EXPERIENCES OF AUSTRALIAN HUMANITARIAN WORKERS

A report on preparations, field work and returning home

Bronwen Blake, Fernanda Claudio, Richard Taylor

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This study is based on findings of an investigation of the experiences of Australians who provided humanitarian relief in disasters, complex emergencies, conflict and post conflict situations internationally. Funding was provided by an Australian Development Research Award (through AusAID). The original study, published in 2009 was conducted through the School of Population Health, The University of Queensland.

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ACRONYMS

AusAID  Australian Agency for International Development
ADF   Australian Defence Force
Corp  corporation
DMAT  disaster medical assistant team
Gov   government
NGO   non-government organisation
PTSD  post traumatic stress disorder
RC    Red Cross
UN    United Nations

A note about the use of acronyms in this publication
Acronyms are used in both the singular and the plural, e.g. NGO (singular) and NGOs (plural).
Acronyms are also used throughout the references and citations to shorten some organisations with long names.
EXECUTIVE SUMMARY

This report is based on findings of an investigation of the experiences of Australians who provided humanitarian relief in disasters, complex emergencies, conflict and post conflict situations internationally. Funding was provided by an Australian Agency for International Development (AusAID) Australian Development Research Award. The study was conducted through the School of Population Health, The University of Queensland.

Disaster response is widely acknowledged to be as difficult and complex as the variety of circumstances it addresses. These difficulties arise from the nature of the emergency, and from geo-political, economic and social issues within the disaster setting.

During the past three decades, research aimed at understanding and improving disaster response has resulted in significant positive impacts on morbidity and mortality. More recently, studies of disaster response have examined experiences of disaster responders to inform more efficient and appropriate responses.

The present study investigated Australian disaster workers from a range of health-related fields. The research team undertook 70 in-depth interviews regarding disaster workers’ experiences of humanitarian relief and 5 key informant interviews. Experiences of pre-departure preparations, field experiences and the process of returning to Australia were specifically examined. The study focused on health aspects of disasters and Australians who had worked in this capacity during the previous five years were interviewed.

Informants were from a variety of backgrounds and are categorised into 3 types: the military, predominantly the Australian Defence Force (ADF); humanitarian organisations, including individuals who had worked for the United Nations (UN), Red Cross Societies and non-governmental organisations (NGOs); and government, primarily from the civilian medical teams sent to respond to regional disasters from Departments of Health from NSW, ACT and Western Australia.

Findings indicate that pre-departure preparation of aid workers varied greatly across key subcategories. While some informants underwent extensive procedures perceived as adequate, others had almost no pre-departure preparations. Variation depended on type of disaster, interval between disaster and deployment, and type of responding organisation.

Findings suggest that some preparation is ad hoc with some informants personally funding their own study in order to gain additional skills and fulfil organisational criteria for humanitarian work.

Findings suggest that some preparation is ad hoc with some informants personally funding their own study in order to gain additional skills and fulfil organisational criteria for humanitarian work. Humanitarian organisations generally offered briefings and medical preparation, although this varied greatly both within and across organisations.

The civilian medical teams had less pre-departure preparation due to quick organisation of teams and deployment. The ADF had formal processes for pre-departure preparation and generally deployed better prepared teams of consistent size and composition.

The team investigated field experiences such as length of deployment, field situations, team dynamics and opinions of effectiveness of missions. Results showed great variation in length of deployment, depending on type of disaster and organisational mandate: short deployment (for example, the terrorist bombings in Bali); deployments of weeks to months (for regional earthquakes); and long-term deployments for protracted and complex emergencies.

The majority of informants across all subcategories found team dynamics to be a significant factor in the success of missions. Good management was reported as crucial to team effectiveness and positive outcomes of disaster response. Project effectiveness was gauged qualitatively, by informants, through individual perceptions. Most informants reported that consultations with affected communities did not constitute an important component of response design.
Most informants reported that returning to Australia was a difficult process. Exceptions included respondents who worked for ranked organisations, such as the ADF, that had established protocols for training, deployment, and debriefing. Additionally, the consistency of teams throughout the mission cycle (i.e. training, deployment, and return to Australia) provided a structure that facilitated reintegration home. For other organisations, the post-mission phase consisted of an individual experience of returning home alone.

