

Helping the Helpers

Structural Resiliency Interventions for USAID

Briggs, L.R., Shah, S.A., et al. (2015). *Stress and resilience issues affecting USAID personnel in high operational stress environments*. Greenleaf Integrative study commissioned by USAID.

Introduction

Humanitarian aid workers are exposed to severe and unsustainable levels of stress that adversely impact the wellbeing of the workforce, and these exposures reduce mission effectiveness. The U.S. Agency for International Development required recommendations for how to best prevent and reduce its stress burden. The risks of occupational stress are wide-ranging: poor performance, burnout, low morale, trauma, high staff turnover, security lapses, maladaptive coping (including substance abuse), and severe family problems. Greenleaf Integrative was selected to conduct this study because of its existing understanding of the USAID context, developed through longitudinal training and consulting engagements from 2009 to present.

Methodology

Multi-level, mixed-methods study, with qualitative and quantitative methodologies. Interviews and focus groups were conducted in Afghanistan, Jordan, Pakistan, Kosovo, and India. Trauma-informed principles were employed to protect subjects. A total of 171 USAID personnel were interviewed and an online survey went out to over 3000 staff with a response from 556 individuals. Senior Advisory Groups (SAGs) were convened to validate the study’s evolving conclusions and to enhance utilization of the final recommendations.

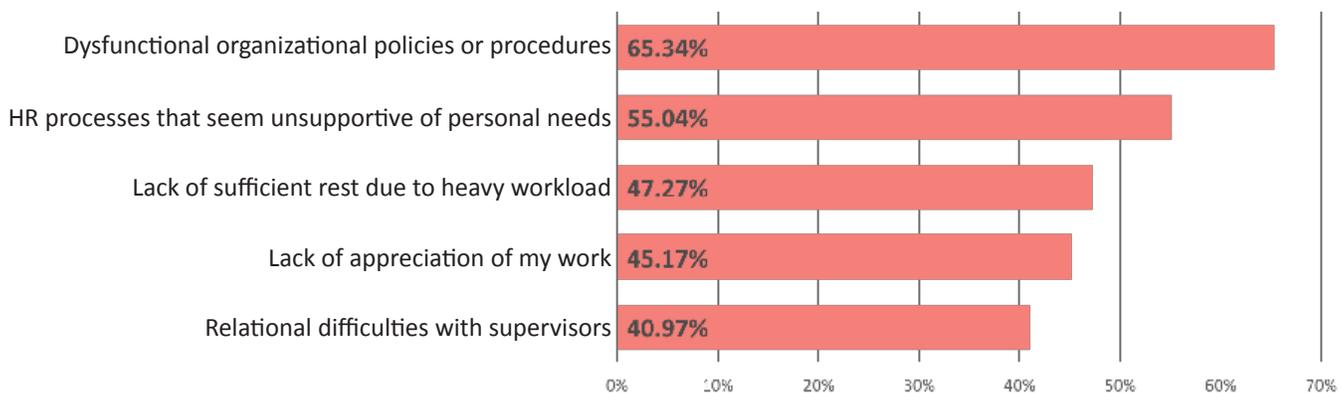
Insights

Looking at the self-reported stress exposures data, a large proportion of aid workers cite concern for personal safety. This study helped USAID visualize the traumatic stress burden. Managers and leaders better understood the justification for more training and used the study for strategic communications to reduce stigma and re-calibrate cultural norms.

Security Related Stressors Sustained by Survey Respondents During Deployment			
	Felt there was a risk of	Occurred to someone known to me	Personally experienced
Natural disaster	48%	27%	43%
Combat related bomb, IED, fire, or explosion	54%	43%	52%
Captivity	78%	35%	3%
Exposure to disease, pathogen, or toxic substances	60%	36%	45%
Physical assault	65%	55%	9%
Assault with a weapon	72%	45%	12%
Sexual assault	72%	37%	4%
Life-threatening illness or injury w/o adequate medical facilities	68%	45%	13%
Sudden intentional/violent death	54%	53%	13%
Sudden unexpected death of someone close	47%	34%	4%

“People get ‘crispy’ after being here too long. This leads to damaged relationships.” - USAID Officer

USAID respondents answered the following question: “Please indicate which of the following general work context stressors has affected you negatively during your period of employment at USAID? (check all that apply)”



