moral distress,’ and four selected ‘surrounding violence.’ Six organizations indicated various forms of discrimination: based on race, ethnicity, or national origin (n=2); gender (n=2); and sexual orientation or gender identity/expression (n=2). One respondent indicated ‘health risks’ and one selected ‘other’ and wrote in ‘family problems.’

<table>
<thead>
<tr>
<th>Factor</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None of the above</td>
<td>6</td>
<td>42.9%</td>
</tr>
<tr>
<td>Surrounding poverty</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td>Witnessing suffering / moral distress</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td>Surrounding violence</td>
<td>4</td>
<td>28.6%</td>
</tr>
<tr>
<td>Discrimination, insecurity, or threat based on race, ethnicity, or national origin</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Discrimination, insecurity, or threat based on gender</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Discrimination, insecurity, or threat based on sexual orientation, gender identity, or gender expression</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Health risks (due to lack of infrastructure, etc.)</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Other acute stressor (specify)</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Discrimination, insecurity, or threat based on class socioeconomic status</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Discrimination, insecurity, or threat based on religion</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Unsafe or dangerous working conditions</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---</td>
<td>----</td>
</tr>
<tr>
<td>Relationships with authorities (e.g. police, political officials, etc.)</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Burnout for Headquarters / Main Office Staff vs. Remote / Field staff**

Ten respondents stated that their organization does distinguish between staff at the main office (headquarters) and those in the "field" (i.e. close to the community and the programs). The remaining four organizations do not make that distinction.

The respondents who differentiate between main office and field staff were then asked if the *types of stressors* faced by both types of staff differed, and if so, to what extent (in their own words). Almost all respondents indicated a distinction in the nature of the work of the two types of staff, as far as working conditions and the resources at their disposal. These responses shared observations about field staff traveling more, working more hours, working more closely with the communities, and traveling and working in more difficult areas (whether in isolation, in conflict zones or other danger, in low-resource settings, etc.). Among their answers, most survey participants indicated that these working conditions led field staff to feel disconnected from the decisions being made at the main office, to manage everything alone as opposed to being able to rely on a team for support, or to make do with extremely limited resources and poor infrastructure, which has an impact on efficiency. One respondent summarized the distinction between field staff and main office staff by saying that the stressors for the HQ staff were deadlines and workload, whereas the field staff’s stressors involved “service delivery, vicarious trauma, security,” *in addition* to deadlines and workload.

One respondent mentioned another important type of resource inequity, indicating that the benefit package and overall compensation for field staff were much lower in quality and quantity than for HQ staff. This participant cited “personal economic stresses created by fluctuations in the cost of living” as a significant one for their organization’s field staff, along with the fact that their compensation and benefits are based on the local standard in their area of work, while the HQ staff – based in the U.S. in this case – received *their* local standard (which, although the respondent didn’t explicitly state it, in most cases amounts to much more than the field staff’s compensation).

**Burnout for National / Local vs. Foreign / Expatriate staff**

Ten respondents stated that their organization does distinguish between national staff and foreign staff (i.e. employees working in a country in which they are not a citizen). Three organizations reported that they do not make that distinction. One organization did not respond.

For the open text follow-up question, most responses indicated that the difficulties for foreign/expat staff are centered around being away from their homes and families. Specifically, one respondent listed the following stressors: “being relocated, including being away from family, maintaining the requirements for work permits, limited movement, and navigating
language/cultural issues in the work place.” Discrimination and currency fluctuation were also mentioned, as well as the lesser benefit package for national staff discussed in the previous section.

**Resources to Support Wellbeing and Address Distress**

**Quality and Effectiveness of Existing Resources**

For this question, respondents were asked to indicate, on a sliding scale from 0 to 10, their opinion of the quality and effectiveness of specific resources available in their organization to manage employee stress. A zero indicates not available, not accessed, or completely ineffective. A 10 indicates available, accessed as often as needed, and highly effective. Only whole numbers were possible.

Note: If the respondent did not indicate any number, the slider remained at the default position of zero but registered as a non-response. This explains the response counts that are less than 14 (shown in the table below), and may represent a source of bias in our data collection. Only one participant registered a zero for one of their resources – and they also left the remaining choices blank (non-response).