Across many organisations, informants reported variation in the length, content and quality of debriefings. Some informants reported an over-emphasis on psychological debriefings at the expense of lessons learned and project effectiveness.

Difficulties reported included: isolation; feeling that one’s intense overseas experiences were misunderstood; culture shock due to disparities in wealth between Australia and socially-disrupted places (“overwhelmed by opulence”); health problems, including mental health issues; and, uncertainty in terms of employment.

Investigation of core skills of humanitarian workers produced two categories: skills developed through formal education and professional training; and, field skills derived from personal characteristics and abilities honed in field situations. The latter category included adaptability, flexibility, ability to work in teams, and personal resilience. Significantly, respondents emphasised personal skills ahead of professional training.

Quality and levels of support offered to humanitarian aid workers by employers was reported to have significant impact on professional experience.

3. reintegration strategies to minimise stress;
4. consideration of personal characteristics in recruitment strategies; and
5. recruitment and training of management specifically for humanitarian work.

Participants suggested improvements in five aspects of aid work could improve work experience and potentially, retention:

1. attention to recruitment and training of teams;
2. provision of situational analyses addressing social, political, cultural and security of mission sites;
INTRODUCTION

Natural and human-made disasters have increased in scale and frequency in recent times [UNEP/GRID-Arendal 2005]. In addition, the impact of natural disasters can be magnified by geo-political, economic and social factors, and compounded by protracted conflict.

A one-size-fits-all approach to disaster response and to the provision of assistance during conflict, and in complex emergencies, does not exist. Each humanitarian crisis is unique and, ideally, requires a tailored approach designed for the types, scale and location of events. Additionally, disaster situations are dynamic, change over time, and produce differential impacts that require a flexible approach to the response strategies.

Recent advancements in technical aspects of humanitarian work are demonstrated through reductions in mortality rates, development of standards and treatment protocols, and defined sets of response priorities [Salama et al. 2004]. These changes have occurred at a time when access to populations is becoming increasingly difficult due to conflict and violence, placing the security of humanitarian personnel under greater threat [Burkle 2005]. This changing humanitarian system provides new challenges to the humanitarian workforce in terms of preferred technical skills, stamina in the field, personal security, management of programs and interventions, and navigating complicated local contexts.

With increasing demands on humanitarian workers, there is also now more comprehensive accountability of the humanitarian system in terms of appropriateness of response, safeguarding of human rights, and gauging of effectiveness [The Sphere Project 2011]. The professionalisation of humanitarian workers has been highlighted as an issue warranting discussion [Walker 2004].

The humanitarian system is expanding rapidly with an increasing diversity of actors, and greater numbers of personnel deploying to complex emergencies and disasters. Given these features, it is surprising that current research into the recruitment of humanitarian workers is limited.

The issue of human resources within the humanitarian sector is now unquestionably on the agenda, and the identification of important gaps in knowledge within this field is the central thrust of this study.

The issue of human resources within the humanitarian sector is now unquestionably on the agenda, and the identification of important gaps in knowledge within this field is the central thrust of this study. While human resourcing of disaster response is of concern to agencies, there is limited research examining the experiences of humanitarian workers, especially from their point of view, although some research has focused on various aspects of psychological requirements and resilience, as well as other support [Comoretto 2007; Blanchetiere 2009].

Humanitarian organisations of all types frequently update their preparation and post-deployment support for relief workers, but this is often based on what organisations think relief workers need rather than an investigation of relief workers’ field experiences and perceptions [Hearns & Deeny 2007]. A neglect to focus on humanitarian workers can be an obstacle in addressing important ‘lessons learnt’ in the field gained by individuals closest to the chain of disaster response.

This report examines the experiences of Australian relief personnel in three distinct areas: pre-departure preparations, the field experience, and the process of returning home. These experiences are examined in various ways, including difficulties and stressors encountered throughout an individuals’ life-course as a humanitarian worker.

The discussion focuses on the provenance and role of support, and the perceived impacts on individuals of types and levels of personal and institutional support. Recommendations suggest ways to improve support.

