

Antares Foundation

Glossary

based on 'Managing stress in humanitarian workers: Guidelines for good practice'

April 2009

Introduction to stress and stress management

Stress is a *normal* response to a physical or emotional challenge, and occurs when demands are *out of balance* with resources for coping

There are three types of stress:

- day to day stress (baseline)
- cumulative stress (strain)
- critical Incident stress (shock)

Everyone experiences and responds to stress differently. Sources of stress vary in different contexts depending upon:

- the nature of the emergency
- the role of the humanitarian worker and the team
- the work environment

Stress management:

- prevents or reduce intensity, frequency, duration of stressors
- reduces vulnerability, increase resilience
- improves stress monitoring & coping
- intervenes to prevent long-term effects

Preventing, reducing and managing stress is everyone's responsibility – individual, team and agency. Without good stress management there may be a number of negative Impacts on the agency:

- loss of skilled and experienced staff
- increased costs for recruitment and training
- loss of institutional memory
- diminished mission effectiveness
- increased legal liability

Good stress management however brings positive impacts:

- ensures staff are in the best possible condition to do the job
- enhances agency capacity to support responders in their mission through comprehensive, well-functioning systems

Principle 1

1. **Policy**: A set of principles intended to guide decision-making. Typically, a policy describes a required action or response within an organization and assigns responsibility for carrying it out.
2. **Predisposing personal factors**: Some staff members may face specific risks due to personal characteristics such as their sex (e.g., risk of rape), race, ethnicity or nationality (e.g., risk of discrimination or racial harassment), or sexual orientation (e.g., risk of extremely harsh penalties for homosexual activity).
3. **Protocols**: Written procedures providing detailed, step-by-step guidelines for carrying out specific management functions, such as training new staff or responding to critical incidents.
4. **Resilience**: Resilience is a term used to describe the capacity of people to cope positively with stress and catastrophe. It can be contrasted with “vulnerability.”
5. **Mitigate**: Reduce the severity or probability of significant risk by actions such as anticipating stressors and acting to prevent them, increasing staff members’ resilience in the face of stress, improving staff members’ coping skills, building team cohesion to help staff members withstand stress, or monitoring and responding to the long term effects of chronic stress.

Principle 2:

1. **Screens and/or assesses**: “Screening” is a brief process designed to quickly *identify individuals who may be at increased risk* of not coping well with stress. “Assessing” is a process aimed at *understanding the capacity of an individual* to withstand stress. Screening or assessing of new and ongoing staff members helps foresee their potential responses to the risks and stresses of humanitarian aid work in general and the risks and stresses of the particular project to which they will be assigned and helps predict the ability of the staff member to work harmoniously and effectively on a team.

2. **Adverse or maladaptive responses:** The effects of stress vary from one individual to another and from one specific source of stress to another. What is very stressful for one person may not be so stressful for another. Staff members who show signs of flexibility and creativity, the ability to laugh at themselves, professionalism, self-knowledge, the ability to collaborate with others (to be a “team player”) and who have previously shown the ability to cope effectively with crises are likely to deal well with stress. Conversely, those who have had trouble dealing with stress in the past and especially those who have not fully dealt with previous traumatic events (at work or at other times in their life) are at risk of responding poorly.

Principle 3:

1. **Pre-assignment preparation and training:** Before staff member start an assignment, they should be provided with specific information about the operational requirements of the assignment and training with respect to safety and security, physical health care in the field, cultural awareness issues, and stress and emotional self care.
2. **Stressors:** Stressors experienced by humanitarian workers may range from a bullying supervisor to conflict within the team to the experience of living under the threat of constant danger to exposure to atrocities to heavy workload or difficult living conditions to deploying from one crisis to the next without rest.
3. **Briefing:** An informational presentation, given to staff members before they begin a new assignment. It should include education about the expectable stresses of humanitarian work, the mechanisms of stress response, and how to recognize signs of stress in oneself and in colleagues; information about specific stress management techniques; education about the risks of common behaviors, such as drinking, that are *ineffective* in dealing with stress; preparation for dealing with the emotional responses of people who have experienced traumatic events; and as much detailed information about actual conditions in the field as is possible.

4. **Monitor**: Repeated observation of individual staff members, using informal observation and conversation and possibly more formal questioning or questionnaires, to determine how the staff member is responding to the stresses of their work and whether they are in need of support. Observation of team functioning may also provide insight into the emotional status of staff members.