<table>
<thead>
<tr>
<th>Resource</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis support &amp; management</td>
<td>2</td>
<td>10</td>
<td>6.1</td>
<td>13</td>
</tr>
<tr>
<td>HR policies</td>
<td>0</td>
<td>8</td>
<td>5.9</td>
<td>14</td>
</tr>
<tr>
<td>Post-assignment support</td>
<td>2</td>
<td>7</td>
<td>4.6</td>
<td>11</td>
</tr>
<tr>
<td>Monitoring / ongoing support</td>
<td>1</td>
<td>7</td>
<td>4.5</td>
<td>13</td>
</tr>
<tr>
<td>End-of-assignment support</td>
<td>1</td>
<td>7</td>
<td>4.4</td>
<td>12</td>
</tr>
<tr>
<td>Preparation / training to manage stress</td>
<td>2</td>
<td>8</td>
<td>4.1</td>
<td>13</td>
</tr>
<tr>
<td>Screening / assessing for stress or burnout</td>
<td>1</td>
<td>6</td>
<td>3.4</td>
<td>12</td>
</tr>
</tbody>
</table>

**Support Staff**

Seven organizations indicated that they employed some type of mental health professional (e.g. psychologist, counselor, social worker, etc.); this was the most common selection, representing 50%
of responses. Six organizations (42.9%) selected ‘none of the above.’ Five organizations employ stress reduction professionals, four employ physical health professionals, three employ professional/life coaches, and one employs chaplains or other spiritual advisors. Two respondents selected ‘other’ and wrote in ‘Employee Assistance Program’ or ‘EAP,’ which we consider more of a benefits package than a kind of support staff.

Resources that Address Wellbeing

All 14 respondents indicated that their organizations provide health insurance for their staff. The next most common selection was ‘Employee Assistance Program (EAP)’ (n=8, 57.1%), followed by ‘partner/spousal benefits’ (n=7, 50%). Six respondents selected ‘counseling/therapy (for individuals or families)’ and ‘trainings.’ Five organizations offer wellness programs offered on a permanent basis, workshops or seminars, and/or childcare/nanny support. One organization indicated under ‘other’ that depending on where their staff is based, they either provide health insurance or they pay a health insurance allowance, and certain international staff are eligible for restoration time (e.g. post-assignment).

Details (Open Text Responses)
Many respondents simply listed the types of resources that their organizations offer, which were previously indicated in the checklist.

Two respondents indicated that the wellbeing resources their organizations offer are restricted to headquarters/main office staff (with the exception of health insurance, which is provided to all). Some offer staff and family psychosocial support for their employees in the field, and/or are looking to expand their resources to include or improve this. There were two responses of note, which provided great detail about a wide array of resources that the two organizations offer their staff:

- “We offer remote counseling in local languages to all [organization] staff and their families. We offer management counseling for struggling managers. We are weeks away from launching a website with resources in all official languages on psychosocial wellbeing, including screening tools, self-study resources, and videos. We have a mandatory online training on stress and resilience for all staff. A specific online training on Staff Care for Managers will be offered [soon] and will be mandatory for all supervisors. We also have a variety of staff led groups--employee resource groups, personnel committees, and staff welfare groups.”

- “We have an additional private health insurance for all employees that covers therapies and interventions to counter and address stress, such as psychological support, physiotherapy, work aids, acupuncture etc. We also have an agreement with another larger NGO for specialized post-travel/assignment de-briefing and counseling in case staff had a traumatic experience during the mission. Due the small size of our organization we do not have specialized counseling staff on our team.”

Resources: Staff Use and Need
Respondents were asked to answer questions, using open text boxes, regarding which staff (e.g. entry-level vs. high-level, headquarters vs. remote/field, male vs. female, etc.) utilize their organization’s resources the most, which staff utilize them the least, and which staff need the resources the most.
Use most
Many respondents indicated that entry-level, HQ/main office, and female staff members were the types or levels of staff that used the resources the most. Some also observed that management used the resources because they “have family dependents” or because “they have been around enough to know that they benefit from these resources.” One respondent noted that their staff is 75% female, which probably reflects the gender make-up of many other humanitarian organizations in our sample, and would partially explain the higher use of resources among female staff. A few respondents indicated that they did not have the data to support an answer, that there was no determinable use pattern among their staff, or that all their staff use the resources equally.