This report is based on a 2008 AusAID-funded study of the Australian humanitarian health response comprised of 70 in-depth and 5 key informant interviews with Australian aid workers. Responses were analysed thematically with salient issues and dominant themes discussed within this report.
The Australian humanitarian response

Australia’s international humanitarian response is diverse and includes individuals who work for humanitarian and development-orientated NGOs, the Red Cross, the ADF, the UN, and civil medical teams organised by state and federal health departments to respond to specific events.

Australian disaster responses are predominantly funded by the Federal Government and the public appeals of various NGOs. While both government and NGOs regularly budget for humanitarian work, the nature of disaster is such that appeals are regularly made to finance specific events (e.g. the 2011 Queensland Flood Appeal or the 2004 Tsunami fundraising). The diversity of agencies involved in humanitarian work means that organisational philosophies and mandates vary substantially, with recruiting practices similarly diverse.

Globally, response to disasters often falls into the categories of humanitarian, political and rights-based. Australian humanitarian activity mirrors the Australian government’s aid and regional priorities, responds to regional disasters to which deployment can be made quickly, and reacts to public opinion that fuels fundraising for specific incidents.

Australian foreign aid policy focuses predominantly on Asia-Pacific and, lately, the African continent. Humanitarian responses to those areas can be swift because of availability of funds and the ability to mobilise response structures. For example, the Australian Government sent personnel to regional emergencies, such as the Indian Ocean Tsunami, the Bali Bombings, the Yogyakarta Earthquake (all in Indonesia) and, more recently, the Pakistan floods in 2010.

In these cases, both military and civilian medical teams (henceforth referred to as DMATs, disaster medical assistant teams) were deployed to respond to high numbers of injuries and public health needs. It can be construed that the Australian humanitarian response is linked to foreign policy objectives, as part of broadening security goals and alignment with international aid priorities (i.e. the Millennium Development Goals).

The second feature of the Australian humanitarian response elicited in this study is the nature of the work of NGOs in various disasters. NGOs are the main sub-contractors of government aid policy, and their international mandates and diverse sources of funding mean that, in practice, their areas of intervention are varied.

These agencies employ the bulk of humanitarian workers, whose contracts are often based on deployments to specific crises. The scale, philosophy, and financial capacity of these agencies vary significantly, as does preparation and support of field staff.

This study captures key features of the Australian staffing of the humanitarian health response: government teams; individuals contracted through NGOs; and the military.

Informants in this study worked in over 55 countries and in an array of disasters broadly classified into 2 types: natural, such as the 2004 Tsunami and the 2005 Yogyakarta Earthquake; and complex emergencies such as Darfur in Sudan, protracted conflict in the Democratic Republic of Congo and Somalia (see Appendix 1, page 29).

Complex emergencies differ substantially from natural disasters which, although resulting in complicated social phenomena, do not have the wider implications of a political emergency. In terms of health staffing, length and complexity of crises significantly affect both recruitment and retention of staff.

1Slim H. op.cit., p. 112
Research Methodology

This study developed out of the experiences and observations of the authors of disaster response, analysis, and policy. The core methodology is qualitative and based on a series of steps as follows.

First, group discussions were conducted with participants in two successive years of a Health Aspects of Disaster Course at The School of Population Health, The University of Queensland. Approximately 40 students, many with disaster experience, participated in each of these discussion groups.

Secondly, a review was conducted of peer-reviewed articles, organisational reports, websites, grey literature, and biographical accounts within the humanitarian aid/disaster and anthropology literature. The literature review and the discussions produced a list of salient themes to inform questionnaire design for individual interviews.

Third, 70 in-depth interviews, of approximately 2 hours duration, were conducted with Australian humanitarian workers who had deployed internationally in ‘disaster’ response in a health context within the previous 5 years. Interviews were thematic and on individuals’ experience of disaster work in the health sector.

Salient themes explored included: personal motivations, pre-departure preparations, field experiences, post-field experiences, reflections on effectiveness of missions, reflections on relevance of training and preparation, organisational debriefing, and lessons learnt in the field.

...and analysis. Bronwen Blake is a nurse with training in international public health and extensive disaster response experience; and Fernanda Claudio is an anthropologist who has conducted fieldwork in the context of disaster. The complementarity of these differing academic and field experiences enhanced the study design and contributed to the gathering and analysis of data.

