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How to Care in a Cowboy Culture. Strengthening Humanitarian Operational Leaders' Capacities for Staff in Field Missions

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How to Care in a Cowboy Culture? *

Strengthening Humanitarian Operational Leaders' Capacities for Staff Care in Field Missions

Carla Marie Weymann

M.A. International Humanitarian Action (NOHA+)

Abstract

Humanitarian action is a stressful field of work, that can have effects on the mental health and well-being of aid workers. This paper asks how humanitarian organizations can strengthen operational leadership provide better staff care. An organizations' duty of care towards their employees can translate into its staff care strategy. During field missions, operational humanitarian managers work directly with staff under high stress. This paper tries to give an insight into their understanding of staff care and how they implement it in the field, and it tries to understand the challenges they face. The understanding of their role in this included making sure staff are physically secure and feel psychologically safe. The main strategies were creating an open team culture, making staff feel appreciated and motivated, managing the workload and setting up a comfortable living and working environment. The main challenges were a lack of funding and practical training, having no one to talk to about difficult situations, and providing staff care to national staff. The ways in which they experienced support from their organizations varied. The general findings were that staff care needs to be prioritized at the organizational level. Organizations need to provide financial support, appropriate training for leaders and coaching to deal with challenges. This Is especially true when It comes to national staff: Although national staff contribute to the vast majority of the humanitarian workforce, organizationally, staff care for this group of employees remains largely underprioritized.

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* This Working Paper is a revised version of a master's thesis originally submitted in the Joint European Master's Programme in International Humanitarian Action (NOHA) at the Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr-Universität Bochum, supervised by Prof. Dr. Dennis Dijkzeul.

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Preface

This research was inspired by fellow students, volunteers, and humanitarian professionals who opened up about their struggles with mental health during or after humanitarian work. I hope that the humanitarian field of the future will encourage openness instead of a "cowboy culture" (quote by a participant), where emotions are suppressed. I hope too that organizations will support their staff and leaders and value their well-being and happiness.

During a brief field stay with a Non-Governmental Organization (NGO) in Sierra Leone, I was able to speak to several practitioners on the ground, who openly shared their experiences with their own mental health struggles. The stories I heard and the reactions by the participants of the interviews gave me much encouragement to continue with the research topic. Although the humanitarian field has yet a long way to go, my interview partners had a multitude of strategies, ideas and best practice to offer.

I want to thank all the people who shared their experiences with me. I enjoyed every conversation, and I am deeply grateful for the openness that you had in sharing personal experiences and the challenges you faced during your work. I believe that this openness is what the humanitarian field needs!

A big thank you to my supervisors at Ruhr-University Bochum and University Uppsala, to Carl and my family for their support throughout my studies. A massive thank you goes to Nevien, who has been my sparring partner in writing this thesis – thank you so very much for your smart questions, great ideas, and motivation.

List of Acronyms

CHCF	Core Humanitarian Competency Framework
CHS	Core Humanitarian Standard
IASC	Inter-Agency Standing Committee
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
PTSD	Posttraumatic Stress Disorder
SGBV	Sexual and Gender-based Violence
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

Definitions

Humanitarian Organizations refer to agencies that work towards alleviating suffering in the world, by assisting populations in need. In this thesis, I did not make a difference between big and small organizations, government- or donor-funded organizations. Although the focus is on humanitarian aspects, some organizations have a mixed portfolio of developmental and humanitarian work.

Humanitarian Staff, Staff, or Aid Worker will be used interchangeably and refers to anyone employed by a humanitarian organization. In this thesis, the focus will be on paid professionals as opposed to volunteers – the latter group faces different challenges.

International Staff refers to expatriate aid workers, while **National Staff** refers to staff members that are recruited locally. The differentiation between national and international staff is criticized because it establishes a gap between the two groups of staff.

Mental Health is, according to the World Health Organization (WHO), "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (WHO 2004, 12).

Staff Care refers to a variety of concepts and activities to keep staff healthy and well. Staff care is partly done by the staff themselves, as well as the organization and the management.

The Duty of Care is the responsibility that organizations have towards their employees.

1. Introduction

This Master's thesis is a qualitative study about staff care in humanitarian field missions. It focusses on operational humanitarian leaders – men and women with a significant responsibility: for their staff, the efficient operation of the mission and ultimately for the provision of humanitarian aid to populations in distress. In this chapter, I will discuss the research question and aim, the methodology, the relevance it has to the humanitarian field, and the limitations. The chapter concludes with an outline of this paper.

Humanitarian action is a stressful field of work. Challenging conditions such as insecure contexts, long working hours and confrontation with human suffering create a very stressful working environment. Additionally, in past years, attacks on humanitarian staff have increased significantly (Aid Worker Security 2020). The chances are high that humanitarian staff will be confronted with impacts on their mental health and well-being, either through a traumatic event or through cumulative stress and trauma.

Over the past few years, reducing the risk of mental health and the psychosocial effects of humanitarian work has become a topic for humanitarian organizations to address (see KonTerra (2017); Interhealth (2009)). However, the *duty of care* that defines the responsibility that organizations have towards their employees mainly remains focused on legal aspects and is therefore very limited (see Kemp (2011); Fairbanks (2018)). As a result, staff care largely depends on organizational priorities – in particular, the roles and responsibilities of operational leaders remain vague. Management and working with others intensify the stressful nature of humanitarian work. In light of various reports and personal accounts, it seems as though there is a gap between the need and the ability of the leadership in-country to respond to staff under stress and to address staff care adequately.

1.1. Problem and Research-Question

The central research question of this study is: How can humanitarian organizations strengthen operational leadership to provide better staff care?

To answer this question, qualitative interviews will give insight into the personal experiences of operational humanitarian leaders. The following sub-questions will help to explain the main question chapter by chapter:

- *What is staff care in the context of humanitarian field missions and what is the role of operational humanitarian leaders in it? (Chapter 2)*
- *How do operational humanitarian leaders implement staff care in field missions? (Chapter 3)*
- *How do the operational leaders' perceptions of staff care correspond with current standards and theory? (Chapter 4)*

1.2. Aim and objectives

I chose an angle that looks at the level of operational leaders but gives recommendations that reflect on both the individual and organizational level. The findings from the expert

interviews can be helpful for other practitioners in the sense of a collection of best practice. However, the main focus is to draw conclusions for changes that need to be made on the organizational level. These will also address the needs identified by the operational leaders.

By choosing a qualitative approach, this research tries to include the perspective of operational leaders within the debate of staff care. The aim is to help improve staff care and by doing so to contribute to efficient humanitarian organizations that provide quality assistance to the population in need. To do this, it aims to fulfill the following objectives:

- *Deepen the understanding of the role, challenges, and strategies of operational leaders in providing staff care.*
- *Identify gaps and needs for change in organizational policy.*
- *Give recommendations based on the theoretical and empirical material collected on how organizations could improve their policy.*
- *Identify the need for additional research.*

1.3. Relevance to Humanitarian Action

A healthy and robust staff body is the most important resource for humanitarian organizations. Despite many changes in organizational policy towards a duty of care, measures to prevent psychosocial harm to humanitarian workers and caring for the consequences are still not sufficiently provided by humanitarian organizations. Psychosocial support largely remains a side topic whose importance is significantly undervalued in the humanitarian field (Dunkley 2018). This research tries to add the perspective of operational leaders to the discussion of staff care and hence seeks to improve the leadership capacities in humanitarian organizations.

1.4. Justification of the research angle

By focusing on people with leadership responsibility in humanitarian missions (such as project managers and operational managers), this research addresses the needs of those most directly dealing with staff stress and having to find solutions on a day-to-day basis. An organizational angle was chosen to increase the impact of the results. A substantial amount of literature exists to help individual people to deal with stress in humanitarian missions (see Cordozo (2012); Dunkley (2018)). These documents apply equally to staff with leadership responsibility and can help them to improve their own ability to deal with stressful situations in general. However, changes on an individual level need to be accompanied by structural change, in this case, on a higher organizational level. The approach of this research, therefore, is to derive recommendations for strategic organizational transformation from the practical level of operational leadership.

The aim of the organizational perspective reflects the choice of the duty of care as a starting point for the research. By doing this, it looks at the responsibility (duty of care) of the organization in addressing a need (of/for staff care). In this framework, this research explores the role of operational leaders.

1.5. Methodology

I chose a mixed qualitative research design to understand more deeply the situation of operational humanitarian leaders. Qualitative methods are mainly concerned with the subjective assessment of attitudes, opinions and behavior (Kothari 2004, 5). By using this approach, this research did not create quantifiable data – but aimed to give us an insight into the experiences of the individual operational humanitarian leaders. While there are several qualitative and quantitative studies showing the effects of stress on the mental health of humanitarian workers in general, there is a lack of analysis on the leadership challenges this poses to operational leaders and how the organizations could address them. The emphasis of this work is on capturing the subjective perceptions of people who have held or hold leadership positions in field missions.

The research process began as desk-based research of academic sources, as well as documents and guidelines issued by humanitarian organizations. I accessed different online databases for academic publications, mainly Google Scholar, Jstor, PubMed, the Journal of International Humanitarian Action (JIHA), the journal Disasters as well as the online libraries of the Ruhr-University Bochum, Uppsala University and the University of Bern. As the academic literature of the topic is limited, I based the desk research on grey literature such as reports and guidelines issued by humanitarian organizations, United Nations (UN) agencies, and alliances such as the Inter-Agency Standing Committee (IASC), the CHS Alliance and the SPHERE Handbook.

The desk-based research was conducted to identify gaps in the research, as a basis for developing guiding questions for the semi-structured interviews that were used to generate the data for qualitative analysis. Semi-structured interviews allow the researcher to be surprised and to discover unknown aspects. I used a set of questions (Appendix I) as a preliminary structure for the interviews, but not as a strict framework. This semi-structured approach allowed the interviews to adapt to the flow of the conversation. A fully structured interview, on the other hand, would not be ideal in the situation, because it makes it more challenging to look beyond what the researcher can imagine (Robson and McCartan 2015, 285).

The seven interviews were conducted via Skype and telephone, recorded and transcribed. They were analyzed using the thematic coding method, which is based on grounded theory. The author read the transcriptions repeatedly to identify common themes and codes. The codes were then applied to the transcripts, using F4 Analysis software. I then compared and analyzed the results of the thematic coding to draw conclusions and answer the research question.

The research was enriched by a field trip to Sierra Leone that I went on as a consultant for a small NGO in the health and education sector. Although it was very limited in duration and number of conversations, the field trip adds to this research as a limited version of participant observation. Participant observation is a form of research where the researcher observes the behavior, language or codes of a group from within the group (Robson and McCartan2015, 323). To do this, she (temporarily) has to become a member of the group and participate actively in a certain role. In order to make observations in a more

structured manner, it is a part of participant observation to ask questions to the group members.

During my field trip, I was able to have conversations with several humanitarian workers, some with experience of the Ebola epidemic in 2014/2015. In informal conversations, I was able to ask several questions from my interview questionnaire to managers and staff of humanitarian organizations. Additionally, I was able to observe the interactions of international humanitarian staff on several occasions. Through the observations I made in Sierra Leone, I was able to ask more specific questions and compare the experiences of my interview participants to what I had observed.

1.6. Sampling

An essential part of the research is the selection of participants. I used purposive sampling to select participants with at least five years' experience in leadership positions in the humanitarian field. Most of the participants had 10+ years of leadership experience in the humanitarian field, working for different organizations. Through applying this criterion, I tried to choose people who had been in a leadership position long enough to reflect on their experiences and compare them. Another sampling criterion was that the participants were working for different organizations. The participants were found based on personal contacts, as well as through posting a request on two Facebook websites, *NOHA (Past, Present and Future)* and *Humanitarian Women's Network*. Even though the research does not in any way claim to produce generalizable results, I tried to include a variety of perspectives on leadership in organizations that varied in size, working focus (medical, refugees), working region and normative base (humanitarian values, religion). Four participants were female and three were male. All participants currently work in different regional contexts or have recently returned from missions.

1.7. Limitations

Due to the scope of this research, the outcome is limited – only a relatively small number of interviews is feasible. By no means does the study hope to be representative – it merely tries to contribute to a more thorough understanding of the situation of operational humanitarian leaders.

The opinions of the participants shed light on a limited number of organizations and cases. As usual in qualitative research, these views are very subjective and can be influenced by a variety of factors such as age, gender, cultural background, and experience. Personal grievances towards the organization or the desire to show a positive image of their organization might also influence the answers.

The sampling method has the limitation that only people who are interested in the topic or have had significant experiences in this regard are likely to respond. A final and significant limitation is that all of the people interviewed came from a similar European and North American cultural background (Germany, Sweden, UK, Ireland, Canada, and Spain).