Use least
Responses for this question varied, but included high-level/executive staff, mid-level staff, remote/field staff, corporate services staff (who are “not exposed to” the organization’s target population), and male staff. One respondent indicated that their entry-level staff do not utilize the resources because they perceive their work at the organization “as a great and fun opportunity,” eagerly accepting unpaid internships and other junior positions, which means they generally do not need (and/or qualify for) available resources. A couple other respondents stated that they did not have the data to support an answer or that there was no determinable pattern of use among their staff.

Need most
About half of the respondents indicated that all of their staff need the resources the most, “due to the stress and limitation in resources,” “to help manage work life issues and challenges,” “for different reasons,” or to “not assume that there are sections of staff that my [sic] need it less.” The other respondents listed entry-level, HQ, and female staff; international missions program team; front line staff, who deal directly and daily with the community; field office staff who are closer to violence (terrorist attacks and ethnic conflicts); local nationals, who are often seen as more “resilient” and therefore perceived as not able to directly benefit from resources; remote field and foreign nationals; and “particular attention to staff who travel heavily and those staff with heavy and sustained workloads.”

Resources: General Evaluation

Accessibility
Most respondents (n=8, 57.1%) indicated that their organization’s resources were ‘somewhat accessible.’ One respondent selected ‘not accessible.’ The remainder (n=5, 35.7%) selected ‘very accessible.’

<table>
<thead>
<tr>
<th>Accessibility</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very accessible</td>
<td>5</td>
<td>35.7%</td>
</tr>
<tr>
<td>Somewhat accessible</td>
<td>8</td>
<td>57.1%</td>
</tr>
<tr>
<td>Not very accessible</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Not accessible</td>
<td>1</td>
<td>7.1%</td>
</tr>
</tbody>
</table>
Staff Receptivity

The majority of respondents (n=10, 71.4%) indicated that the staff at their organization were ‘somewhat receptive’ to the resources offered. The remainder (n=4, 28.6%) selected ‘very receptive.’

<table>
<thead>
<tr>
<th>Receptivity</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very receptive</td>
<td>4</td>
<td>28.6%</td>
</tr>
<tr>
<td>Somewhat receptive</td>
<td>10</td>
<td>71.4%</td>
</tr>
<tr>
<td>Not very receptive</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Not receptive</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Fulfill Employees’ Needs

For this question, we clarified that ‘needs’ referred to emotional, mental, psychological, and physical needs. Most respondents (n=8, 57.1%) indicated that their existing resources met the staff’s needs ‘moderately well.’ Three respondents (21.4%) selected ‘slightly well.’ Two respondents selected ‘not well at all.’ One respondent selected ‘very well.’

<table>
<thead>
<tr>
<th>Well-being</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely well</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Very well</td>
<td>1</td>
<td>7.1%</td>
</tr>
<tr>
<td>Moderately well</td>
<td>8</td>
<td>57.1%</td>
</tr>
<tr>
<td>Slightly well</td>
<td>3</td>
<td>21.4%</td>
</tr>
<tr>
<td>Not well at all</td>
<td>2</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

Barriers

When asked which organizational barrier(s), if any, are preventing their organization from sufficiently addressing staff stress, burnout, and mental health, 12 respondents (85.7%) selected ‘lack of funding.’ The next most common responses were ‘lack of time’ (n=9, 64.3%) and ‘lack of expertise’ (n=8, 57.1%). Two organizations selected ‘lack of support from leadership or board.’ One respondent indicated that none of these were barriers for their organization. No one selected ‘lack of interest’ or ‘other.’

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of funding</td>
<td>12</td>
<td>85.7%</td>
</tr>
<tr>
<td>Lack of time</td>
<td>9</td>
<td>64.3%</td>
</tr>
<tr>
<td>Lack of expertise</td>
<td>8</td>
<td>57.1%</td>
</tr>
<tr>
<td>Lack of interest</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Lack of support from leadership or board</td>
<td>2</td>
<td>14.3%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

Resource Wish list

Various forms of psychosocial counseling/support and stress management resources were the most common responses for desired resources.