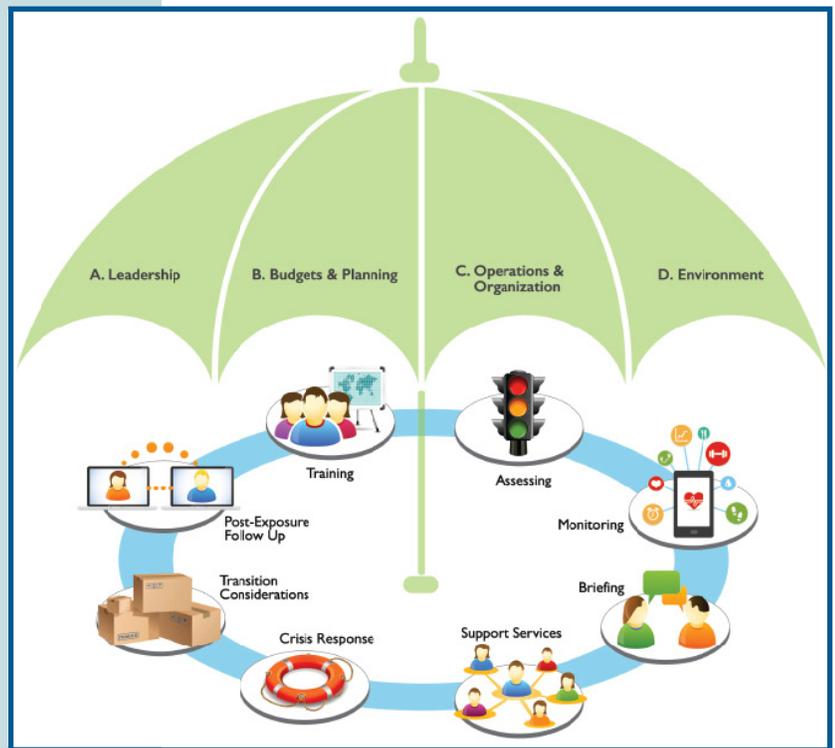
Recommendations

A. Leadership: Support, validate, and implement organizational change specific to Stress Responsiveness.

B. Budget and Planning: Proactively plan for, and invest in, stress mitigation initiatives and staff care programs agency-wide.

C. Operations and Organization: Institutionalize operational and organizational commitment by strengthening mentoring programs, professional development, and ensuring access.

D. Environment: Create an environment of healthy stress mitigation and a network of staff care resources for staff, their families, and other sources of support. Become an exemplar of best-practices in stress mitigation and staff care for the sector.



1. Training: Create and deliver trainings for staff and managers to reach the necessary level of Stress Responsiveness.

2. Assessing: Assess the suitability of individuals for specific jobs based on an individual's vulnerability and the job's risk profile.

3. Briefing: Brief staff on the specific stress risks they can expect to face on the job.

4. Monitoring: Provide tools for individuals to self-monitor. Utilize data to conduct regular institutional monitoring of workforce stress.

5. Support Services: Improve services provided to staff and increase their utilization. This includes expanding/improving staff care operations, for example EAPs, identifying and vetting specialized external care providers, and promoting care resources internally.

6. Crisis Response: Establish a policy for characterizing crises (i.e. critical incidents), a protocol for response, and expand the roster of specialists available to provide crisis support.

7. Transition Considerations: Proactive transitions and handoffs should take stress into account for operational out-processing and in-processing.

8. Post-Exposure Follow Up: Due to the prevalence of delayed stress reactions in individuals exposed to high-stress jobs, conduct additional check-ins to detect negative stress reactions and provide additional, ongoing support as indicated.

*"Leadership matters. It is the single biggest variable that relates to stress."
- SAG member*

Conclusion

Burnout and traumatic stress are known issues in the humanitarian sector, particularly where compounded by the interdependent working relationships among multiple highly-stressed organizations. Traumatic exposures for the USAID workforce were found to be high, as expected for an aid organization. This was coupled with a stress-exacerbating institutional context that lacked adequate policy frameworks, leadership, labor relations, training, and human capital management. While institutional stressors are particularly burdensome, they are preventable with best practices.

Structural recommendations included:

- Policy frameworks (e.g. authority structures, duty of care obligations, and stress responsive job duties for managers)
- Expand stress responsive organizational and professional development
- Budget for stress mitigation and staff care programs