1.8. Outline

The thesis is set up in five chapters. Each of them answers a sub-question.

The current chapter provides necessary information about the central research question and aim, methodology, as well as limitations to the research process.

In chapter 2, I develop a theoretical framework for the empirical research. The chapter first discusses the challenges that humanitarian work poses towards the mental health of humanitarian staff; it then goes on to discuss the concepts of *duty of care* and *ethical duty of care*. The chapter then takes theory into practice by discussing how *duty of care* translates into staff care approaches of humanitarian organizations. Finally, the chapter discusses the concept of operational humanitarian leadership and the specific role that operational humanitarian leaders have in caring for the staff in humanitarian missions.

In chapter 3, I present the results of the seven in-depth interviews that I conducted with humanitarian managers. Structured by three themes, this chapter gives insight into the leaders' own understanding of their role in staff care, their challenges and practical approach to the task, as well as their perception of support by the organization.

In chapter 4, I analyze the results of the interviews presented in the previous chapter, by following the same structure. The chapter shows how operational humanitarian leaders provide staff care and compares it to the literature, as well as to the observations I made in Sierra Leone.

Finally, chapter 5 summarizes the results of the analysis of the interviews in the previous chapters. It concludes by answering the main research question of how humanitarian organizations can strengthen operational leadership to provide better staff care by giving recommendations on how humanitarian organizations can improve their support for leaders to provide staff care.

2. Theoretical Framework: Operational Leadership and Staff Care in Humanitarian Missions

After introducing the research question and methods in the previous chapter, this chapter gives the theoretical background for the empirical research. On the one hand, it frames the research by embedding it in the academic and non-academic discussion. On the other hand, it provides the information necessary to understand the context of mental health, staff care and operational humanitarian leadership in humanitarian missions. This chapter answers the sub-question *What is staff care in the context of humanitarian field missions and what is the role of operational humanitarian leaders in this?*

First, I will discuss the previous academic research that is relevant to the research question, followed by the discussion of some of the main non-academic sources that are available online to humanitarian organizations and aid workers. The chapter then proceeds to discuss the impact of humanitarian work on the mental health of humanitarian staff. After that, the chapter explores the concept of staff care based on the discussion of the *duty of care*, as well as its practical implementation in humanitarian field

missions. The chapter concludes by conceptualizing the role that operational leaders have in staff care.

2.1. Previous Academic Research

There is a vast body of academic research on trauma and trauma-related mental health issues, specifically looking at humanitarian aid workers (see Cardozo 2012; Young 2018; Jachens et al. 2018), as well as occupational stress more generally. The satisfaction of aid workers with staff care services has also been researched (see Harms 2017; Fairbanks 2018).

While a fair amount of these sources discusses the adverse effects that leadership can have on humanitarian aid workers, there is a gap in the academic literature when talking about strategies of staff care leadership and organizational support (see Connorton 2011). Research on mental health issues specifically affecting local staff has been carried out (Ager et al. 2012) among aid workers in Northern Uganda. There is an extensive amount of literature discussing leadership. However, it is relatively small when it comes to operational humanitarian leadership (see ALNAP, 2011).

2.2. Grey Literature

Due to the lack of academic sources, the research draws from a body of *grey literature* in the form of guidelines, policy papers and studies conducted by humanitarian agencies. A starting point for the research is the Sphere Handbook (Sphere 2018). The Sphere Handbook is a resource committed to providing a standard for quality humanitarian assistance. It combines different sets of standards: The Humanitarian Charter, the Protection Principles, the Core Humanitarian Standard, as well as the Sphere Minimum Standards on Water Supply, Sanitation and Hygiene Promotion; Food Security and Nutrition; Shelter and Settlement; and Health.

For this research, the most relevant part of the Sphere Handbook is the *Core Humanitarian Standard (CHS)*. The CHS establishes nine commitments to be adopted by organizations and individuals working in humanitarian response. A major resource on the *duty of care* in humanitarian action is the platform of the CHS Alliance (CHS 2019a). The CHS Alliance is concerned with the implementation of and education about the CHS. The section on the duty of care provides resources and tools to learn about the duty of care and offers training units on how to implement it. It collects research and hosts a discussion on the matter, as well as link possible experts. Together with the Sphere handbook, this website was the starting point for this research.

The website provides a wide range of resources on the thematic area of staff care, such as handbooks on security management, disability-sensitive work, how to respond to sexual violence and the prevention of mental health problems. The resources address the individual aid workers, as well as the human resource level and the management of the international organizations.

Another part of the website covers the *Core Humanitarian Competency Framework (CHCF)*. The goal of this framework is to provide an overview of the key competencies of humanitarian staff and additional competencies of humanitarian leaders. The framework

groups the skills in different domains, such as understanding the humanitarian context, working with others, or adapting and coping.

The literature shows that operational humanitarian leaders have a wide range of responsibilities towards their staff. It also provides evidence about the challenges that humanitarian work poses for the mental health of aid workers. Various online sources and guidebooks are available for managers and staff alike. They provide information about mental health and self-care strategies and offer guidance. However, a preliminary finding of the literature review is that there is a lack of scientific literature on effective staff care leadership strategies and best practice.

In the following section, I develop the theoretical framework that is the basis for the seven in-depth expert interviews I conducted with humanitarian leaders. The framework is built around the issue of staff mental health in emergency and consists of three concepts: the *duty of care*, staff care and operational humanitarian leadership.

2.3. Staff Mental Health in Emergencies

The field of humanitarian action is changing. The sector is a growing industry, employing more people every year. Due to the existence of several protracted crises that lead to a higher number of people fleeing their homes, this is not likely to change. However, it is also changing in a way that it is becoming a more dangerous field to work in. Since 2006, the number of kidnappings of aid workers has increased by 350%. The reasons for this can partly be found in the change of global conflict patterns, as well as the increased entanglement of humanitarian actors in foreign policy, as well as military operations. Thus, the actors are often no longer perceived as neutral. This central notion to the concept of humanitarian action – alongside impartiality, independence, and humanity – is meant to protect humanitarian actors in the field (Dunkley 2018, 8ff.; UNHCR 2018).

2.3.1. Security Incidents

The 2019 Aid Worker Security Report sheds light on current trends and security incidents that are targeting humanitarian actors. The report found that 2018 was the second-worst year in terms of aid worker security since the beginning of systematic documentation. 399 aid workers were victims of major violent attacks including 126 aid workers who were killed, 143 wounded, and 130 kidnapped (Stoddard et. al 2019, 1). The countries in which most security incidents took place were South Sudan, Syria, Democratic Republic of Congo, Afghanistan, and the Central African Republic. In terms of absolute numbers, national staff members are to a much larger extent affected by violence than international staff. In relative numbers, international aid workers have been traditionally more affected by attacks – however, this trend is shifting (Stoddard et. al 2019, 7). The risk of becoming the victim of a violent attack has been greater overall for male humanitarian staff. Typically, men are more likely to work in extremely dangerous contexts and hold positions that are closer to the attack, such as drivers or guards, which increases their risk for certain forms of violence. However, when it comes to sexual violence, women are disproportionately more affected – almost all victims of *Sexual- and Gender-based Violence (SGBV)* have been female (Stoddard et. al 2019, 7). As in the previous years, the most

common forms of attack in 2018 were kidnapping in about 30% of cases, followed by shootings and other forms of bodily assault (Stoddard et. al 2019, 8).

2.3.2. Working conditions

However, it is not only attacks and direct violence that make the humanitarian sector a stressful work environment. Chronic stressors lead to a higher risk of suffering from mental health issues such as depression, anxiety, and burnout (Cardozo 2012, 11). This finding is important, because significant stressors that aid workers report are the working conditions themselves, especially working with people in need and alongside stressed colleagues.

According to the IASC (2010, 21), another one of the most significant stress factors among humanitarian workers is a lack of managerial and organizational support. Long working hours, as well as confrontations with co-workers and a lack of support with dealing with one's work, can have implications for the mental health of humanitarian workers. This finding is supported by a recent study by Young et al. (2018) that found that the most common stressors among aid workers were working with others, organizational stressors, and work conditions. These factors were rated much higher than stress that had to do with the actual events or circumstances they witnessed.

In her book "The Paradoxes of Aid Work," Roth (2015) describes the humanitarian and development sector as Aidland – a place with very particular living and working conditions. In her study of stress in humanitarian action, Jachens et al. (2018) took a closer look at the way humanitarian work is organized and what makes it challenging.

One finding of the study was that in humanitarian projects, there is a constant "emergency" work mode. In this mode, everything seems urgent, nothing can wait, and there is never enough time. Aid workers are constantly confronted with meeting tight deadlines (Jachens et al. 2018, 623). Another key finding of the study was that humanitarian workers are extremely motivated and passionate about their work. Because of this, many aid workers put an immense amount of effort into their work and are willing to work extremely long hours under difficult conditions (Jachens et al. 2018, 624). High motivation contributes to a rewarding work experience; however, if there is an imbalance between effort and reward, it can have an impact on mental health as well. Jachens (2018a, 80) showed that there could be a correlation between effort-reward-imbalance and an increased risk of burnout among aid workers. Strong motivation and passion for work can lead to an overcommitment for the job. Overcommitted individuals are more likely to work more than they can and are more likely to experience stress-related mental health issues such as burnout. In her study, Jachens (2018a) also found hints that specific demographics among the participants were more likely to suffer from burnout – young aid workers were at a higher risk than experienced professionals, who most likely had already found strategies to cope with the stress.

The emergency culture of the sector, combined with overworking leads to a stressful working environment; however, high motivation and identification with the mission had a positive effect on the participants (Jachens 2018, 629). Another factor that makes working in the humanitarian field challenging is the difficulty of balancing work and life. In the humanitarian sector, work-life-balance is paradoxical: on the one hand, there is

almost no separation between work and private life, especially if the team lives together in a confined space. Home and work can be the same location, while work colleagues might be friends, flat mates, or relationship partners. On the other hand, the aid workers are likely to be separated from their family and loved ones at home and might find it difficult to maintain those relationships (Snelling 2018, 7).

While they can be somewhat difficult to maintain, social networks are of great importance for the well-being of humanitarian workers. If they function well, they can be a source of stress relief and happiness; however, if they are not supportive, inter-personal relationships can be an additional stressor (Jachens et al. 2018, 630).

2.3.3. Effects of stress and trauma on staff mental health

Working under stressful conditions and constant risk while at the same time living confined, far away from friends and family, can have an impact on the aid workers' mental health. The WHO (WHO 2004, 12) defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

The WHO underlines the importance of mental health by stating that health is not achievable without considering mental health (WHO 2018). A high stress working environment like humanitarian field missions can compromise the individual's mental health and well-being. Psychological science generally distinguishes between two main types of stress that affect us in different ways. *Eustress* is positive stress that increases our productivity, lets us strive and accomplish great tasks. However, when the pressure becomes too high, negative distress shows its effects. According to Kendall et al. (in Comcare 2008, 5), *distress* happens when the demand and expectations on a person are "out of their needs, ability, skills, and coping strategies."

Young et al. (2018) further distinguishes different forms of harmful stress that are relevant to the humanitarian field and can cause a traumatic reaction:

- *Acute stress usually involves a rapid response to an abrupt, single, easily identified cause. An example would be a conflict in the workplace.*
- *Chronic stress, by contrast, is build-up by pressure over a more extended period. It develops when there is an ongoing internal reaction to the external circumstances, while the ability to cope with the circumstances is impeded. An example would be a workload that is too high.*
- *Traumatic stress is directly related to a (violent) event, such as an attack or a severe threat.*
- *Existential stress develops when people are confronted with human suffering.*

Trauma can occur after a multitude of events (Dunkley 2018, 14). A traumatizing event overwhelms the system; it is a profoundly distressing experience. Many traumatic events are confrontations with death. However, a variety of other situations can have a traumatizing effect.

Trauma is commonly associated with major events such as kidnapping, accidents, hostage-taking, childhood abuse, or assault. However, a person can also experience trauma symptoms after a difficult relationship breakup, domestic abuse, displacement, loss of a workplace, bullying at school or the workplace or being exposed to traumatizing material, such as photos or videos.

Another form of trauma is secondary trauma that is experienced by people who are not directly involved in the traumatic incident. Secondary trauma can appear in people living or working with a traumatized person or listening to stories about traumatizing events (Dunkley 2018, 14). This form of trauma is highly relevant to the humanitarian context, as the majority of aid workers are either directly or indirectly confronted with a traumatized population. Examples of contexts with a high risk of secondary traumatization are projects with survivors of child (sexual) abuse and survivors of SGBV and refugee camps.