Some other examples include:

- “...regular counseling for staff in protection fields to guard against vicarious trauma... [and] more help around facilitating culture change around gender biases in our field sites.”
- “Funding for institutional time (mentoring, training, reflection, etc.)”
- “Occupational health infrastructure; Staff safety and security infrastructure…”
- “Pre and post psycho-social counseling; crisis management; stress management training for managers and staff; cultural sensitivity, safety and security trainings.”
Appendix D. Components of Organizational Wellbeing, adapted from Antares Model\(^2\), with Examples from Hilton Humanitarian Prize Laureates

**Dimension: Policy**

**Description:** Organizations must clearly define a set of “Best Practices” in their approach to staff wellbeing support and integrate it into their daily operations. This approach should be grounded in the knowledge of how stress (both chronic or acute challenges) affects individuals, teams, and organizations and the responsibility organizations have to both reduce/manage stressors as well as optimize staff resiliency and coping capacities. Along these lines, Laureates reported that organizational policies and procedures should address:

- Proposal narrative templates that include rationale and budget requests for staff wellbeing support
- The specific staff care needs of various groups; such as ensuring the equity of resources between national and international support mechanisms
- A clear endorsement of self-care by leadership
- Regular communications and trainings to normalize the experience of burnout
- Regular check-ins to alert staff to their early warning signs of burnout
- The duties and responsibilities of supervisors/managers as well as mechanisms to empower them to intervene with staff *before* burnout sets in, possibly relocating field staff to other sites or imposing holiday leave (without restricting salary/pay), for example.
- Performance reviews that include leaders’ effectiveness in supporting staff using existing support tools
- Feedback mechanisms to periodically assess if staff are using services and to what degree they are effective
- Caps on time spent away from families (no more than 6 months)
- Yearly incentives such as a salary increase
- Clear enforceable policies for security, code of conduct, and sexual harassment

**Examples from Featured Laureates:**

**Women for Women, ECPAT, Tostan**

These organizations have robust feminist and participatory empowerment models that can especially inform discussions within and across offices to assess and define each organization’s needs, philosophy, and engagement in staff wellbeing policy and practice, particularly across lines of difference (e.g., gender, nationality, culture). Positive characteristics of these models that can help organizations design inclusive wellbeing policies and practice include:

- Having a holistic approach to supporting empowerment with a nuanced understanding that power is multi-directional (power over, power with, power to)

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- Empowerment models that address stigma and discrimination—internally, externally and in community throughout the life cycle
- Community problem-solving dialogues involving villages and neighboring communities
- Deliberately partnering with opposing or divergent groups
- Understanding the importance of understanding and working within or even against cultural norms
- Program goals and anticipated outcomes guided by and amenable to the contexts of peoples’ lives, not imposed by grants or donors (e.g., education for women about land rights in Nigeria; gender-based violence protection in the Democratic Republic of Congo, and advocate for change and equality in Bosnia)
- All levels of program and practice supported by theoretical models that support mission (theory of change, wellbeing, understanding social norms, capacity to aspire) and a community based participatory methodology
- Ideas of value change that are spread through connected communities or social networks

**Dimension: Screening and Assessing**

**Description:** Ensure the assessments of individual resilience to anticipated stressors and person-organization fit are part of candidate selection processes. Understand that with optimal support from organization, peers and managers with a range of personalities can be successful in their work. Evaluate candidate’s physical and psychological health, ability to work with diverse teams, toleration for ambiguity, level of self-awareness and coping strategies, as well as risks and contextual factors that surround potential assignment. Continue to assess needs and impact of work stressors throughout assignment/contract. Furthermore, organizations need to:

