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Education and debate

Selection, training, and support of relief workers: an occupational

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Courage rather than cowardice, compassionate human concern of one for the other; and resilience in the face of overwhelm

Many of today's violent conflicts can be characterised as "complex humanitarian emergencies." Complex humanitarian emerge security that threaten large civilian populations with suffering and death and impose severe constraints on those who would see "complicated disaster situations that have political, military and humanitarian dimensions and are often associated with natural d and Afghanistan are recent examples.

The rapid growth, in capacity and number, of humanitarian relief organisations in response to complex humanitarian emergenci relief workers. The risk to the psychological wellbeing of relief workers caused by exposure to traumatic events is a particular w psychological sequelae to trauma has focused on primary victims,[5-7] domestic rescue workers, [8 9] military personnel,[10] and ps

Complex humanitarian emergencies may generate more stress among relief workers than "natural" disasters for several reasor of violent personal assault or injury, is increasingly present.[12] Secondly, work in these situations necessarily involves moral anc warlords; witnessing human rights abuses, but being constrained from responding by operational considerations; and concern t Finally, caring for people with serious injuries caused by violence, witnessing unnatural deaths, and handling dead bodies or bo themselves.[17]

Summary points

Although emergency relief workers are at considerable physical and psychological risk, their mental health has been stud

Procedures for recruitment, selection, training, field support, and follow up of relief workers vary widely

Preventive mental health measures for relief workers receive little attention

Discounting the effects of psychological trauma on workers reflects disregard for their wellbeing and that of the populatior

Relief organisations should develop a coordinated and cooperative approach to training and managing field workers

Codes of practice have been drawn up to improve technical standards and accountability.[18-20] Furthermore, many universities Johns Hopkins University, London School of Hygiene and Tropical Medicine, University of Hawaii, Université de Louvain in Belg Médecins Sans Frontières) are responding by developing training courses in humanitarian relief. However, individual relief orga new recruits for field work. The broad range of current organisational practice in this regard—and particularly practice related t

interest in developing a cadre of resilient, professional, humanitarian relief workers.

Survey

We undertook a survey of leading relief organisations to capture and describe a cross section of practice for selecting, training, focused on medical staff and on psychological aspects of relief work. A questionnaire, developed from a search of published re formed the basis for semistructured telephone interviews. The 16 questionnaire items were open ended and centred on five the staff from 12 of the leading international humanitarian relief organisations. They were completed over a two month period in 19 departments or from staff health services. Confidentiality was crucial to obtaining an honest appraisal of organisational practice

Questionnaire themes

- Selection and training of relief workers
- Characteristics and qualities of relief workers
- Psychological support available to workers
- Awareness of the risk of post-traumatic stress disorder[20]
- Development of an experienced workforce

The 12 organisations (non-governmental, governmental, and intergovernmental), based in the United States, United Kingdom, other relief personnel to complex humanitarian emergencies in as many as 25 countries and territories in 1996. They have prov All rely heavily on volunteers, most have national offices throughout the world, and all but one governmental organisation have

Findings

Selection and training

The formal process for selection and training of relief personnel varied widely between organisations. Selection procedures ran process of individual and group interviews lasting a full day as well as phone contact or personal visits to the site of the project. found through less formal channels.

Two organisations have a policy of sending staff to the field only after they have spent at least six months either at headquarter rosters of screened relief personnel, but financial and personnel constraints were cited as limiting factors in maintaining current to access the databases of aid personnel maintained by the umbrella organisations the Red R and the International Health Excl

Pre-departure training programmes for new field staff also suffer from a lack of uniformity. Although different assignments call f management, conflict resolution, handling the media, working in different cultural settings, and team building are important for a training manuals and programmes, whereas role orientation and maintenance of physical health were more adequately coverec

Organisations relied on printed materials for preparing workers before deployment. They had little knowledge of how useful thei read at all. One organisation coupled a packet of detailed reading material with a briefing by health staff that included informatic training was generally reserved for team leaders and managers. The most extensive courses included all the topics listed above rapid deployment included such practical topics as minor vehicle repairs and the use of radios.

Workers' characteristics and qualities

Flexibility, adaptability, technical expertise, and extensive work experience in a relief setting were seen as key positive qualities interesting reply included reference to self destructive behaviour as a positive quality: "Some situations require people who can

have employed workaholics and alcoholics."