Strohmeier et al. (2018) conducted a large cross-sectional online survey to determine how widespread symptoms of depression, anxiety, *Post-Traumatic Stress Disorder (PTSD),* burnout and hazardous alcohol consumption were among national and international aid workers in South Sudan. The results of all symptoms and behavior observed in the study exceeded the average rates that are present in society. Among the 277 participants from 45 organizations, 24% were showing symptoms of PTSD. There was a significant gap between national and international staff in this range: while the group of international humanitarian staff had a rate of 13%, among national staff, 36% showed signs of PTSD. 39% of the male and 38% of the female survey participants showed signs of depression. About 35% of male aid workers and 36% of female aid workers were consuming hazardous amounts of alcohol.

Strohmeier et al. (2018) observed that aid workers working directly with the population in need had a slightly smaller risk of mental illness. This phenomenon could be a sign of the high levels of stress that people in management or coordination positions face (Strohmeier et al. 2018, 14).

There are four main reactions to a traumatic event: fight, flight, freeze, and fawn (appease). To show how different the responses to one traumatic situation can be, Dunkley (2018, 15) illustrates these reactions with the example of a team dealing with a bullying manager.

- *A staff member might fight the bully or become rebellious.*
- *Someone who reacts with a flight mode might want to leave the team, the project or the organization.*
- *Some members of the team might not know how to react and feel frozen.*
- *And finally, some staff might pretend that everything is fine and try to please all parties (fawn).*

Just as many different events can be traumatizing, trauma comes with a variety of symptoms. Every individual will display a unique combination of signs and symptoms that can sometimes be difficult to detect. Dunkley (2018, 18) gives an overview of common symptoms that traumatized people experience:

- *Flashbacks, out of nowhere or triggered by a specific event*
- *Panic attacks*
- *Concentration and memory impairment*
- *Difficulty sleeping*
- *Changes of appetite like increased appetite, craving for a particular food, loss of appetite*
- *Stomach problems*
- *Emotional outbursts, such as bursting out in tears*
- *Paranoia*
- *Anxiety and depression*
- *Shaking*

Dunkley (2018, 89) also stresses the importance of watching out for colleagues, to detect when they might be struggling. The following symptoms can be signs that someone is struggling to cope with the situation:

- *Excessive alcohol consumption*
- *Excessive nicotine or caffeine intake*
- *Recreational drug use*
- *Displaying emotional or aggressive outbursts*
- *Seeming on edge*
- *Becoming easily triggered into reactive behaviors*
- *Becoming isolated or overworking*
- *Expressing thoughts of hopelessness*
- *Losing one's passion or motivation*
- *Appearing distracted, confused or preoccupied*
- *Experiencing lots of physical ailments, or looking tired*
- *Mentioning difficulties with sleep or relaxing*

The ability to cope with stress or a traumatic incident varies considerably based on different individual factors such as gender, age, training, and previous experiences. All of these factors shape the way individuals perceives the circumstances around themselves and their ability to influence them (Comcare 2008, 6).

2.3.4. Resilience in aid workers

Building resilience is a way to cope with the stress and trauma that humanitarian work can bring (Dunkley 2018, 47). This study mainly looks at the role of the organization and leaders in staff care and makes recommendations on a structural level - how staff care could be improved. However, before turning to the *duty of care* and the responsibility of

organizations, it is essential to keep in mind the responsibility that individual staff members have for themselves, their health and well-being. Individuals can learn how to handle stressful situations or traumatic events. Strengthening one's own resilience can help the individual to stay calm and healthy during and after a mission.

The following section briefly explores the aspect of self-care and resilience. One model used to build resilience uses the acronym RESPECT (Relaxation, Education, Social, Physical, Exercise, Creativity and Thinking). The model describes different steps and methods that the individual person can adopt as prevention, in cases of high stress or trauma (Dunkley 2018, 41ff.):

- *Relaxation – The nervous system moves into survival mode after a traumatic or highly stressful event. To calm the system, relaxation techniques like meditation, breathing exercises or prayer can be used. Another vital aspect is sleep. Sleep is often the first thing to deteriorate during stressful times. Therefore, it is very important to support good sleeping habits. Recommended techniques are bedtime routines and autogenic training.*
- *Education – Learning about trauma, mental health and psychosocial support methods can help normalize the symptoms. It is also helpful in detecting stress and trauma in colleagues.*
- *Social – Having contact with family and friends can be helpful. However, many aid workers feel that nobody would be able to understand what they were going through. Socializing with the team can help overcome a traumatic situation and even lead to "trauma-bonding." On the other hand, if the team is left alone with the situation, the opposite can be the case and the team might split. To be beneficial, social activities might need some moderation. Practicing faith together can be another social activity, given it is suitable in the organizational context.*
- *Physical – Stimuli such as smells, or movement can have a calming effect on body and mind. Nutritious food supports well-being, while the consumption of alcohol or nicotine reinforces the alarm state of the body.*
- *Exercise – Sport, as well as yoga or Tai Chi, can have a positive effect on a person under stress and can help deal with symptoms of traumatization. Strength-building exercises have another beneficial quality of increasing confidence.*
- *Creativity – Music and art offer a variety of positive effects on people. Art forms such as painting, writing or drawing help maintain focus in the present moment and prevent the mind from wandering off – one helpful aspect of any creative activity is that it distracts the person from traumatic memories. Contrary to therapeutic forms that rely on language, music can be used in intercultural contexts as well. It connects people and can help process experiences together. Music can affect the emotional state of a person, for example, to calm the mind.*
- *Thinking – Finally, bringing back control over negative or self-destructive thoughts can reduce traumatic symptoms. To help think more positively, the individual can imagine what they would tell a friend in this situation. Avoiding social media to prevent additional social pressure, as well as being careful with major life decisions, such as ending a relationship, are advisable.*

The RESPECT-Model by Dunkley (2018) is one possible guideline that shows the many ways in which individuals can influence their health and well-being. Self-help is one aspect of staff care. However, if the symptoms do not improve, the aid worker needs professional help (Dunkley, 53).

Staff care is closely related to well-being, which can be defined as the state of being comfortable, healthy, or happy. It refers to an individual's mental ability to cope with day-to-day activities and resilience in the event of a crisis (Fairbanks Glossary, 2018). After taking a look at risks and stressful dynamics that aid workers face at work, the following section will examine the responsibility that the organization has towards its staff.

2.4. Duty of care

A first step in developing a theoretical framework of staff care in humanitarian missions is to look at the obligations that organizations have in terms of caring for the well-being of their staff.

According to the SPHERE Handbook (2018), "agencies exercise a duty of care." This *duty of care* is mostly interpreted in its legal aspects that are dependent on the law of the country where the organization is based. How the *duty of care* should be understood regarding mental health and psychosocial support often remains vague. Therefore, this thesis discusses both the legal duty of care and the question of a moral obligation or *ethical duty of care* that humanitarian organizations have towards their staff.

2.4.1. Legal Duty of Care

The debate about the duty of care was fueled in recent years by the case of the Canadian aid worker *Steven Dennis v. Norwegian Refugee Council (NRC)* where a humanitarian worker went to court for compensation after being kidnapped in Northern Kenya in 2012. Steven Dennis was abducted with three other members of his team during a car ride to Dadaab Refugee Camp. While he and three others survived and were taken hostage for a few days, the driver of the car was shot. After being released, Dennis suffered from PTSD and mild depression – for which he sought compensation by the NRC. His lawyer argued that the NRC could not be treated differently because of its other good deeds – and that it was responsible for the safety of its staff. The security situation in the region had deteriorated in the months before the kidnapping – after kidnappings and attacks by the terrorist group Al-Shabaab, the Kenyan police declared war against it. Al-Shabaab responded with attacks and further kidnappings, including national and international aid workers (Oslo District Court 2015). Because the security situation was known to be highly insecure, the court ruled that the organization had shown gross negligence of their *duty of care* towards their staff and was ordered to pay compensation to Dennis (Kemp 2016, 9).

Kemp and Merkelbach (2011, 20) define the *duty of care* as "a legal obligation imposed on an individual or organization requiring that they adhere to a standard of reasonable care while performing acts (or omissions) that present a reasonable foreseeable risk of harm to others."

What the *duty of care* entails cannot be generalized because it is defined in the laws of the country in which the organization is based. It does not in this respect deviate from the

legal obligations other companies have for their employees. However, due to the multinational nature of humanitarian agencies, they are subject to multiple legal frameworks that might have impact on the *duty of care* towards their employees. This is also the case if the member of staff's country of origin or residence requests a different policy, or if donors request the standards of their country of origin (Fairbanks 2018, 11).

To illustrate what the *duty of care* can entail, Fairbanks (2018, 14ff.) gives the example of the Swiss legal perspective on the duty of care. In this example, the duty of care consists of four categories:

- *Duty of information – The organizations are obliged to inform the staff member about any risks that might occur during employment. The duty of information begins during the recruitment process when applicants are thoroughly informed about the risks and work situation of the vacant position. Furthermore, to fulfill their duty of information, organizations need to offer induction/onboarding activities to their new employees, as well as appropriate training and pre-departure briefings. The goal of activities regarding the duty of information is to enable the employee to give informed consent to the job at hand.*
- *Duty of prevention – Prevention is threefold: first, the organizations need to put a strategy in place that appropriately responds to the risks of the specific context of each mission. This involves preparing the employee for their travel with the necessary medical assistance, as well as adequately insuring the organization as well as the employee.*
- *Duty of monitoring – By informing their employees about risks and risk management, the organization has not fulfilled its duty: adherence to rules and behavior that minimizes risk needs to be monitored and responded to. Therefore, auditing, safety and security incident management and documentation of critical incidents are essential aspects of the duty of care.*
- *Duty of intervention – Finally, organizations need to intervene when a crisis occurs, when rules are violated, or the mental or physical health of a member of the organization is threatened. Therefore, it needs to have a crisis management system in place that is ready to respond during a mission, as well as post-deployment. A debriefing mechanism is also a valuable tool. A complaints mechanism is another aspect of the duty of intervention, as it provides information about incidents and enables the organization to follow up and respond to them. Finally, the duty of intervention includes disciplinary procedures and sanction mechanisms that step into action in case of serious misconduct.*

2.4.2. Ethical Duty of Care

Because of the limitations of the *legal duty of care*, the concept of an *ethical duty of care* needs to be discussed. The definition of the *ethical duty of care* remains vague. Fairbanks (2018, 13) considers it as "every action that goes beyond an organization's legal obligations that aims to ensure the well-being of the individual(s) affected by the organization's activity. It could also be defined as a duty of caring."

Critical voices claim that the legal aspects of the duty of care have been in focus in recent years, especially since the case of *Dennis v. NRC*. This reportedly results in increased workload in monitoring and documentation (Fairbanks 2018, 13). Dijkzeul and Sandvik

(2019, 100) observe a general trend within the humanitarian sector towards an increased standardization of response to critical incidents in humanitarian missions.

A study among humanitarian aid workers conducted by Fairbanks (2018) found that the majority of participants believed their organization took into consideration both forms of duty of care. However, it also found significant variations in the understanding about the duty of care within the organizations as well as between them. In her study, Fairbanks (2018) found that in most organizations staff care was mostly dependent on the country director's priorities and policy towards the issue.

According to the study, psychosocial support mechanisms were present in all organizations interviewed. After critical incidents, it was standard procedure to have access to psychosocial care. However, none of the organizations made it mandatory. After serious security incidents, it was quite common to take advantage of the psychosocial support mechanisms. How the organizations provided the services varied; sometimes, they were provided internally and in other organizations by external service providers (Fairbanks 2018, 30).

Breslin (2017, 1) describes three different categories that standards of care can be distinguished by:

- *Safety (minimalist) standards - The organization makes sure that no laws are broken, or at the very least negligence is not apparent.*
- *Well-being standards - The organization makes sure no laws are broken, and the staff are mentally and physically well. This usually entails access to physical and mental health services, promotion of a healthy working environment and lifestyle.*
- *Thriving standards - No laws are broken; mental and physical health is supported – but additionally, the staff are motivated and supported to thrive in their job.*

Most of the debate today revolves around standard two, the well-being standard. By discussing the category of staff thriving, Breslin (2017) broadens the concept of staff care. According to him, the duty of care should entail not only staff well-being and physical and mental health – but should aim for staff thriving. Thriving, in this sense, is a combination of vitality and learning. Considering the amount of time spent at the workplace, this impacts the majority of an adult's waking life. Working at a workplace that supports thriving can have tremendous impact on a person's health (Breslin 2017, 3).

To support staff thriving, the organizations first need to make it a priority to not only ensure health and safety but to also make it an indicator of organizational performance to have thriving staff. This goes hand in hand with sufficient funding and an organizational culture where thriving is both expected and welcomed.

