

Developing a responsive model of staff care beyond individual stress management: a case study

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This field report offers some examples of donor related, and management induced, stress among local humanitarian staff in northern Sri Lanka. These examples were identified during staff care interventions held with a dozen nongovernmental organisations in the region. In this report, the authors discuss approaches to staff care. They conclude that individual, stress management focussed training does not adequately answer the needs of staff members (partially) burdened by unnecessary, work related stress. Concrete action may be based on staff members making and carrying out their own action plans for improving staff care, through using mechanisms of social support that are common within their own cultural environment.

Keywords: donor related stress, management induced stress, psychological first aid, staff care, stress management training

Western ideas of staff care and the needs of local staff members

Examples of donor related and management induced stress

The authors were inspired to react to the call for a field report on 'the role of organisational structures as major factors in work related stress, in humanitarian workers' by the Editor in Chief of *Intervention* (Ventevogel, 2011). We came

across these examples during our efforts to develop approaches to staff care that would fit the needs of non-western staff members and connect with the local mechanisms for social support. Staff members, who work for both local and international nongovernmental organisations (NGO's), in Sri Lanka made the following statements:

- *The needs of beneficiaries are sometimes different from what the programme offers. We feel very ashamed about this sometimes.*
- *The staff is divided in two groups; they do the same work, but the projects are from different donors. One group has a lower salary, but a higher workload than the other, and that causes tension.*
- *Managers give assignments with tight schedules very late, and then [they] blame us when we are not ready in time. They say they are late because they needed a lot of time to reach an agreement with the donors.*
- *Due to changes made by short stay, ex-pat managers, regional offices have diverging procedures for reporting and other paperwork.*
- *Local staff are not invited to the parties of the 'ex-pat' staff.*

Stress management: a series of individual strategies, or a complex of social and structural mechanisms

In publications originating from western countries, care for the staff of humanitarian organisations is usually described as a

Box 1: An example of donor related and management induced stress

An international, agency donor was supporting local organisations to implement community mental health interventions through producing awareness raising publications (handbills and posters), to display in public. The production of the handbills and posters had been allocated in the project budget. One partner organisation of this donor agency had printed handbills with the photographs of actual mental health service users, with their permission. This handbill was later shared with another partner organisation that was also supposed to print similar handouts, before the deadline for expenditure of the budget allocations. The project coordinator (of the partner organisation) was instructed by their managers to make an *'attractive handout'*, like the one they had received. The coordinator feared that publishing the *real photographs of the recovered patients* could increase social stigma for the people featured, as the handbills and posters were to be distributed and hung in their own communities. When the coordinator brought this dilemma to the managers, they insisted that the handouts should carry the photographs of actual clients as it wouldn't be *seen as an effective and attractive handout'* by the funding agency, as the other partner had already done it in this manner. The coordinator went through a stressful period negotiating with the managers and the donor agency. S(he) also felt ashamed to meet and work with the beneficiaries of the project. Ultimately, the coordinator became so frustrated as s(he) felt that the managers and donors did not understand the real impact and negative consequences for the beneficiaries, that this action contradicted their own project objectives (i.e. community mental health), and that they were only concerned with publicity and pleasing the donors.

responsibility of the management. In this context, stress management training, which basically builds individual skills and strategies for coping with stress, is seen as central component of staff care (for example: www.antaesfoundation.org; www.headington-institute.org; www.managing.peopleinaid.org; www.greenleaf-is.com; www.konterrargroup.net). Stress management training is recommended, both as a preventive measure (together with professional psychological support or treatment), as well as an instrument to cope with the consequences of cumulative, or extreme, stress. The sources of stress mentioned in these publications are usually related to traumatic experience or critical incidents. Donor related, or management induced, stress is rarely mentioned. Ignoring these systemic and structural sources of stress, and only

working on individual stress management, carries a risk of implicitly blaming staff members. In this case, by making them solely responsible for dealing with their stress, they could be overburdened.

In developing countries, such as Sri Lanka, the local culture may offer alternative approaches to dealing with stress, distinct from the individual centred strategies discussed during stress management training. These may take the form of collective rituals and traditional social activities. However, after armed conflict or disaster, local mechanisms for dealing with stress are often (partially) destroyed, or simply not effective. Actions to change the conditions or processes that produce work related stress must be considered a priority. Some forms of stress management training can also be useful, provided it is adapted to the local context,

A case description

In 2009, staff members of a local NGO, who had been exposed to multiple displacements and shelling, ended up in an internally displaced persons (IDP) camp, where they were forced to stay for months. After they were released, they resumed their work. Their managers were concerned as they were unable to function, as well as before they had been displaced. Additionally, the staff members showed multiple signs of physical tension and hyper-alertness: some seemed to be unable to keep their legs still, or seemed to jump up at every loud sound. All mentioned physical complaints, which were activated when they were confronted with something that reminded them of some horrible or scary situation during the last stages of the civil war. Half of them mentioned they were easily irritated, and at times had difficulty in controlling their anger. Others were quite lethargic and seemed to be without hope.