- Train staff for screening roles, including how interviewer bias, projection, personal experience, and risk tolerance can influence assessment of a candidate
- Train staff to interview using attentive listening and scenario-based approaches to appraise how individual demonstrates self-awareness and resiliency as well as vulnerabilities relative to operating context being considered
- Standardize recruitment, screening and assessment procedures for interviews at the levels of office and “field”; create culturally and contextually appropriate tools; adapt as needed
- Screen for risk and resilience factors, hardiness, and coping mechanisms related to psychological wellbeing in the sector
- Upon positive assessment, explain potential stressors of job with candidates
- Review and normalize staff care policies with candidates
- Implement internal needs assessments periodically to determine levels of acute and chronic stress in organization, assess candidate’s resilience, hardiness, and coping abilities and determine what levels of support are desired/needed
- Initiate practices to help staff feel connected to its mission in everyday practice within an organization
Examples from Featured Laureates: Aravind, Tostan, Operation Smile

Aravind
- Prioritizes the creation of psychological safety during their Quality Review process for doctors. The process is never personalized or used for incentivizing. Rather, the emphasis during the review is on how practitioners can improve.
- Centers all aspects of culture around “living the mission” of offering care to all who need it. Staff are screened and trained in compassion.
- Teaches staff through yoga, breathing, and meditation how to handle stressors mindfully and recognize signs of burnout in themselves and each other.

Tostan
- Conducts robust risk assessments and in-depth country profile analyses with local experts.

Operation Smile
- Holds a debrief of each mission in terms of logistics and outcomes but this is subsequent to the event and does not include discussion of any moral or psychological social distress. Organization is considering bringing in psychosocial counselors from leadership conference to mission training to help prepare students for assignment.

Dimension: Preparation and Training
Description: While many organizations offer training programs for individuals to develop professional skills required for work, Laureates would benefit from more substantive and ongoing training in the qualities needed to understand and recognize stress associated with their work and to develop corresponding emotional resilience. Studies have shown that initial deployments are the most challenging for early career staff who lack experience and may harbor idealistic ideas of work and are therefore more vulnerable to burnout (Adler et al, 2005, Huffman et al., 1999). The job demands-resources model (Demerouti et al., 2001), which classifies working conditions that require effort and skill as demands or resources that help achieve goals and decrease demands, suggests that appropriate training and preparedness and support from colleagues and management are particularly important resources. High demands, particularly when coupled with insufficient resources, have a negative psychosocial impact on wellbeing. Preparation and training mechanisms need to include:
  - Orientation and onboarding with visual materials for head office, prepared with staff input
  - Training in compassion, empathy, resilience/endurance, and emotional regulation as well as vicarious trauma
  - Training related to cross-cultural work settings and communications
  - Pre-assignment confidential consultations with mental health professionals with humanitarian/development experience to discuss psychological readiness and promote resilience available to all staff; these should be part of standard protocol for those deploying to high conflict zones
• Procedures for accessing confidential counseling and staff care services, clearly communicated at regular intervals to all international and national staff in relevant languages

Examples from Featured Laureates: Partners In Health (PIH) and International Rescue Committee (IRC)

PIH is currently writing a curriculum that will include resiliency and wellbeing support tools along with strategies on how to deal with governments, security issues, and finance to offer mid-managers in public health courses. Managers are central to the stress management process as supervisor, educators, and role models to staff. They are also at high risk for burnout and require their own customized supports.

In addition, the clinical supervisors at PIH/CES in Chiapas have completed Dr. Guthrie’s “train the trainer” Compassionate Leadership program, which was offered, in turn, to the early entry professionals called “pasantes” they supervised. Pasantes provide medical care to highland communities during their service year. As part of the program they kept wellbeing logs to track the best/worst events of each month as well as to describe which strategies they found most helpful to address ongoing work challenges and later shared these findings with their supervisor. Then a designated wellbeing champion located at the main office regularly checked in with supervisors to help determine how to continue to best support staff in the field. Also, PIH staff in the Boston office have been certified in Restorative Justice principles and Peace Circle Process (Greenwood 2005) to help staff there live into and connect with the organization’s mission of accompaniment in everyday practice.

IRC has a mandatory online training on stress and resilience for all staff. A specific online training on staff care for managers will be offered [soon] and will be mandatory for all supervisors.

Dimension: Monitoring and Ongoing Support
Description: Organizations need to anticipate that staff will become emotionally involved with their work subjects and colleagues. Drawing from the training and supervision that therapists and counselors receive to help them cope could be helpful. We also know that positive social support at both the inter-agency and intra-team level is vital to wellbeing. “Insider versus outsider” dynamics or rivalries can be minimized when agencies focus on joint goals and “restorative justice” practices that can sensitize teams to power dynamics and opportunities to repair harm and build cohesion (Greenwood 2005).