IASC (2007, 87) mentions that staff well-being is essential for organizational efficiency. It is therefore not only a moral obligation but also a question of organizational leadership and sustainability.

There are plenty of other reasons for organizations to implement staff care. Physically safe and mentally secure staff deliver better work, show lower levels of absenteeism and higher levels of loyalty towards the organization. This can also affect the general reputation of the organization as a future employer. If organizations do not work towards better staff care,

it can have far-reaching results. The risk-taking behavior of the stressed employees can increase because of a reduced ability to judge situations. High staff turnover can be another effect that can also go hand in hand with difficulties to recruit new staff members. Finally, a lack of staff care can have legal implications, resulting in financial and reputational losses on the side of the organization (KonTerra 2017, 1).

2.5. Staff-Care

In her research on psychosocial support in the humanitarian field, Dunkley (2018) found that only 20% of the humanitarian workers felt they had sufficient organizational support. However, the majority of participants thought it was an important topic to address. In recent years, the importance of mental health policies has become a more important topic for humanitarian organizations, and they have taken steps to realize their *duty of care* in the form of staff care policies. However, the underfinancing and undervaluing of psychosocial services has forced providers to close (Dunkley 2018, 5).

The IASC was set up in 1992 as a result of United Nations General Assembly Resolution 46/182 (UN 1991) that called for more coordination and more coherent decision-making among humanitarian actors (IASC 2007). To facilitate a better response regarding staff well-being and *Mental Health and Psychosocial Support (MHPSS)*, the committee has issued guidelines for an improved MHPSS in emergencies. The guidelines consist of general principles of humanitarian action, as well as action sheets that offer more concrete steps. The guidelines are mostly concerned with the affected population. However, there are a few action sheets concerned with staff care.

According to IASC (2007, 88), seven essential steps have to take place to support staff.

- *It is essential that the agency not only has a policy regarding MHPSS in the field but also a concrete plan in place. The financing of necessary action needs to be part of the budget as well.*
- *The staff should be prepared for their job, as well as the context.*
- *Facilitate a healthy working environment.*
- *Address potential work-related stressors.*
- *Ensure access to health care and MHPSS.*
- *Support after extreme events.*
- *Make support available after a mission.*

Each agency implements its policy towards MHPSS differently. As Harms (2017) found in her study, the satisfaction of aid workers with their organization's MHPSS varied greatly. Even if services were available, there was a social stigma related to mental health problems; it is this asking for help that makes many humanitarian workers hesitate to seek help. Roth (2015, 98) also finds that there is a fear that it could negatively impact their career. However, the effects of the stigma are dramatic for the sector: those exposed to traumatic experiences do not get the help they need, and organizations are unable to learn from the past.

National and international staff should be able to access the same support measures. However, to respond in the best possible way, it is necessary to take into account the different potential stressors that these two groups of staff face. National staff are usually recruited from the area of the disaster. This means that the staff members or their families might be directly affected by the disaster. Another important stress factor is that they are not able to leave when things get worse. International staff, on the other hand, might experience difficulties adjusting to the new and challenging living conditions and experience cultural shock and stress due to separation from their loved ones (IASC 2007, 87). National staff display significantly higher levels of depression, anxiety, and PTSD than international staff, which can partly be linked to higher previous exposure to traumatic stress (Antares Foundation 2012, 9). However, research remains focused mainly on international humanitarian aid workers, despite national staff making up about 90% of the humanitarian workforce (Ager 2011, 713)

2.6. Operational Humanitarian Leadership

This paper focusses on operational humanitarian leaders. It is concerned with their experience and perspectives on staff care, the challenges they face and the good practice they can offer.

This study is based on the definition of operational humanitarian leadership used by Buchanan-Smith (2011, 4): "Leadership in-country that provides a clear vision and objectives for the humanitarian response to a specific crisis (whether at the program, organizational or system-wide level), focused on the affected population and building a consensus that brings aid workers (organizationally and individually) together around that vision and objectives. It also means finding ways of collectively realizing the vision for the benefit of the affected population, often in challenging and hostile environments."

How is operational humanitarian leadership different from other sectors? Many of the tasks and skills required will also be asked for in other fields. However, there are a few elements unique to the humanitarian field. Humanitarian operational leaders deal with people in distress, they can only rely on very incomplete and ambiguous information, often having to deal with a variety of (sometimes hostile) actors. The results of their decisions affect lives and livelihoods, which in itself creates pressure – that is then increased by the need to respond rapidly, resulting in time pressure (Buchanan-Smith 2011, 8). Operational humanitarian leadership, therefore, usually requires a broad range of leadership skills and has a strong value base.

According to Buchanan-Smith (2011, 44), operational humanitarian leadership thrives when the leaders are given space and trust to lead, when risk-taking is rewarded and when there is a structure in place that supports the leader. Part of this is also a supportive organizational culture. However, the study also found that operational humanitarian leaders often lack organizational support – people who others considered to be excellent leaders were able to lead well *despite* organizational structures, not because of it.

Leadership can be a substantial factor for staff to remain resilient in times of high stress or a shock (Dunkley 2018, 7). The researchers around Strohmeier et al. (2018) took a closer look at depersonalization, the burnout symptom that shows up in the form of withdrawal from relationships and the development of a cynical attitude. The researchers found that

a correlation existed between team cohesion – therefore, having closer team relations – and depersonalization. The results showed that people working in teams with a high level of cohesion showed lower levels of depersonalization. However, staff in teams that had a high cohesion with the manager showed higher levels of depersonalization (Strohmeier et al. 2018, 13). According to the researchers, this could be a sign of a spill-over effect, from managers to staff; an explanation of this result is that managers experience the highest levels of depersonalization among all study participants (Strohmeier et al. 2018, 13).

Leaders can be a source of encouragement. However, a qualitative study among aid workers conducted by Jachens et al. (2018, 627) found that this significantly varied according to the qualities that the individual leader brought to their role and the relationship the staff member had with the leader. Many of the participants felt the leaders needed training in leadership tasks such as communication and that organizations should work on improving management practices. Ultimately, leadership is a learned skill that organizations can foster (Buchanan-Smith 2011, 6).

The most relevant time period that concerns operational humanitarian leaders in terms of staff care is the employment or mission itself. Young (2018) found that a variety of practical changes, such as improving the accommodation, enabling access to communication with loved ones, regulating the workload of the staff, improving management directions to the team and providing recognition for work performance can contribute to staff well-being. Cardozo (2012, 11) also suggests secure support networks as a preventative measure for burnout, anxiety, and depression.

How does this look in practice?

The CHCF covers several points relevant to this research. The "Adapting and Coping" section for managers says: "Help others to recognize and manage stress by modeling appropriate self-care and prioritizing workload" and "promotes well-being and a "duty of care' culture" (CHS 2019b).

Commitment 8 of the *Core Humanitarian Standards* is concerned with staff care: "Communities and people affected by crisis receive the assistance they require by competent and well-managed staff and volunteers."

- *Agencies exercise a duty of care to their workers. Managers make humanitarian workers aware of risks and protect them from exposure to unnecessary threats to their physical and emotional health.*
- *Measures that can be adopted include effective security management, preventative health advice, active support for working reasonable hours, and access to psychological support.*
- *Establish a policy that expresses zero tolerance for harassment and abuse, including sexual harassment and abuse, in the workplace.*
- *Establish holistic prevention and response strategies to address incidents of sexual harassment and violence as experienced or perpetrated by their staff. " (Sphere 2018, 78).*

More precise information about staff care is found under paragraph 8.9, "Security and well-being-policies are in place for the security and the well-being of staff."

The guidance-note states the following:

- *"Staff often work long hours in risky and stressful conditions. An agency's duty of care to its national and international staff includes actions to promote mental and physical well-being and avoid long-term exhaustion, burnout, injury or illness.*
- *Managers can promote a duty of care through modeling good practice and personally complying with the policy. Humanitarian workers also need to take personal responsibility for managing their well-being. Psychological first aid should be immediately available to workers who have experienced or witnessed extremely distressing events.*
- *Train staff to receive information on incidents of sexual violence experienced by their colleagues. Provide access to robust investigative and deterrence measures that promote trust and accountability. When events do occur, adopt a survivor-centered approach to medical and psychosocial support, which includes recognition of vicarious trauma. Support should be responsive to and inclusive of the needs of expatriate and national staff.*
- *A culturally and linguistically appropriate mental health professional should contact all national and international staff and volunteers one to three months after they have survived a potentially traumatic event. The professional should assess the survivor and refer them for clinical treatment." (Sphere 2018, 80).*

The, *Essential Principles for Staff Care* framework developed by KonTerra (2017), outlines strategic aspects of staff care that highlight the leadership role.

- *In terms of a general organizational strategy, the framework advises that the leaders within the organization should emphasize the value that staff care has in humanitarian work.*
- *Senior managers and leaders should discuss issues of staff care to reduce the stigma surrounding it. This includes sharing their own experiences of stress, as well as experience of the staff care mechanisms that the organization provides.*
- *When developing an organizational staff care policy, responsibilities should be clearly defined, including duties and concrete expectations. It should be part of the performance review to see how they comply with the organization's staff care policy.*
- *Staff care should be included in the budget.*

The guide includes a more detailed list of tasks and activities that the person leading the team should fulfill.

- *Leaders should be educated about stress, resilience, self-care and how to access the organization's staff care mechanisms. They should be held accountable for distributing this information to the staff. This especially applies in high-risk contexts.*
- *The organization should provide the possibility of confidential counseling (phone or on-site) – the leader's role is to reduce the stigma surrounding it, by sharing their own experiences and explaining the procedures.*
- *Rest and Recreation (R&R) should be an essential part of the organization's staff care policy. The leaders should be held accountable for taking their own R&R and ensuring sound planning so that that staff can take their time off work.*

- *Managers should be provided with specific training on the assessment of staff wellbeing, specifically regarding critical incidents (KonTerra 2017, 13 ff.).*

It is no secret that leadership is a challenging task: managing others is high on the list of the most stressful aspects of leadership in humanitarian action (McKay, 2011). Understanding the specific expectations and requirements of leadership was another main challenge for the participants (CHS 2017). When it came more specifically to implementing the *duty of care*, the study found that the main gaps for practitioners were knowledge about clear roles and their responsibilities in their daily work.

2.7. Conclusion

This chapter answers the sub-question: "What is staff care in the context of humanitarian field missions and what is the role of operational humanitarian leaders in this?"

The stress of humanitarian work can impact the aid worker's mental health and compromise their well-being. Therefore, staff care needs to be discussed holistically, including physical safety and mental well-being.

Staff care includes a wide variety of activities before, during, and after employment. It is recommended that staff care begins with the selection process, continues with the preparation for a mission, the support during the mission, and a debriefing. Psychosocial support should also be accessible. Staff care should be accessible to both national and international staff and should be tailored to the needs of different population groups working for the organization.

The *duty of care* defines the obligations that humanitarian organizations have for their staff in terms of safety, security, and well-being. One can differentiate between a *legal duty of care* that mainly governs security aspects of humanitarian work and is subject to the jurisdiction of the country where the organization is based. Staff care in the sense of staff well-being, on the other hand, is an aspect of an *ethical duty of care* that is not clearly defined and depends on the organization's commitment. There are various reasons to implement staff care measures. Ethical considerations, as well as organizational efficiency and reputation need to be considered here.

Finally, operational humanitarian leadership was conceptualized to provide a basis to understand the role of leadership in staff care. Those undertaking leadership roles should be informed about topics related to staff mental health and the available services offered by the organization, discuss these issues openly to reduce the stigma, model healthy behavior, and address staff members they see struggling. Humanitarian operational leaders play a vital role in staff care during employment; management can be a source of resilience. However, if the relationship between leader and team members is not good, it can also be a source of high stress. Different alliances have created standards for staff care that translate to the level of humanitarian operational leadership. However, it remains vague what exactly their role is and how leaders can implement these standards practically in real life. I will turn to this topic in the next chapter.

3. Empirical Research Results

Organizations have a *duty of care*. However, it remains vague how far this duty extends. It is, therefore, up to the organizations how they define staff care for their work. Operational Humanitarian Leaders are those at the frontline, responsible for the staff. However, the literature suggests that it is not very clear what their role in staff care is and how they should fulfill it.

To gain insight into operational humanitarian leaders' perceptions and experiences of implementing staff care, I conducted seven in-depth expert interviews with humanitarian managers. The organizations and contexts that the participants worked in varied – large and small organizations, with different foci, working in different regions of the world.