Table 1. Selection criteria mentioned by 12 humanitarian relief organisations in survey

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Most respondents expressed frustration at the lack of a sensitive interviewing instrument for predicting whether potential worke that they relied heavily on "intuition." The difficulty of ascertaining candidates' vulnerability to traumatic stress was emphasised. past psychiatric history, and one screened out applicants who had experienced recent stressful life events such as the death of that their expertise in medical fitness was called for only after candidates had already been selected for positions. This meant th of candidates.

Negative attributes among candidates were also difficult to quantify. These included the view of relief work as a "crusade rather achievements.

Psychological support

Most organisations admitted that support mechanisms were underdeveloped. Staff were expected to seek help in coping with s contacting headquarters if necessary. One organisation used peer support groups for this role. Another organisation asked fielc trained as counsellors, and another made formal mental health support available to relief workers, but only for projects in extrer

The provision of stress debriefing after a critical incident, such as a death in the line of duty, was more common. Uncertainties a of these interventions, particularly in the relief setting, and the scarcity of funding have hampered their development.[21-25]

Although some organisations have counsellors in the field, many workers avoid professional assistance. The stigma associatec medical professionals, who fear being perceived as incapable of carrying out their professional responsibilities. Anecdotal evide tendency to neglect personal hygiene are common in this setting.[26]

Only three of the organisations had specific policies on mental health support. However, all had policies on insurance coverage this. Exit or debriefing processes are listed in table 2. All organisations offered formal counselling on request. As one interviewe most appropriate method for resolving psychological distress, particularly for workers from non-Western cultures. For one Niger bodies, the remedy was to return home for ritual cleansing and presentation of appropriate tributes to his religious community.

Table 2. Humanitarian relief organisations with exit or debriefing process at end of contract or project

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Awareness of post-traumatic stress disorder

Although there is a large body of formal research on post-traumatic stress disorder[20] in primary victims and emergency rescue relief workers. In contrast to military and rescue workers, aid workers are usually deployed individually and do not benefit from t have longstanding relationships; their preparation and training may be vastly inferior; and their mandate much less clear.[27] Unli to deal with continuing "low intensity" trauma over a period of years, rather than discrete traumatic incidents.

All but one of the respondents indicated that there was a definite awareness that post-traumatic stress disorder was a risk for re us supported the importance of a "stress reaction" as a common cause of morbidity, but there was little formal documentation o relief workers is difficult as medical records are confidential and held separately from personnel files and virtually no tracking of

A few informants voiced the opinion that post-traumatic stress responses may be less likely in medical workers because of thei are brought up on blood and gore" was one response. Another representative stated that her organisation was more concernec living through the crisis.

Developing an experienced workforce

Although many organisations stated that a high proportion of their workers returned for further assignments, no data were kept

30-75%. Most organisations had little formal contact with past workers after the debriefing process. Two respondents stated tha head office with experienced personnel and that field workers were easily replaced.

Few organisations had any formal mentoring or career advancement strategies. All had some opportunity for those with leaders training, but a scarcity of resources was the limiting factor.

Discussion

Although the immense suffering of the victims of complex humanitarian emergencies will always be of primary concern for relief on the relief workers reflects disregard not only for their wellbeing but, more importantly, for the impact of distressed aid workers

One of the consequences of the apparent ad hoc nature of current practices may be an unnecessarily high prevalence of psych traumatic stress disorder) that is as yet inadequately documented and awaits further research. Recommendations stemming fro

Recommendations for improving practice

- Standards for selecting relief workers should be drawn up
- Methods of detecting psychological vulnerability and "resiliency" factors must be developed
- Field workers should participate in the development and evaluation of useful training methods a
- Integration of stress management training and awareness of psychological risks should be incl
- Effectiveness of debriefing methods and the optimal location and timing for debriefing must be
- Records on retention rates of staff and development of methods for the anonymous tracking of staff must be improved

Conclusion

Relief work in complex humanitarian emergencies exposes individuals and organisations to new dilemmas and challenges. One related illness as a problem that can no longer be neglected.

In our view, one of the crucial elements in the achievement of the humanitarian goal is the development of a stable and experie and maintained through enlightened organisational policies. It is important that these policies are based on evidence that is botl the need for organisations to develop a coordinated and cooperative response to research and policy formation for the selection

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Rapid Responses:

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No evidence for effectiveness of debriefing
Simon Wessely
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