The study sample of 70 informants consisted of individuals who had worked for NGOs, the ADF, state and federal governments, the UN, the Red Cross, and civilian medical teams (DMATs). Members of the DMATs were recruited through state health departments. Other informants were recruited through individual and organisational contacts, by advertising online and in humanitarian work-related newsletters, emailing lists and online bulletins, and through the snowballing technique.

Informants included medical doctors, nurses, other medically related professionals, water and sanitation experts, search and rescue specialists, logisticians, and others (Appendix 2). The sample included a wide age distribution and displayed gender balance (Figure 1, page 10).

The recruitment technique yielded 70 informants with gender balance and a range of ages. However, the researchers are mindful of the following features: some recruitment through a disaster training course within a Master of International or Military Public Health meant a high representation of highly educated individuals, including medical doctors and nurses, policy-planners and others.

The different backgrounds of the interviewers (a professional humanitarian worker and an anthropologist) resulted in particular thematic emphases during interviews. However, the qualitative
nature of the study meant that a wider eliciting of salient themes added to the validity of the data.

**Data management**

An Access database was designed to record informants’ responses to a questionnaire in three parts.

Part one consisted of quantitative and categorical data on demographic characteristics including age, gender, disciplinary and professional background, international disaster experience, and organisational affiliations. Quantitative analysis of these data was undertaken and the categorisation allowed for consideration of qualitative responses in subsequent sections according to particular groupings.

Part two of the questionnaire collected individual perspectives of disaster response. Informants’ experiences, including pre-departure preparations, field experiences, and post-deployment issues were elicited and recorded.

Part three of the questionnaire addressed cross-cutting issues related to disaster work, such as: perceptions of appropriateness and effectiveness of specific missions, recipient community responses, gender differences, religion, ethics, culture, and personal security.

Analysis of interview data used both qualitative and quantitative methodologies. Demographic data was analysed quantitatively, to provide a profile and background of research participants. Parts 2 and 3 of the database were analysed by identifying salient themes, sub-themes and informative perspectives within informants’ narratives. For this report organisational sub-groups were identified, as well as professional groupings.
FINDINGS

Profile of Informants
The 70 informants who participated in this study had worked in a variety of locations, predominantly in Africa and the Asia-Pacific region. Areas of work are illustrated in Appendix 1 (page 29). The majority of African deployments were with humanitarian organisations. DMATs were predominately deployed to the South East Asia countries.

Geographic distribution of informants
It was a prerequisite for this study for informants to be either a resident or citizen of Australia. Informants were recruited from all states of Australia with some individual’s resident abroad at the time of interview.

Most informants were from New South Wales (39%), with Queensland a distant second (20%), and Victoria in third place (16%). The remaining 25 percent came from the Australian Capital Territory (6%), the Northern Territory (6%), South Australia (4%), Western Australia (1%), Tasmania (1%), and Australians deployed abroad (7%).

Distribution of informants by state possibly reflects selection effects due to residence of interviewers in NSW and Queensland. The snowballing technique resulted in interviewing relatively large numbers of personnel from medical emergency teams who originated overwhelmingly from NSW and Victoria.

The geographic distribution was also affected by the fact that a large number of NGOs have their headquarters in Melbourne and Sydney. Western Australia is possibly under-represented because of the limited contacts of the researchers and the low numbers of response organisations there.

Age, Gender and Professional Profile of Informants
A gender balance was attained by purposive sampling of 36 male and 34 female informants. There was also representation of the various age groups within the humanitarian workforce. The informants’ age distribution was not purposefully achieved, and the age of informants was indicated only during the interview process.

The majority of informants fell within the 35-49 year age group (Figure 1, page 10); 19 of the informants were aged 40-44 years, the single largest age group within this study. The 20-29 year age group consisted solely of female informants.

There were greater numbers of female informants in the 30-39 year age group. In the 40-49 year age group, informant numbers are relatively equal. In the 50-year plus age group the majority were men, half of whom were medical doctors. Reasons for this may relate to life-course decisions as illustrated by one informant who commented that he was able to engage in short-term humanitarian work “now that I have my specialty, own practice and established career”.