After their release from the camps, many had restored ties with their extended families. Most of them also reported that they felt very supported by the NGO they were attached to, and in retrospect, the approach of their managers seem to have been in line with the principles of psychological first aid (Schafer, Snider & van Ommeren, 2010). However, it was also obvious that these staff members needed more. A combination of psycho-education related to their particular experiences and problems, in combination with an opportunity for short term (one session of 20 minutes) individual counselling, turned out to be very effective (Anonymous, 2009).

as well as to the problems of the individual staff members concerned.

Helping local NGOs to improve staff care

The original plan

In 2010, an international NGO planned to offer stress management training to a group formed of two or three staff members from each of eight humanitarian organisations, based in Sri Lanka. This would be a 'Training of Trainers' (ToT) event, with the expected outcome that the participants would, at the end of the training, in turn train remaining staff at their organisation. When asked for advice, the authors suggested that a follow up programme should start with a thorough assessment of the sources of stress (including the donor related and management induced sources), as well as the forms of staff care existent in each of the NGO's. After this, a connection could be made with existing effective practices for staff care by organising a workshop on 'Making an action plan for improving staff care'. It was felt that the

workshop format would allow the participants to learn from each other's effective practices for staff care. In this way, the idea of making a feasible action plan would be a form of empowerment, and the use of local strategies might make stress management training less of a priority. This plan was carried out in late 2010.

The assessment

During the assessment, eight NGOs were visited. With regard to the sources of stress, the most frequently mentioned factor was heavy workload (i.e. no time for lunch, work had to be continued during weekends and holidays). Other sources included: low salaries; working far away from family and being unable to visit them during weekends; problems with government restrictions that delayed their work; inability to support volunteers; discrepancies between what organisations offer and the real needs of the beneficiaries; job insecurity; and lack of opportunity to discuss difficulties encountered with colleagues or experts. Forms of

staff care that were already in place included the following: regular (i.e. bi-weekly) meetings, during which problems encountered could be discussed; one day meetings, or two day retreats, for field staff and their families; support visits to families of staff members by managers; and the possibility of visiting a local counsellor.

The workshop

Seven of the eight organisations assessed participants who had been sent to the subsequent workshop, which was conducted in Tamil a few days later. The facilitators gave an overview of the results of the assessment, and introduced three concepts describing the ingredients of staff care: monitoring, staff support, and training. Then they discussed four important questions that should be considered while making an action plan:

- Which steps do you want to take?
- What resources will be needed?
- Who will be responsible for carrying out each of the steps?
- What is the time schedule?

After this, the participants worked constructively to create action plans for improving staff care in each of the participating organisations.

The follow-up

Four months later a half-day, follow up workshop was organised. This time, representatives of five organisations participated. The authors asked each of the organisations to share a small, but yet significant, success in improving staff care.

Examples of success included:

- A regular meeting was organised for drivers of an NGO so they can discuss the problems they encounter.

- An informal meeting of all staff members was organised in which they prepared a meal together. This greatly improved the relations among the staff, at the same time the management had to terminate contracts with many of them for financial reasons. Provisions were also made for supporting staff leaving the organisation.
- A party was organised, where both Tamil and Sinhala staff (where there had been some ethnic based distance) were present; and all staff members eagerly contributed to the associated cultural programme.
- A retreat was organised for staff members and their families. Training courses are now provided every three months. Topics so far have included nonviolent communication and stress management. A livelihood plan was initiated for staff members that have to leave the organisation when projects could no longer be financed.
- Project proposals are now discussed during weekly meetings with field workers, so that discrepancies between the output promised to the donors and the needs of the beneficiaries can be addressed, and thereby a major source of unnecessary stress was minimised.
- Staff members gave emotional, practical and material support to colleagues affected by local flooding.
- Staff care activities and costs are now included as part of each project proposal and budget.

After this, the facilitators invited the participants to discuss challenges they met while trying to implement the action plans, and brainstormed ways to deal with these challenges. Participants mentioned: a lack of interest, or rigidity, in some managers; an initial lack of motivation among colleagues; and a lack of local resources,

including people. Based on the session discussions, the participants then wrote new action plans to address the current situation. These plans explicitly included the cooperation of the participants within the organisations where they worked.

Conclusion

Rather than simply ‘rolling-out’ stress management training, there is a need to provide tailored and responsive interventions to support humanitarian workers. Rapid assessment of sources of stress, including those related to management and donor relations, can help guide support for workers and organisations in implementing practical action plans.

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