Monitoring and ongoing support entails building multi-levels of psychologically safe spaces into organizations to ensure staff have continual access to confidential consultations, support, materials and training. These spaces may encompass
• Psychosocial-emotional sanctuary and space for contemplation
• Tracking mechanisms such as through wellbeing logs
• Proactive stress counseling and emotional support from external sources on site
• Continuous one-on-one counseling through phone or video conference (in setting that ensures privacy) or through qualified local networks
• Destigmatizing efforts such as when leaders share their experience with accessing and using counseling
• Continuous support such as training in emotional regulation and processing, mindfulness, cross-cultural sensitivity training in power dynamics
• Ongoing restorative team-building sessions, mentorship programs, peer to peer support groups across network
• Co-designed R&R policies with staff input as what are desirable restorative ways to promote psychological recovery and wellbeing (beyond catharsis)
• Modeling of resilient behavior by leaders taking their vacations and leave from work.
• Advance planning for staff rotation to ensure they get their R&R leave
• Annual training (onsite and online) for managers to assess staff wellbeing
• Internal/external capacity (security and crisis management protocols, duties, accountability, roles) to respond to critical incidents
• Extending capacity to provide direct support to family members of staff adversely affected by stress whenever possible

Examples from Featured Laureates: IRCT, Heifer International, IRC

IRCT
• Has 3 levels of psycho-social support.
  1. At site level
  2. At level of network
  3. At level of policy
• IRCT Centers in Lebanon, Jordan, Syria, and Iraq are developing their own models for vicarious traumatization, not only dealing with trauma but facing the limits of what one can achieve
• In-country models that support staff and caregivers are culturally specific and often involve collective, peer support
• Advocates small group work in four rounds when a “helping” staff member encounters a stressor:
  1. Group asks staff “helper” for details to clarify case
  2. Team puts themselves in role of the helper/therapist, shares their thoughts on what they would feel and think in that situation or relationship
  3. Helpers project themselves into role of client, share their thoughts from this vantage point.
  4. Helper wraps up and responds to team feedback.
• In addition, provides private health insurance for all employees that covers therapies and interventions to counter and address stress, such as psychological support, physiotherapy, work aids, acupuncture etc.
Heifer International
- Offers psychosocial support for staff and their families around “Staff wellbeing and resilience” and “How to manage insecure environments” as well as “Post-traumatic stress”

IRC
- Offers remote counseling in local languages to all staff and their families.
- Offers management counseling for struggling managers.
- In process of launching a website with resources in all official languages on psychosocial wellbeing, including screening tools, self-study resources, and videos.
- Has a variety of staff led groups--employee resource groups, personnel committees, and staff welfare groups.

Dimension: End and Post Contract/Program Support
Description: After a contract has ended many staff welcome support for reintegration. They may benefit from taking a course, maintaining contact with a community of colleagues, or processing their experience with a counselor who can help them frame their experience in terms of personal and professional growth. Organizations may offer:
- Confidential post-assignment resilient consultations as a standard protocol, separate from programmatic or operational debriefing, required particularly for staff concluding an assignment in a high stress context
- Procedures and time frames for accessing counseling and other staff care resources after leaving the organization that are clearly communicated to international and national staff
- Active encouragement to access supports by organizational leaders and managers
- A re-entry ritual or celebration
- Psychosocial support for at least 3 months post-assignment/contract

Examples from Featured Laureates: Task Force for Global Health, IRCT

The Task Force for Global Health is initiating more regular debriefings around moral distress associated with work.

IRCT has an agreement with a larger NGO for specialized post-travel/assignment de-briefing and counseling in case staff had a traumatic experience during the mission.
Appendix E. Additional Resources

These resources are provided in the spirit of information sharing, and their inclusion is not meant to indicate an endorsement of specific tools or products.