Principle 4:

1. **Self-report questionnaire**: A survey or questionnaire that asks the staff member specific questions about their own current behaviors, symptoms, or emotional states.
2. **Appraising**: *Evaluating or assessing* the behaviors, symptoms, or emotional state of staff members, to determine their reactions to the routine sources of stress on the job and/or unusual events or experiences.
3. **Critical incident or traumatic incident**: “Critical incidents” and “traumatic events” are events that are extremely threatening to the life or physical well being of those involved and that are accompanied by feelings of powerlessness, horror, or terror. Sometimes “critical incident” is used more broadly to describe *any* especially severe stressful event that has an unusually great impact on the individual and team. Examples of critical events include natural disasters (earthquake, typhoon), severe or fatal motor vehicle accidents, individual assaults (including sexual assaults), incidents of war, being kidnapped or taken hostage, witnessing someone being injured or killed, being threatened with serious bodily harm, and deterioration of conditions in the field requiring evacuation.

Principle 5:

1. **Pro-active**: “Pro-active” managers do not just react to stress as it occurs. They *anticipate* potential sources of stress and plan ahead to reduce the number or intensity of stressors and to help individual staff members and the team as a whole be better prepared to deal with more-or-less expectable sources of stress.
2. **Physical and emotional self-care**: Taking care of yourself physically and emotionally increases your capacity to deal with stress. Taking care of yourself

physically includes getting enough sleep, eating properly, getting exercise, and taking care of your health. Taking care of yourself *emotionally* includes activities such as making time for self-reflection, sometimes saying “no” to extra responsibilities, spending time with others whose company you enjoy, staying in contact with important people in your life, identifying comforting activities, objects, people, relationships, places, and seeking them out, finding things to make you laugh, allowing yourself to cry, spending time with nature, finding a spiritual connection or community or engaging in spiritual rituals or other activities, meditating, singing, praying.

3. **Team cohesion**: For humanitarian workers, the ability of their work team to stick together and support each other is probably the single most important *protection* against the potentially negative effects of stress. Conversely, conflict within the team or isolation of a staff member from other team members is a major *source* of stress.

Principle 6:

1. **Psychological First Aid**: Psychological First Aid (PFA) consists of care delivered during the first few weeks after a critical incident to those individuals who are showing acute stress reactions or who appear to be at risk of long-term effects. It seeks to establish a sense of safety, reduce extreme acute stress-related reactions, strengthen coping mechanisms and social support, and connect individuals to resources that help them address their problems through more in-depth services.
2. **Culturally relevant**: Cultures have developed different ways of dealing with the effects of extreme stress on people. The methods used in another culture may not be relevant. Agencies should seek to learn how crises are handled in the specific culture they are working in *before* a critical incident occurs.

Principle 7:

1. **Culturally appropriate**: What events or experiences are stressful, what the symptoms of stress are, and the ways people have of dealing with stress differ from one culture to another as well as from one individual to another. Those carrying out end-of-assignment reviews should be aware of and sensitive to these differences.
2. **Operational debriefing**: A formal process focusing on what the staff member did, observed, experienced, and learned during their assignment, and how the organization could potentially benefit from this experience.
3. **Personal stress review/ Personal stress assessment**: A formal process focusing on how the staff member has responded to the stresses they experienced during their period of service. It may explore what their experiences were, what their thoughts and feelings about those experiences are now, and how they are dealing with those thoughts and feelings. It focuses especially on any needs they may have for ongoing support or other interventions.
4. **Confidentiality**: When an individual discloses intimate personal information about himself or herself, the agency should ensure that this information is not shared with others without the permission of the individual.
5. **Psychosocial services [in a crisis]**: Dealing with stress is not just a “psychological” issue, to be addressed by “psychological” interventions. Responding to practical (“-social”) concerns such as the need to arrange for housing, short term financial needs, the need for communication with family members, and ensuring physical wellbeing are also essential. At the same time, dealing only with practical needs may not be enough for some staff members. They may also need counseling or other mental health (i.e., “psycho-”) interventions.

Principle 8:

1. **Burnout**: Burnout is an emotional state resulting from chronic exposure to stress, characterized by emotional exhaustion, a sense of fatigue and lack of energy (even when you have gotten enough sleep), impaired enthusiasm and motivation

to work, diminished work efficiency, a diminished sense of personal accomplishment, and pessimism and cynicism.

2. **Compassion fatigue**: Seeing gruesome scenes, or *witnessing* the suffering of those who have experienced traumatic events, or repeated *exposure* to tales of traumatization and personal tragedy may lead to the staff member having symptoms much like those of the primary victims. Symptoms may include depression, anxiety, irritability, somatic complaints, symptoms of PTSD (e.g., nightmares, hyperarousal, emotional numbing). Even a staff member who has not been *directly* exposed to traumatic events may suffer indirect effects.
3. **Post-traumatic syndromes**: People do not respond in a uniform way to traumatic events and symptoms of distress may last for a long time after the events. Among the possible responses are flashbacks, nightmares, an exaggerated startle response, difficulty sleeping, feelings of “numbness,” depression, anxiety, guilt, protracted grief, dissociative disorders, irritability and interpersonal conflict, and somatic disorders (such as disturbed sleep, appetite changes, depleted energy, aches/pains).