The chapter answers the following sub-question: *How do operational humanitarian leaders implement staff care in field missions?* To do this, the results of the empirical research will be presented. The interviews were recorded and transcribed. After reading them repeatedly, I developed codes that were present in all interviews. The codes were then grouped into three main themes that I used as guiding questions to structure the chapter:

- *How do operational humanitarian leaders perceive their role regarding the duty of care?*
- *Which challenges have they experienced, and what good practice are they applying?*
- *How do operational humanitarian leaders perceive organizational support?*

3.1. How do operational humanitarian leaders perceive their role regarding the duty of care?

The first part of the research results presents the perspectives that operational humanitarian leaders have on staff stress and on the duty of care – in its legal and moral scope – and also presents the conclusions they draw for their own responsibility towards their staff

3.2. Stress amongst staff

Another aspect that one participant mentioned was that most people working in humanitarian action are incredibly committed to their jobs and work long hours, even under extremely stressful circumstances. In his experience, this can add to the stress, because they have high expectations about their own performance. (G, Paragraph 9).

One participant gave an example of a particularly difficult situation with a member of staff that led her to take out her stress on the team. When the security situation in the project's location worsened, one team member began to develop a strong temper that she repeatedly took out on her colleagues and the manager. The situation escalated when the staff member started yelling at her in front of other people. She found it very difficult to handle the situation because her own stress level was high. She did not feel that she had the necessary energy to address appropriately the conflict with her staff member. In hindsight, however, she felt that this could have been helpful in order to reveal the underlying causes for the member of staff's behavior (B, Paragraph 11).

Most participants experienced their jobs as quite stressful and at times, overwhelming. One participant described a lack of energy as an obstacle to providing staff care and dealing with people under distress (B, Paragraph 11). Having no one to talk things through with was mentioned as one of the challenging aspects of being in a leadership position. One participant said that when she was in the field, based on her position, she did not really have anyone to talk to who was on her level or higher (B, Paragraph 13).

Having difficult conversations was one of the significant challenges for several participants. One participant recalled that one of the most challenging things for her was to force a staff member to leave because of their mental health situation, even if the person was still working well. Instead, she said she had sometimes sent the person on holiday, even though she thought it would have been much better for them to leave altogether (D, Paragraph 28). One participant mentioned that she often found it difficult to judge which stress level was still reasonable because she felt she was getting used to "a lot" (B, Paragraph 35). She suggested, there should be a checklist for the team, similar to the ones already in place for logistics or finance. This could help leaders to keep an eye on signs that the level of daily stress had exceeded normalcy.

One participant said that she found that it was vital in the humanitarian sector to be able to handle one's own stress. She described her experience with her personal stress the following way: "For me I find it, my irritation levels often increase, so I can tell that that is going on and I am closer to tears and more likely to be upset. I think being in a position where I have been leading a team, I pushed a lot more of that internal, you know because I have been trying to keep calmness. But then I found that by turning it inwards, I was turning things more in my head more and was getting worried and affected my sleep." (B, Paragraph 9).

3.2.1. Understanding of *duty of care*

All participants mentioned *security* as a central aspect of the *duty of care*. Providing information on the context and the security situation enables the member of staff to make informed decisions before accepting a job and prepares them for their employment in a challenging context. One participant also described it as a way for the organization to limit their responsibility – in that sense, it is not only a principle to care for the organization, but also to secure the organization to a certain degree from possible liability in case of a security incident (A, Paragraph 14). Two participants stressed that they see the *duty of care* from a security point of view, but also considered the aspect of staff well-being as part of it (B, Paragraph 17). Another participant also understood the *duty of care* as an obligation to provide security and care for the well-being of staff. She added the aspect of staff motivation to the concept. To her, the goal was happy staff, despite the difficult working conditions. She pointed to the leader's responsibility to balance the amount of work and the sense of urgency that humanitarian work entails, providing a pleasant working environment. (E, Paragraph 6).

Implementing the *duty of care* was described by one participant as a somewhat new development in her organization. Previously, the organization relied mainly on the motivation of the staff– but after several incidents, they were now implementing it (A, Paragraph 17).

Psychological safety was another aspect of a *duty of care* that the majority of participants mentioned. One participant understood this as the trust that the staff member had in the organization to value them and look out for them (B, Paragraph 18). For another participant, it was critical to provide information specific to the context for increasing psychological safety. According to her, feeling safe does not only depend on the actual situation but also on whether the staff member is informed about the context and the specific organizational set-up. Information such as how to access psychosocial or medical support or the organizational policy on evacuations is necessary to build trust in the organization and the leader and to make people feel as though they were able to work in the context (A, Paragraph 5). For one participant, in the case of a security concern, transparency and communication were the main way to support psychological safety. This entails enabling every team member to understand the situation and to know to whom they can go to ask further questions or to raise concerns. Additionally, a sound security system should be in place, including emergency and evacuation strategy; she felt a responsibility to make the staff feel that the organization cared about them (E, Paragraph 8).

When it came to their *own role* regarding the *duty of care*, the participants expressed a strong sense of responsibility for the well-being of their staff: "You have quite some responsibility on the ground for your staff. In the bigger picture, if something happens here and now, you are the ones who need to deal with it. Together with your team" (A, Paragraph 3). Another participant said: "The primary responsibility of the team leader is the team. It might sound inhumane, but the primary responsibility is the team, then the beneficiaries. I have to see that the team is healthy." (C, Paragraph 8). One participant described the level of responsibility that she bore as a leader for the well-being of her staff as "you leave a country and release a breath you didn't know you were holding..." (B, Paragraph 37). One participant said that basically, it was her task to keep her team alive (A, Paragraph 5).

3.2.2. Staff care in practice

All participants described many ways in which they implemented staff care in everyday working life. Most participants described the staff care procedures in their organizations after *security incidents* like attacks or threats as very structured and transparent. One participant said that after a security incident, it was mandatory for everyone involved to see a psychologist (D, Paragraph 21). Another participant was able to offer mental health support to their staff, including national staff, after specific security incidents (A, Paragraph 48). Being transparent and honest about security concerns was a critical aspect of their responsibility to different participants when dealing with critical incidents (E, Paragraph 8).

One participant felt that it was very important to learn from security incidents and stressful situations. He saw this as part of the *duty of care* because it helped to improve care for the staff, as well as the general behavior of staff, management, and the organization (F, Paragraph 3).

In a situation that was especially stressful for the team, one participant organized an alternative treatment center for his staff. It was mandatory for every member of the team

to visit the place for one and a half hours and speak about the current situation. The therapists could then prescribe massages and other therapeutic treatments. Besides the physical effect, the participant felt that the fact that everybody got attention and felt taken care of by the organization contributed massively to the resilience of the staff (F, Paragraph 19).

All participants mentioned aspects of staff care that can be summed up under *team culture*. Creating an environment that enables people to speak up and raise issues was a large part of staff care and exercising a *duty of care* for one participant (B, Paragraph 18). This means that the team culture should not cause additional stress to people (B, Paragraph 30). Stress that is caused by team interaction was perceived as much more damaging than stress that was caused by external events, because if there was an external stressor or threat, at least they were in the situation together (B, Paragraph 9). One participant said she was surprised by how much of an impact the team culture had on the work. It was crucial not to avoid the "tough conversations" and not to expect that things would get better by themselves (B, Paragraph 11).

Setting the tone for team culture also entailed *communicating* with individual team members, especially those under high stress. According to one participant, leaders have a higher responsibility to follow-up on team members who seem to withdraw from the team than the other staff members. The leader's responsibility would be to react when they see something and to address it (A, Paragraph 62). This can be a challenging task, especially when a team member does not speak openly about their situation. One participant felt that for the team culture he wanted to foster, it was essential to include every team member into the decision-making process. This creates a non-hierarchical situation, where staff can work independently and autonomously (G, Paragraph 5).

To talk to people individually when they seemed to be dissociating themselves from the group is another strategy. One participant tries to approach them in more casual situations, instead of calling them in for formal meetings: having lunch together, approaching a person sitting alone, finding a good moment to talk (A, Paragraph 31). Many participants mentioned it was important to take into consideration whether a person was an introvert or extrovert and to make an effort to really see the person with their individual needs and experiences (A, Paragraph 62).

Setting up a *comfortable working and living space* was another way that all participants saw as an essential aspect of staff care. Setting up the guest house as a place to actually rest and enjoy free time together and investing in gym equipment were seen as very important. These practical steps went hand in hand with having a conversation about how to release stress other than turning to alcohol and other substances (A, Paragraph 58). The organization also provided a mindfulness application that people could use. To know where you are located and to have a feeling for the surroundings of their compound was also important in the experience of one participant. If possible, he made his staff leave the compound and see other parts of the country and place where they were working (C, Paragraph 19).

Recognition and appreciation were two other aspects mentioned by different participants. Especially in stressful times, one participant prioritized the organization of sessions where the whole team came together at least quarterly to spend some non-working time together.

The team connects over dinner or games that one participant described as follows: "It's a lot of fun and people really appreciate it because it is not only about work. In an environment like this, you basically spend so much time together. You actually have to ensure that people are kind of happy and that they trust each other and trust their supervisors and feel appreciated. That is one way of how we try to do that!" (E, Paragraph 8). In the case of a security incident, a misunderstanding, or another unfortunate situation it is especially important to recognize and validate the experience of the team member and make sure they feel taken seriously. This is vital to a person's psychological safety according to another participant. It was also important to apologize for things that had a substantial impact on somebody. During a stressful period, the work of individual staff members often got overlooked, but saying thank you and showing appreciation for work was extremely important (B, Paragraph 48).

Putting things into perspective and *discussing the circumstances* that the member of staff finds themself in during the mission is another aspect of care. To have regular conversations in the evening about what happened during the day is a crucial part of one participant's approach to staff care. He saw this as an essential part of knowing how his staff felt, how the staff members were dealing with the situations they faced during the day and which questions they might have (C, Paragraph 11).

This need to put things into perspective stretched beyond the mission according to one participant. He observed that the main challenge for the teams of humanitarian missions was to return home, where the interest in the staff members' experience in the field quickly diminished. It was challenging things like the recent soccer game that seemed mundane in light of the experience they had lived through during the mission (C, Paragraph 33). Because he felt returning from their mission posed a significant threat to the mental health of staff members, he started to prepare his staff mentally on this challenging situation, by having conversations about what to expect upon coming home. Otherwise, he had experienced that they would possibly not be able to return to their private life (C, Paragraph 33). Another participant set up social debriefing rounds. In addition to psychological support that the team members received when necessary, he regularly met with the whole team to see how everyone was feeling and digesting what they saw during the day. He felt that these team meetings were crucial to the team dynamics and the psychosocial environment within the team (G, Paragraph 9).

One participant shared that it was sometimes difficult to address a person directly, or someone would not open up. In that case, she would try to involve a person closer to the member of staff, such as another manager or colleague, sometimes even from a different organization (A, Paragraph 23).

When speaking about challenges to the team culture, two participants spoke about the impact that traumatic experiences or stress had on the way people talk to each other or to the beneficiaries of their work. Due to the traumatic circumstances, people would not react in their usual way and could lash out or speak badly to the beneficiaries (D, Paragraph 12). The responsibility of the leader would be to set and maintain a respectful atmosphere and set expectations of how people should interact with each other. This included clarifying what (verbal) kind of interactions are not appropriate. The leader should provide different frameworks for how people can be kind to each other (D, Paragraph 14). One participant

worked for a Christian organization and found that it was beneficial for team culture to have a joint base in faith that was shared among the (international) members of the team (B, Paragraph 42).

Working with people from different cultural backgrounds was a challenge because of the different cultures of leadership that people were socialized in. While one participant preferred a very flat hierarchy in his team, he was often confronted with colleagues who practiced a very hierarchical leadership style (G, Paragraph 5).

A cross-cutting theme that all participants mentioned as part of their responsibility was to help their staff manage their workload. Speaking about the lack of resources and training that leaders often face when dealing with the *duty of care*, one participant said that the least a leader could do to help staff with the stress was to manage their workload properly (D, Paragraph 12). For another participant, having a realistic vision of how much work the team could manage was key to a healthy and productive team (B, Paragraph 30). Both participants said they would be role models for a healthy working environment, for example by not sending out emails at night to not make people feel pressured or to send people home who stay in the office for too long. Making sure that staff took their free afternoons or days or sending them on holiday were other strategies mentioned to combat the problem of staff not being able to stop working, a behavior that one participant called "burn-away" (C, Paragraph 16-17).

3.3. Which challenges are operational leaders experiencing in caring for staff?

The participants experienced various challenges to their provision of staff care. The main challenges were a lack of funding, lack of practical training, having no one to talk to about difficult situations, and providing staff care to national staff. The ways in which they experienced support from their organizations varied.