Informants reported that NGOs presented greater opportunities for placements of 3-6 weeks for surgeons and anaesthetists, compared to other medical doctors and to nurses. For general practitioners and nurses, informants reported a requirement for longer-term commitment, deemed inconvenient. The age distributions related to both individual life-course issues and the types of opportunities presented by humanitarian agencies.

Profile of professional background of informants
While this study included a broad range of professions practised by humanitarian aid workers, the largest numbers of informants consisted of medical doctors and nurses.

Other significant groups included members of the ADF and environmental health specialists. Fire fighters are highly represented because this group undertook specific roles in the DMATs involved in regional disasters.

A predominance of medical doctors and nurses in the sample reflects recruitment of some participants from a health-related humanitarian disaster response course. The category of military informants consisted of full-time military personnel. Military reservist informants were classified under their professional qualifications.

The majority of the medical doctors interviewed were men, and the age distribution partly reflects opportunities afforded by the structure of their practices in mid-life. Ages ranged between 30 and 64 years with a peak in the 40 to 44 year and 55 to 59 year ranges.

Nurses were mostly female (11 out of 16) reflecting the gender distribution of the profession. Ages ranged from 30 to 64 years with peaks in the 40 to 44 and 50 to 54 years ranges.
While our results show 6 full-time military personnel having engaged in humanitarian work, our sample also included 5 reservists who deploy with the ADF in mixed response teams or in purely military teams. The ADF regularly deploy personnel to various conflicts and disasters to provide essential medical services and logistical support. Within combat deployments, they often have dual goals which may include attending to the emergency needs of affected local populations. The relatively small number of military informants from this category may reflect permission and consent issues related to participation in the study (Refer to appendix 2).

Disaster Work Experience of Informants

Disaster work experience: number of deployments per informant
The number of deployments per informant varied greatly. Most humanitarian workers in our sample had been deployed to one or two missions.

Disaster work experience: time in the field
The study sample included informants with a wide range of disaster work experience, spanning large numbers of short-term deployments, single short-term deployments and longer missions (Figure 2, opposite page). The largest informant group consists of individuals having undertaken one deployment.

With regard to disaster work experience, we found great variation in numbers of missions and total time spent in the field. One informant totalled 84 months experience, far outstripping any other informant. Excluding this anomaly, the mean deployment per person is 4.5 months.

Our results show that over half of informants had engaged in one to three deployments (n=36). Half of these 36 informants attended one deployment, with a median time per deployment of 1 month. This category is heavily influenced by the DMATs sent as part of the Australian response to regional
disasters: the Aceh Tsunami (2004) and Yogyakarta Earthquake (2006). The DMATs were selected from state health departments and deployed for short periods to respond to specific crises. Some members of the DMATs had previously been military reservists, a fact that may have contributed to their perceived suitability for these deployments. Some missions, for example, to the Bali Bombings (2002, 2003, 2005), involved both the ADF and civilians.

Interestingly, this result begs the question of why individuals undertake short missions and often do not return to humanitarian work. While motivations for humanitarian work are overwhelming altruistic, retention is problematic. Our results in the section below describe possible reasons for not continuing in this work related to field experience and organisational practices.

**FIGURE 2. NUMBER OF DEPLOYMENTS PER INFORMANT**

Disaster work experience: Australian Government regional response
The Australian Government regional responses to disasters comprise the rapid recruitment of response teams, often consisting of combinations of ADF reservists, medical personnel from state health systems and fire-fighters.

These responses are predominantly short-term and address the acute needs of afflicted populations. The type of intervention required in these circumstances is reflected in the duration of deployment. Typically, these missions require a mixed team of professionals, heavy logistical support, and expense.

Some informants suggested that the objective is political rather than effective, as in the case of the surgical teams sent to Aceh after the tsunami who aided a relatively small number of people.

On the other hand, the impact of the response teams sent to repatriate Australians after the 2002 Bali bombings, which resulted in 202 deaths (including 88 Australians), were perceived as more effective because all casualties were evacuated. In this case, the Australian response comprised Federal Police, the ADF and DMATs who engaged in the repatriation of injured people to Australia in short missions of one day.
Disaster work experience: organisational affiliation

In our sample, the preferred employer is NGOs, a fact that corresponds well with the primary motivation, which is altruism. Our results indicate that NGO work is relatively poorly remunerated, offers almost no job security, and varies in terms of support over the course of missions.