ORGANIZATIONAL ASSESSMENTS


Self-Sacrifice Scale

POLICY AND MODELS OF WELLBEING


SCREENING AND ASSESSING


PREPARATION AND TRAINING


MONITORING AND ONGOING SUPPORT

Engagement


Compassion Fatigue


Burnout


Self/Other Care


Peer Support


Mentoring

END AND POST-CONTRACT SUPPORT


PRACTICES AND PROGRAMS TO PREVENT OR MINIMIZE BURNOUT

Stress management training. Either cognitive-behavioral or mindfulness-based stress reduction programs should be standard training for all staff. The University of Massachusetts (www.umassmed.edu/cfm/stress-reduction) mindfulness-based stress reduction (MBSR) program is regarded as among the very best although many medical schools now offer MBSR programs. The American Medical Association’s “STEPS program” for preventing physician burnout may also be very helpful.
Daily contemplative/meditation practices. A wide variety of practices (www.contemplativemind.org/practices/tree) are available, so individuals can select an approach that works best for them. Most religious traditions have practices. There are many on-line training resources that provide a variety of self-guided learning opportunities. The Wellbeing at Work team has also found the Headspace and Stop Breathe Think smart device apps to be effective training tools.

Personal reflection practices. Again, a wide variety of practices are available—from daily journals and diaries, to semi-structured expressive writing activities, to religious practices. The intervention is to create regular opportunities for individuals to step back from the flow of daily life to examine the positives and negatives of life. These practices create space to identify problems, stresses, and challenges. Individuals can then take remedial actions. See Pennebaker & Smyth (2016) and Wilson (2013) above.

Small group social support. Physician groups have proven to be effective in preventing and treating burnout. Three examples of such approaches are Balint groups, Schwartz Rounds and Resilience Rounds.

ORGANIZATIONAL EXPERTISE IN CULTIVATING WELLBEING, PSYCHOSOCIAL SUPPORT, AND COMPASSIONATE LEADERSHIP
Several organizations and consultants offer consulting to help organizations build wellbeing into their organizational cultures. Excerpts from their mission statements found on their websites are below.

Deirdre Guthrie, PhD. www.linkedin.com/in/deirdre-guthrie
Wellbeing program consulting, evaluation and development

Antares Foundation https://www.antaresfoundation.org
Antares takes a holistic approach to stress management at every level, and offers trainings for management and individuals, to create a functional and sustainable system of staff support.

Center for Physician Wellbeing (CPW) http://www.thecenterforphysicianwellbeing.org
“The CPW provides consultation, coaching, counseling, education, workshops, retreats, and collegial relationship activities that are informed by current research and insight-oriented approaches. Our services aim to help physicians improve outlook, identify choices, and deepen interpersonal relationships. All interventions and initiatives are designed to promote self-care, prevent burnout and assist in the integration of life skills including resiliency, compassion, and effectiveness.”

Circles International https://www.circlesinternational.org
“Cultivating emotional health, resilience, and wellbeing through leadership programs and consulting services.”
Headington Institute [https://www.headington-institute.org](https://www.headington-institute.org)
“The Headington Institute partners with humanitarian relief and development organizations and emergency responders, before, during, and after deployment in order to ensure the wellbeing of individuals. Our team of psychologists, many with over 30 years of clinical experience, bridge cutting edge academic research with practical application at the field level, in order to strengthen the impact of humanitarian response and promote the long-term wellbeing of humanitarian personnel.”

“We are a global community of practice that learns from and supports organizations seeking to deepen their social impact by more consciously aligning their internal practices with their broader social change goals. We believe the best way for our organizations to create deep and lasting change in the world is to embody it.”

Still Harbor [https://www.stillharbor.org](https://www.stillharbor.org)
“We are creating a network of fiercely loving and compassionate spiritual leaders for social change.”

WorkWell Research [https://workwellresearch.com/welcome/](https://workwellresearch.com/welcome/)
“Take our scientific assessment and unlock your wellbeing profile: with results across four dimensions and twelve sub-dimensions of wellbeing, tailored insights, and suggested practices.”

Allesandra Pigni [https://www.alessandrapigni.com](https://www.alessandrapigni.com)
Psychologist, writer, inner activist. “I accompany idealists and organizations through crisis and transition, from burnout to resilience.”