3.3.1. Funding

A lack of funding was repeatedly mentioned as a limiting factor in most interviews. Even though one participant recognized the duty of care towards her team – both regarding her and the organization's role –, she felt she often did not have the financial resources or the training to deal with the situation (D, Paragraph 12). The underfinancing also contributed to one of the problems that underlie humanitarian work – a lack of staff that results in too much work for the team and creates stress (D, Paragraph 8). Donors were repeatedly mentioned as a reason for this lack of funding. The reasoning was that donors did not prioritize staff care, and it was, therefore, challenging to include staff care and motivational activities in the project budget (E, Paragraph 10). In this participant's case, recreational and motivational activities were partly paid from the team's own pocket. To her, getting the donors of humanitarian organizations on board to understand the importance of staff care was crucial for development towards better staff care. If the donors wanted successful programming, they needed to be willing to invest in a happy and motivated team that is ready to do a challenging job (E, Paragraph 10). Another participant underlined this point; he thought, however that the sector was getting used to the cost of an international aid worker – but not getting used of the cost of a national aid worker (F, Paragraph 15).

3.3.2. Training and preparation

A lack of appropriate training was another limiting factor described in most interviews. However, a few participants felt that their organization provided helpful psychological briefing before the deployment that prepared them for dealing with their own psychosocial needs, as well as that of their team members (G, Paragraph 13).

All participants had previously participated in some leadership training provided by their organization. However, most of them still felt that there was a lack of training and preparation for the leadership challenges they experienced in the field, particularly with regards to staff care. One participant felt that at the moment, leadership and staff care were issues that were easily forgotten (E, Paragraph 17). One participant felt that instead of more training, the training should be more practical, to prepare for specific leadership challenges using, for example, role play (A, Paragraph 43).

Another participant emphasized the importance of strengthening the knowledge of the normative foundations of humanitarian work among leaders, to be able to discuss them with the staff and be able to deal with dilemmas in everyday humanitarian work (C, Paragraph 24).

Consciously making the switch from a management mindset to becoming a leader was eye-opening to one participant. It required time, to think through this new role, and to understand the difference (B, Paragraph 21). One participant felt like most of the leadership training in her organization was provided to the staff at Headquarters in Europe – even though she had more substantial leadership responsibility, she had fewer opportunities to receive support in terms of training (B, Paragraph 46). Another participant found that it was necessary for everyone with the responsibility for a large team to receive training on how to react in situations where the team was under high stress. Concrete options were key because the leader already had a variety of things to do and did not have the space to come up with ideas. (D, Paragraph 24).

3.3.3. National Staff

A common theme in all interviews was the difficulty of dealing with and providing care for national staff. The participants acknowledged the importance of attention towards the (mental) health of the national staff, as one participant put it: "I really do not see the difference, they all face the same challenges, they all have the same right to well-being" (E, Paragraph 14). Several participants mentioned that they felt that the differentiation between national and international staff in itself contributed to stress amongst the staff, especially the national staff. One aspect of this differentiation is the salary scheme. In most cases, salaries for international staff are much higher, because they take into account the hardships of living far away from family or at a dangerous location. However, one participant felt that it was part of the duty of care to establish a fair and coherent salary policy that compensates national staff, for example, if they are moving to a different location within the country. For him that was important because he felt that the salary showed staff that they are valued and that the organization cared for them (F, Paragraph 17). One participant remembered a situation where she and her team were not able to sleep through the night for several weeks due to heavy bombing around them and

described how this affected their ability to work and interact. She then compared it to the national staff who had probably not had a good night's sleep in a year, and she realized the impact this must have had (D, Paragraph 9). One participant described how the situation of national staff was often overlooked by international staff. While the pain and suffering that the population in need went through were broadly recognized, many people did not realize that national staff were going through a similar situation (A, Paragraph 48).

However, access to MHPSS was in all cases limited to international staff. The reasons for this were that the participants mentioned that national staff made up a large proportion of the workforce and the organizations would shy away from the substantial financial investment in mental health programming that improved staff care for national staff would imply (A, Paragraph 49). In another case, it was entirely up to the leadership in-country to set up mental health policies for the national staff (D, Paragraph 35).

The options to offer staff care services to their national team members varied across the organizations. One organization shared a mindfulness-application with its national staff, to help with stress (A, Paragraph 58). While one organization provided mandatory psychosocial support to national staff after incidents, another participant said that it was possible in her organization to offer national staff a visit to a psychologist, but it was not something that was done regularly (A, Paragraph 49).

One participant, currently leading a team of 300 national staff and the only international member of staff at her office, pointed to the language barrier that makes it challenging to provide care to national staff. Not all her staff members had excellent English skills or a common language. This made it difficult for them to raise concerns, especially with the international staff (E, Paragraph 12).

One participant shared a very positive experience with her previous employer who had a full-time and on-call staff psychologist. The psychologist was included in every communication about critical incidents and was therefore, aware of the challenges that were going on. She could proactively reach out to staff who seemed to struggle, and she also developed a structure to support national staff in different languages (D, Paragraph 18). Another participant had a positive experience with a previous employer, where all staff – national and international – had access to an in-house psychologist for both individual therapy sessions and group sessions (A, Paragraph 48).

One participant had worked in the same country and organization for many years as an expat operational leader. In his experience, it was difficult for short-term managers to make the national staff feel cared for because they left after a short time. He thought that coherence and a longer relationship between staff and leadership contributed critically to effective staff care and a motivated team (F, Paragraph 12).

3.3.4. Humanitarian Culture

In many interviews, the participants described the humanitarian sector as having a particular culture. One participant called the culture of the humanitarian field a "Cowboy Culture," in which everyone tried to seem strong and mental health issues were seen as weakness. As a result, while aid workers developed a strong ability to take care of others, the same was not true for themselves. This culture was a challenge when trying to

implement a more mental-health friendly working environment for the team. Emotions which she described as natural responses to a natural situation would be considered a weakness (A, Paragraph 51). Another participant spoke about the difficulty of raising the issue in the sector. In her experience, many people did not see the reasons for taking care of staff and prioritizing their well-being in daily life. This gap was sometimes related to the distance between people responsible for organizational decisions and the people working on the ground. She felt that people were sometimes no longer seen as people, but as numbers (E, Paragraph 17).

Because of the lack of discussion about mental health in the sector, one participant felt that humanitarian organizations transferred many people with mental health problems to other countries or organizations instead of providing them with the necessary support. To him, this was an indicator for lack of a duty of care culture in the sector (F, Paragraph 7).

Being open about one's own challenges with the situation or mental health more generally was seen as necessary. To speak out about their struggles with mental health was another aspect of the responsibility for change in the sector; this especially applies to people who are role models. This could bring a shift towards more openness about how humanitarian work has affected them and allow honesty about challenges they had faced in their career (A, Paragraph 56).

3.3.5. How do operational humanitarian leaders perceive organizational support?

A key finding in almost all interviews was that the level of psychosocial support that they or staff members received was based on the *individuals' effort to seek and push for support*. Most participants described that a system of MHPSS either did not exist or that it was up to the individual to ask for help. The organization of one participant made it mandatory to speak to a psychologist upon return from every mission. However, even in that case, it was easy to opt-out after one session with a psychologist (A, Paragraph 68). As a result, the support by the organization was very good for those who actively sought it – those who struggled the most, however, were likely not reached and overlooked by the system and would go to the next mission, according to one participant (A, Paragraph 19). The organization also worked with flexible working arrangements, so that people could work in the office instead of the field in case they burned out. However, she said that it was not streamlined. How much support one person got depended upon how much they pushed for it (A, Paragraph 19).

In the organization of another participant, it was mandatory to access psychosocial support after a security incident. She described this as helpful because otherwise many people would not access the service – which was particularly true for men from conservative countries, who saw mental health issues as a sign of weakness that they did not want to have (D, Paragraph 21). Because it was a mandatory procedure, no questions about the reasons for the visit to the psychosocial support office were asked. Instead, nobody was allowed to return to work without seeking psychosocial support.

One participant had recently returned from a mission that addressed the needs of survivors of SGBV. Because it was widely known that working with survivors of these kinds of crimes posed a threat to the mental health of health workers, the program had quite a significant focus on staff care. First, only the people directly working with the

traumatized survivors were regularly seeing a psychologist; however, after a while, he realized that the people working indirectly with patients had to have psychological support too. He felt that he was able to include staff care into his project because he had a strong position in the organization. However, still, he reported that he was often criticized for spending money on activities or other resources related to mental health. He thought that people with financial responsibility needed to take a more holistic approach and take the perspective of psychological well-being, instead of a cost-control lens. He also thought that it would have been much more difficult to set-up the program in a mental health-conscious way, had the project not dealt with trauma. He felt that because of the risk of secondary traumatization, it was easier to get support from the organization (G, Paragraph 9).

One participant described feeling very supported in a difficult situation with staff during a mission. A member of her team struggled with substance abuse that intensified during the mission. He also had anger-management problems that made it difficult to include him in the team. He managed a team himself and became verbally abusive. When the situation escalated, the participant sent him home, which made him very upset. She said that because it was known throughout the organization that he had anger management problems; she was very well-supported in her decision (A, Paragraph 25).

Another issue that some participants mentioned was that it was possible to *withdraw from the responsibility* of staff care. One participant, whose organization provided an emergency number to call at any time, said that this can lead to a decreased feeling of responsibility on the side of the leader. The result of this was that it was up to the individual and his or her sense of responsibility, whether or not staff care played a role in daily life (A, Paragraph 66-67). Being vocal about the leaders' responsibility should also be a priority to the organization; instead of just needing to make sure the staff get their work done, she felt it was essential to point towards the responsibility of keeping the staff healthy both physically and mentally (A, Paragraph 68).

Several participants also mentioned the *possibility of opting-out* in regard to receiving psychosocial support themselves. In terms of support, most participants turned to their friends to talk about the things they experienced. As a manager, one participant felt she was often not able to speak openly about the difficulties she experienced in the organization or project, because it was not good for motivation. Instead, she turned to friends within the organization. Even if her support network was not on the ground with her, they could listen to her and give her advice later on (A, Paragraph 70).

In the experience of another participant, organizational support structures were often not readily available for staff in leadership positions, and it was easy for her to avoid it. She described another incident, where she left a context due to threats to her personally – yet the organization did not ask her to access psychosocial support. She felt that this was a mistake on the side of the organization because even though she knew she could ask for a psychologist, she did not have the strength to do so (D, Paragraph 21). In another instance, a friend who had worked in the same context approached her after a severe security incident – she had had to evacuate her staff but stayed herself. While there was a psychologist for the team, there was no one available for her as the leader who stayed in the field. Had her friend not reached out to her, she would not have had anyone to talk to.

She felt that it was problematic that this situation often led to people talking to friends who did not necessarily have the training to provide the support needed after incidents, instead of to professionals (D, Paragraph 26).

One participant found it easier to speak to other people in leadership positions in the field, instead of staff at headquarters. Those were the ones who understood her and the situation she was in much better than someone sitting in another country (A, Paragraph 33). Especially when it came to *conflicts within the team*, one participant felt that she could not find anyone to talk to openly at the place she was working. Even with other NGOs, she found she was not able to speak openly, as the organizations were interacting so closely (B, Paragraph 13).

The organization of one participant offered *mentorship programs* for the heads of missions. She felt that this could be very helpful for other people in leadership positions as well (A, Paragraph 45). Another participant agreed and advocated management coaches for leaders. In her opinion, this was necessary because it was impossible to speak with the other team members about challenges and a sounding board was necessary to do a good job. Additionally, the line managers at headquarters should also prioritize speaking about the topic of mental health issues and trauma (D, Paragraph 24).

Something that various participants felt would be helpful to support good leadership was *clearly defined vision*, clear management values, or an organizational ethos. One participant said the organization needed a clearly defined ethos for good leadership – and then to commit to it financially and make sure the leaders understood that ethos thoroughly and follow up if they did not act accordingly (B, Paragraph 53, G, Paragraph 18). The need to follow up with leaders who did not work according to the organization's leadership values was mentioned by the other participant as well. The participant described how her organization placed much attention on the development of leadership values – but failed to follow up on them. Instead of creating more documents on leadership, she thought the organization should make sure everyone understood what the values entailed and follow up on the leaders' implementation (A, Paragraph 64).

One participant emphasized the importance of having an organizational strategy to deliver outcomes in terms of staff care – he felt that changes were not going to happen just like that and the organization needed to make staff care a strategic priority (G, Paragraph 21).

One participant said that humanitarian workers needed to learn how to take care of themselves – she said that otherwise, nobody else was going to do it. People needed to protect themselves and watch out for signs of burnout. She felt this was important because in the end, the organization did not care (D, Paragraph 38).

3.4. Observations from Sierra Leone

During a brief field visit to Sierra Leone, I was able to speak to practitioners who are currently employed in field missions. While some people had recently arrived in the country or were only staying for a short time, others had been there for years, and many had experienced the Ebola outbreak of 2014/15. In one of the most memorable conversations I had, a manager shared her experiences of leading people under distressing circumstances during the Ebola epidemic. She described the stressful circumstances that

her staff were working under and repeatedly mentioned that she had had to enforce very specific rules in terms of security and living together in the compound. These rules were questioned continuously by some staff and difficult to maintain. Due to the overwhelming nature of the Ebola crisis, the support she received from the headquarters of her organization was poor and she had had to make most decisions on her own. She felt a very strong sense of responsibility for her staff, especially in the life and death situation of the Ebola crisis. This was confirmed by another manager I spoke to.

Another observation I was able to make was the consumption of large amounts of alcohol at every occasion where international aid workers came together. The local staff were mostly not present at most of these occasions. During some social gatherings, aid workers spoke badly or deprecatingly about either their local co-workers or the local population in general. One manager, who had been in the country for several years, described how difficult it was to build and maintain friendships and relationships with an everchanging group of people around her. She also described gossiping as a problem of the relatively small aid worker community. On the other hand, I spoke to aid workers who specifically tried to stay out of social activities that only included international workers. Instead, they organized outdoor activities and put effort into building local friendships.

3.5. Conclusion

The participants who took part in the expert interviews mentioned a variety of ways in which they provide staff care. After critical security incidents, the organizational structures are clearly defined in most cases, while the structures to address daily stressors vary significantly between the organizations. Most participants shared an understanding of the *duty of care* as both a question of security and psychological safety. During missions they refer staff to psychological services after critical incidents, create a reasonable workplace, a comfortable living space, and an open team culture. However, they also mentioned different challenges: a lack of funding and training makes it difficult to respond to psychosocial needs, a prevailing culture in the humanitarian sector makes it difficult to discuss mental health problems and it is especially challenging to care for national staff.

In terms of organizational support, the participants' experiences varied strongly. Some participants felt well supported when they had to make challenging decisions, others felt that they had no one to turn to within the organization. In terms of the availability of staff care services or psychosocial support that the organizations offered, the findings varied as well. Some organizations have structures, such as mandatory visits of a psychologist, while in other organizations, the responsibility to establish structures rests with the leader. Several participants did not feel very supported by their organizations when it came to their own mental health.

4. Analysis of Interviews

In the previous chapter, the results of the expert interviews with operational humanitarian leaders were presented. They gave insights into their perceptions of their own role in staff care, how they implement staff care during missions, the challenges they faced and how their organization supported them. In this chapter, these results will be analyzed and

contextualized with the literature available on the topic. By analyzing the results of the expert interviews, this chapter tries to answer the question: *How do the operational leaders' perceptions of staff care correspond with current standards and theory?*

The chapter uses both the same structure and the same three guiding questions as the previous chapter:

- *How do operational humanitarian leaders perceive their role regarding the duty of care?*
- *Which challenges have they experienced, and what good practice are they applying?*
- *How do operational humanitarian leaders perceive organizational support?*

4.1. How do operational humanitarian leaders perceive their role regarding the duty of cares?

The participants had an understanding of the *duty of care* that reaches far into the sphere of an *ethical duty of care*. Security was an aspect of the *legal duty of care* that all participants mentioned as a part of the leaders' responsibility. This underlines the theoretical finding that legal aspects of the *duty of care* are far more established in humanitarian organizations (see Fairbanks 2018).

However, a significant finding is that the participants mainly understood the *duty of care* on the level of psychological safety and well-being. Making staff feel safe, happy, and cared for was important to the participants. This shows that their understanding is much more that of an ethical duty of care than a merely legal interpretation. When it came to their own role in caring for staff, the participants had a strong sense of responsibility for their well-being. However, they had different standards about how much this entailed: from keeping the team alive to making them feel motivated and happy. Within the categories of the standards of care that Breslin (2017) defines, most participants would be classified in category two, the well-being standard, while some could be considered as aiming for staff thriving.

A central finding is that the operational leaders understand their role mainly in terms of supporting staff in the daily struggles of humanitarian work. Mostly their organizations have systems in place for *critical incidents*. This makes sense because their ability to influence the well-being of staff focusses mainly on the time during the mission. However, reducing stress and increasing well-being during missions can have an impact on the long-term mental health of staff as well.

The primary way in which the operational leaders realize staff care is by influencing the *team culture*, followed by providing a *reasonable workplace* and work hours and a *comfortable living environment*.

A significant characteristic of the team culture that the participants tried to create was that everyone should feel able to speak openly, address issues and feel heard with their concerns. They understood openness as being transparent about the security situation and problems affecting the team. Recognizing and apologizing for unfortunate situations and showing appreciation for the work team members are doing is another aspect of staff care.

Creating a supportive and open team culture requires the leaders to be proactive about conflicts and staff members in distress. Detecting when the team culture becomes

impaired and initiating conversations about the factors that are negatively influencing the team culture is vital. The same goes for initiating conversations with people who are letting their stress out on colleagues or the entire team or those who withdraw or are burned out. A proactive approach is especially important when dealing with stress that was directly caused by challenging or traumatic experiences. The set-up of the work and living space was another aspect of staff care and a part of creating a good team culture for the participants. In particular, living in a confined situation in humanitarian missions requires the leaders to prioritize the provision of activities and means to spend free time and to start the conversation about stress and how to deal with it. To manage the staff workload despite the massive demands that working in a humanitarian setting brings was another important aspect of their role in staff care. By so doing, they are responding to a strong tendency to work too much, to not being able to stop working in the evening and not taking breaks. Caring for staff also means forcing people to take their time off and go on vacation if necessary. Many things that the participants identify as aspects of staff care are not directly related to critical incidents or traumatic stress but concern the daily stressors of teamwork and high workload. They are trying to address these factors which studies have found to be among the most significant stressors of humanitarian work (see Young 2018). These are partly obvious changes, such as providing gym equipment, while other aspects are less visible, but equally important.

Establishing a team culture requires a wide variety of communication skills. The participants described various situations in which they had initiated conversations about the situations of the team or in which they had approached individuals. This demands a high knowledge of communication techniques of the leaders.

After several years of working in the field, all participants in the expert interviews were experienced. However, the majority of people had experienced several challenging situations. They were often unsure if they had handled the situation well or if their decisions had caused damage. Many participants mentioned that making mistakes taught them a lot and that they had benefitted from challenges; however, some participants still expressed the challenge of having "difficult conversations."

4.2. Which challenges are operational leaders experiencing in caring for staff?

The participants had various strategies to implement staff care in day-to-day life. However, the interviews also gave insights into different challenges that the operational leaders experience regarding staff care.

The "cowboy culture" in the humanitarian sector makes it more difficult to implement and encourage the use of staff care measures, especially the ones more directly related to mental health. This culture encourages staff to play down struggles and not to seem weak. Even though organizations are more conscious about issues regarding mental health and well-being, this culture contributes massively to the low priority that staff care has. Speaking out about one’s own challenges, as well as structures that make it mandatory to seek psychosocial support were seen as very helpful to overcome this stigma. However, many of the participants found it difficult to speak openly with their team about challenges.

Funding plays a double role in staff care. On the one hand, it can prevent stress by enabling organizations to staff their programs sufficiently and thus decrease the workload. On the other hand, a lack of funding limits the activities the leaders can organize or the facilities they can provide for motivational or recreational use.

Although some participants mentioned cynical behavior among their staff as a result of stress, they mostly did not display a cynical attitude. However, when speaking about the lack of organizational support that some participants experienced, a few cynical or despairing comments were made. This finding is contrary to the impression I got from previous conversations and my observations during the field trip in Sierra Leone, where cynicism was very widespread.

Appropriate training was something that all participants found extremely important and mostly still insufficient – despite the fact that they had all participated in (leadership) training. What was lacking in the preparation of leadership challenges was the connection to practice. The participants found that the training that the organizations provided was mostly too theoretical and did not reflect the realities of their job in the field. More generally, leadership as a theme itself was not present enough in preparation for field missions.

A significant challenge is to provide staff care for national staff. Despite recognizing the necessity of supporting local staff members, all participants found it challenging to provide it appropriately. Mainly this was due to a lack of structures and financial support. Support after critical security incidents was mostly provided to national and international staff alike. However, staff care for national staff was largely unstructured and not institutionalized in a way that would enable the participants to provide appropriate staff care. Some operational humanitarian leaders also mentioned language barriers as a challenge: many aspects of staff care rely on communication and are limited if there is no common language. This underlines the importance of having not only international staff in leadership positions but also encouraging and promoting national staff to rise within the organization.

4.3. How do operational humanitarian leaders perceive organizational support?

Dealing with staff in distress is itself challenging as is judging when it is the right time to address an issue or when a certain behavior has reached an unacceptable point. Many participants found it challenging when staff members withdrew and did not speak about their struggles openly. Another major challenge was to carry through difficult decisions such as sending someone home from a mission.

When they had to deal with challenges of this kind, the organizational support that the leaders received varied. Some leaders were quite satisfied with the support they got from the management at headquarters or their line managers. However, others felt left alone or felt that headquarters was not helpful for challenges that arose in the field. In times of high stress, some organizations were overwhelmed with the situation and were not able to provide support to the leaders. Finding someone to talk to in the field is a challenge for many participants. Mainly, the leaders turn to friends or other managers in the field. However, because many organizations are intertwined with each other, it can be difficult

to speak openly about problems. As a leader, they often felt that speaking to anyone in the team below their level was not possible.

Managing others is one of the most stressful aspects of humanitarian operational leadership (McKay, 2011). It is, therefore, not surprising that many challenges arise. A lack of financial support, training, and organizational support speak for lack of prioritization of staff care in terms of psychosocial aspects (See Fairbanks 2018). The roles are not clearly defined, as the ComCare guideline recommends. While the organization mostly fulfills the role of staff care following critical security incidents, the role that has to do with the more "soft skill" type of leadership tasks seems to be less of a priority. While in other aspects of the humanitarian system, structures and standardization can limit the space for leadership (see Dijkzeul and Sandvik 2019; Buchanan-Smith 2011), in the case of staff care leadership, increased institutionalization could increase this space.

4.4. Observation from the field

The observations I made during the field visit in Sierra Leone strongly corresponded with some findings of the empirical data.

Working and living with others was a major challenge to several people I spoke to in Sierra Leone. Especially under high stress, it was difficult for some managers to enforce (security) rules. Having to deal with negative behavior and having "difficult conversations" was a challenge mentioned in the interviews and in several conversations, I had in Sierra Leone. Several people saw the behavior among their colleagues or staff members change during crises and stress and found it difficult at times to maintain good relationships. Many people I spoke to described negative coping behavior in the form of excessive alcohol consumption and sometimes a deterioration of language. Similar to the interview participants, several people mentioned that the support they received from their organization varied – generally, the Ebola crisis was a significant challenge for the organizations and staff alike. Some managers and staff members felt they were left entirely on their own.

4.5. Conclusion

This chapter compared the findings of the expert interviews to the literature and the observations from my field trip to Sierra Leone to answer the following sub-question: *How do the operational leaders' perceptions of staff care correspond with current standards and theory?*

The motivation of most of the participants, as well as the perception of their role in staff care that they described in the interviews, correspond very well to the picture that the guidelines and literature paint of the leaders' responsibility for staff care. They all had a strong sense of responsibility that reached much further than the duty of care in the strict legal sense of providing security and keeping staff alive. Many participants spoke about challenges they had with staff under stress or dealing with their own stress. The behavior I observed on different occasions in Sierra Leone confirmed many of the challenges the participants described. The conversations I had in the field also confirmed some of the results of the expert interviews. The managers I spoke to in Sierra Leone felt a strong responsibility to care for their staff, just like the participants of the expert interviews.

All participants had various strategies to implement staff care in everyday life – a finding that does not correspond well to the literature, as there is a major gap in scientific and *grey literature* concerning practical leadership strategies in staff care. Notably, the participants spoke about a variety of challenges that they were confronted with. Many of those challenges were addressed in the literature reviewed for the thesis. This gives the impression that although there is knowledge about managerial challenges regarding staff care, the organizations have not implemented many of the recommendations from the guidelines on staff care. Therefore, there is not only a gap in the literature regarding staff care leadership strategies but also a lack of action on the side of humanitarian organizations.

5. Conclusion

I want to conclude this paper by answering the research question *How can humanitarian organizations strengthen operational leadership to provide better staff care?*

In the previous two chapters, the results of the expert interviews with operational humanitarian leaders were presented, analyzed, and compared to the literature and the observations from Sierra Leone. In this chapter, I will draw final conclusions from the empirical research, identify gaps in the literature and address the limitations of the research. Finally, I will answer the research question by providing practical recommendations to humanitarian organizations to improve the capacities of operational humanitarian leaders and to provide staff care in field missions.

The main findings from the previous chapters are summarized below:

Understanding of the duty of care

All participants had a very strong sense of responsibility for their staff's mental health and well-being.

- *Ensuring security was one aspect that the participants saw as their duty of care.*
- *The other major aspect of staff care was psychological safety, by providing information about the context and the security situation, as well as being coherent and communicating honestly about security concerns.*

Staff Care in practice

The participants had many ways to implement staff care – the majority addressed the daily stressors of humanitarian work, such as living in a closed compound or having long working hours. In most cases, staff care after specific security incidents was significantly more structured and available than staff care for daily stressors.

- *Critical Incident Management – after security incidents, most organizations provided structured support, such as mandatory consultations with psychologists.*
- *Creating a team culture that is inclusive and open and empowers everyone to speak up was one of the main ways the participants implemented staff care. This involved communication, both with individual people and within the whole team.*

- *Creating a reasonable workplace with acceptable working hours and time to rest was another strategy that many participants prioritized in their staff care.*
- *Setting up comfortable living space that gives the staff as much privacy as possible, while also providing communal spaces to connect and relax as a team.*
- *Other ways to care for the staff and to improve the atmosphere in the team were recognizing the work staff do, apologizing for unfortunate events and encouraging and motivating the team, for example through events or activities.*

Main Challenges

Although all participants were generally quite satisfied with their workplace, they reported a variety of challenges that they faced regarding staff care.

- *A lack of funding made it difficult for many participants to implement staff care, for example, for team building activities. For many participants, it was also a sign of the low priority that staff care had in their organization.*
- *Even though all participants had previously participated in leadership training, many felt there was a lack of training that prepared them for the challenges of leading a team under stress.*
- *A certain humanitarian "cowboy" culture that promotes toughness instead of open communication about mental health problems and challenges.*
- *One of the biggest challenges that the participants faced was to provide staff care for national staff. They often lacked the financial means and language capacities.*

Organizational Support

The support that the participants received from their organization varied, even within one organization.

- *Most participants felt that the psychosocial support a person got depended very much on the individual's ability to seek help.*
- *Several participants felt that it was quite easy to withdraw from the responsibility of caring for the staff.*
- *Because the psychosocial support often appeared to be quite unstructured, many participants felt that it was easy for them to opt-out of psychosocial measures, such as screenings with a psychologist.*

Most participants relied on *informal networks* to speak about their experiences and talk through difficult decisions. However, several participants mentioned that they sometimes felt like they had *"no one to talk to."*

The participants had many ideas about how the organizations could improve their support. Among these were mentorship programs for different levels of management, a clearly defined leadership vision and *training*.

The leaders I interviewed for this research expressed a strong sense of responsibility for staff care and well-being. Their understanding of *duty of care* included many aspects of an *ethical duty of care*. In that sense, their understanding of staff care reaches further than

that of their organization. They have many ways and strategies through which they implement staff care during field missions. However, they face considerable challenges. Many of these challenges can be traced back to organizational policy. The question of whether the participants felt supported by their organization varied strongly, not only by organization but also by context. The result of the main research is, therefore, that staff care needs to be more highly prioritized. In terms of effective operational leadership, this means that leaders need to be given more space to care – financially, by making it a part of the leadership tasks and by providing practical training and support through coaching and supervision.

A cross-cutting theme in most interviews was the possibility of opting out. Whether this was regarding the actual psychosocial support and staff care measures that the organizations offered to the staff, the responsibility towards staff in distress or making use of support measures themselves, staff care seems to be quite unregulated. Making certain staff care measures mandatory is necessary to make it easier for operational leaders to follow up. And finally, much needs to be done in regard to national staff. To care for national staff as much as for international staff – or preferably being able to get rid of the differentiation altogether – requires improved access to support. Cultural differences and language barriers contribute to this challenge.

As the lack of scientific literature suggests, generally the specific aspects of humanitarian operational leadership remain under researched. Further research needs to be conducted on a variety of topics. It is important to further research the impact that organizational structures have on leadership and how these structures assist or hinder effective operational humanitarian leadership. Along with this issue goes the question of how standardization can benefit leadership – or if it reduces the space to lead and to care for the staff. The challenge of leading a culturally diverse team and providing a culturally sensitive approach to staff care is another important topic. The question is, on the one hand, how organizations can benefit from the diverse leadership styles that their employees bring with them, and on the other hand, how a collective culture of leadership can be established to give guidance to the leaders.

Another topic that also touches heavily upon care leadership is gender in humanitarian organizations. In recent years, the humanitarian community became increasingly aware of the issue of SGBV within humanitarian organizations – how to care for the victims and practically establish a leadership culture that condemns SGBV needs to be researched.

Many participants mentioned the need for operational humanitarian leaders to speak more about leadership in general and to deepen the understanding of leadership as a specific set of tasks. They also repeatedly spoke about the difficulty of combining different leadership styles practiced in different countries; here, research is necessary for how these styles could come together constructively.

Certain limitations were noted in the course of the research process. This research tries to add to the discussion about staff care by adding the perspective of operational leaders who are the ones at the forefront of staff care. By choosing this perspective, the study is limited to the subjective experiences of individuals. It is, therefore limited in its approach and cannot be used to prove the understanding of operational leaders in the sector as a whole. This study is not an analysis of the staff care policies of humanitarian organizations. It

cannot be used to test the level of implementation of staff care policies in the sector as a whole. It does not compare the perspectives of staff members with those of leaders and cannot, therefore, describe how much these deviate from one another.

Another limitation clearly was the small scope of the study. It was only possible to consider a limited sample. The bias of the researcher was another limitation in the research process. The researcher brought in her own interests, background, and interests. The field trip to Sierra Leone that served as a limited form of participant observation influenced the questionnaire and the expert interviews. Additionally, each interview was slightly different because they followed the flow of the conversation that emerged with each participant.

Based on the previous empirical description and subsequent analysis, I can make the following seven recommendations that can be summarized in one central point: humanitarian organizations need to give higher priority to the well-being of their staff! The following points are directed towards humanitarian organizations to improve their managers' capacities to provide staff care.

Give space to lead – financially, timewise, and with structural support. Being able to rely on structures for specific measures of staff care, such as being able to send staff to a psychologist or having mandatory training on mental health would help leaders to follow up with staff in distress. Furthermore, this would set the tone for an organizational culture that supports well-being and creates an atmosphere where struggles with mental health can be addressed more openly. Giving space to those who lead also entails that organizations start or keep up the discussion with the leaders on the ground. Listen to what they need, what they observe, and which challenges they face – and let it influence the organizations' strategy.

Prioritize staff care. How staff care is implemented in the daily life of a humanitarian mission is dependent upon the manager. Instead, humanitarian organizations need to oblige their managers to implement staff care and institutionalize this more. By doing so, they send a message to their staff and management that staff care is to be taken seriously. While the participants in the expert interviews were quite satisfied with the support they received and the measures they could provide to their staff to deal with stress after critical incidents, it was different with the stress that accumulates from the heavy workload or working with others. If these measures are not readily available or if their use is stigmatized within the team, it is challenging for the leader to recommend someone to make use of them and, for example, see a psychologist. The organization could support the leaders by taking specific staff care measures off their shoulders, by making it mandatory to participate in counseling, training, or other things. However, prioritizing staff care also means making it part of the expectations of the leader’s role – by including it into their set of leadership tasks and to make it part of the assessment when evaluating the leader's performance.

Encourage self-reflection. Humanitarian operational leaders do not only have to deal with the stress of their staff, the beneficiaries, and other stakeholders; they are also confronted with their own reaction to stress and trauma. Reacting adequately in a stressful situation requires self-reflection. Humanitarian organizations should support their leaders to build their capacity to observe when their own stress levels exceed an acceptable level. This makes it easier for the leaders to find ways that help them handle the stress – or to

determine the time to ask for help themselves. It can also help them to learn from past experiences and improve their leadership skills.

A possibility would be a group supervision setting, where the leaders can reflect on specific situations with other people with similar experiences. A supervision professional could guide these formats to enable the leaders to draw helpful conclusions from their cases.

Prioritize national staff. National staff are under a lot of pressure. Alongside stressful daily routines, they are often personally impacted by the emergency. Therefore, staff care for national staff needs to be much more widely available and more easily accessible. This requires a financial prioritization in program planning, as well as culturally sensitive staff. Organizations should invest in counselors and psychological staff who have the same cultural background or are knowledgeable about the culture of the staff member. Organizations need to take into account the specific challenges of national staff by involving staff members in the development of staff care practices – this includes engaging national staff in the conversation about mental health and psychosocial support.

Make leadership training practical. All participants of the expert interviews had previously received leadership training from their organizations. To be able to adequately handle "difficult conversations" and the challenges of dealing with staff in distress, several of the participants had requested more practical training. A major challenge was that operational leaders have to deal with these situations when they are under high stress themselves. More practical training to prepare them for these situations would make it much easier to react in the situation. Role plays could be a way to practice and simulations of stressful situations could offer practical lessons about possible strategies.

Prioritize leadership. The study shows that the question about what constitutes good leadership still needs to be discussed more. The differentiation between leadership and management tasks is often not done. Staff care is a part of leadership as well as a managerial task. Since leadership is a cultural question as well, a sector such as humanitarian action that consists of people from a wide variety of cultures needs to take this issue seriously. Humanitarian leaders come from very different cultures – regarding leadership too. The organizations need to keep up the debate, about which leadership style they require, adapted to the situation, and what exactly this entails. This applies to the topic of leadership as a whole; however, it concerns staff care in particular. Mental health is dealt with very differently in different countries and often underrepresented in society – the organizations, therefore, need to clarify their expectations about staff care and how this translates in reality. In this way, it does not depend on the individual to make staff care part of their understanding of leadership.

Coach the leaders. The majority of the participants find it challenging to find someone to talk to during their time in the field. They rely on personal contacts and friends to be able to discuss their experiences and challenges. While it is wonderful that these contacts exist, they should not be the only support structure. Non-professional support networks could be overwhelmed with the experiences someone had in the field or the impact an event had on a person. Instead, humanitarian organizations could support leaders by providing access to coaching. Individual or group coaching could be accessed both during the mission and after they return from the field. Another advantage of institutionalized support would be that the people they talk to would be skilled in leadership questions. One

option that is already being implemented by humanitarian organizations is a peer support network. Peers know the situation that the person is in and can give advice without being directly involved in the context. Another advantage of structuralized support would be to be able to detect when a leader is developing severe reactions to stress.

My interest in the research topic and the question of this thesis developed in various conversations that I had with people working for humanitarian organizations or in the development sector. While many of the stories showed me how rewarding work in these fields could be, something that I often found very irritating was a sense of cynicism. In some cases, this leads to outright hostile comments about the local population, colleagues, or beneficiaries. I started wondering how people who were so motivated to help other humans and to change something in the world often so quickly became cynical and frustrated. Fast forward, I thought the topic of leadership was fascinating and since complaining about "the bosses" seemed to be a common theme in the humanitarian and probably most other sectors, I began to wonder how these people felt, how they tried to do their job, what challenges they faced and how they could be supported better. As this thesis shows, much needs to be done in the field of staff care! If it is not prioritized better, humanitarian organizations lose their most significant asset – qualified staff. It is a question of prioritizing funds, of preparing leaders for the challenges of leading under high stress, of strengthening the individual member of staff's capacity, as well as the leader's capacity to detect and follow up mental health issues.

The conversations with the leaders for this thesis showed how great the sense of responsibility of people in leadership positions is, how much they care about their staff and how many challenges they face to bring this sense of responsibility into daily life. Operational leaders are relevant multipliers of values within the organization. They can reach many people. Investing in support for them is money and time well spent for the organization. I was especially pleased that the cynicism that I often observed earlier did not seem to be a major aspect of the participants' lives.

Humanitarian action tries to help when people (or states) are unable to help themselves. This logic should be applied to staff care, as well. If people are so stressed that they do not realize that their mental health is in danger, they need a system that supports them to get better. Humanitarian organizations need to do more to help their staff thrive and to help them through challenging times.

Finally, the lack of support for national staff shows a very Eurocentric perspective that is still widespread in the humanitarian system. Neglecting the well-being of the majority of the people who serve in humanitarian organizations is scandalous! It is about time the organizations developed culturally appropriate strategies to support their local staff.

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