A little over one third of respondents had worked exclusively for NGOs, 9 were full-time with the ADF, and the remainder had undertaken work for a variety of organisations, reflecting life-course choices in terms of work conditions, remuneration and types of missions.

The relevance of organisational categorisation relates to the importance of mandates and humanitarian philosophy, loyalty and retention, and individual motivation for humanitarian workers. Organisations that respond to disasters vary in terms of philosophy, recruitment practices and purpose, and these features would affect the types of workers recruited, depending on motivations and field experience.

None of the informants in this study worked exclusively for the UN, possibly reflecting the higher levels of experience required for employment within the UN system.

The 11 informants who worked for the Australian Government alone had participated in civilian medical emergency teams (DMATs).

Informants listed in the NGO category had worked for approximately 20 different international organisations, both in emergency and longer-term deployments.

### TABLE 1. ORGANISATIONAL AFFILIATIONS OF INFORMANT (N=70)

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>No. of informants</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGOs only</td>
<td>24</td>
</tr>
<tr>
<td>Government (Gov) only</td>
<td>11</td>
</tr>
<tr>
<td>ADF</td>
<td>9</td>
</tr>
<tr>
<td>NGO/Gov</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>Red Cross Society (RC)</td>
<td>3</td>
</tr>
<tr>
<td>NGO/RC</td>
<td>2</td>
</tr>
<tr>
<td>NGO/UN</td>
<td>2</td>
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<tr>
<td>RC/ADF</td>
<td>1</td>
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<tr>
<td>RC/UN</td>
<td>1</td>
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<tr>
<td>ADF/Gov</td>
<td>1</td>
</tr>
<tr>
<td>UN/Gov/NGO</td>
<td>1</td>
</tr>
<tr>
<td>NGO/UN/Corporations (Corp)</td>
<td>1</td>
</tr>
<tr>
<td>UN/Gov/ADF</td>
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<tr>
<td>NGO/UN/other</td>
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<tr>
<td>Corp/NGO/RC/Gov</td>
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<tr>
<td>UN/Gov</td>
<td>1</td>
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<tr>
<td>NGO/RC/Gov/Corp/other</td>
<td>1</td>
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<tr>
<td>UN only</td>
<td>0</td>
</tr>
</tbody>
</table>
Research Findings: Informants

Pre-departure preparation for humanitarian work

The study revealed that informants’ motivations were overwhelmingly humanitarian, or, as many stated, “to make a difference”. Preparation for deployment to an overseas disaster or complex emergency took place at two distinct levels: preparation by the employing organisation, and preparations undertaken individually.

A significant finding with regard to fieldwork preparation was the assertion by many informants that they had personally financed various courses and workshops to qualify for disaster work.

Additionally, because disaster work involves both personal risk and, often, the curtailment of life-course decisions, such as starting a family and buying property, disaster work was found to involve a degree of personal sacrifice. On balance, personal factors were reported as equally, if not more important, than professional factors in decision-making and preparations for disaster work.

Pre-deployment preparations can be divided into seven different categories, and there can be overlap between actions taken by organisations and by individuals.

Pre-departure preparation: Individuals

Most informants (n=62) asserted that some aspects of pre-deployment preparation, such as coursework, had been undertaken on their own initiative and responsibility. Many respondents conflated individual with organisational preparation.

Health-related preparation included vaccinations, and what some informants described as “psychological preparation”. Others took time to reflect upon their motivation by articulating a need, as one individual stated: “to analyse myself... why do you want to do this?” Some informants spoke of attending training courses offered by humanitarian organisations, as well as undertaking relevant university-level courses.

Preparation within the home and work life included: organising leave from work, ensuring professional practices were covered, organising domestic affairs, and preparing a will. Some individuals reviewed professional skills to ensure that they were properly equipped for missions.

Individuals who were recruited and deployed within a 24-hour period, such as in the DMATs, had very little time for personal preparations and relied on deploying organisations to undertake pre-departure preparations.

The most common preparation provided by organisations consisted of pre-departure briefings. The briefing process varied by organisation, the urgency and timeframe for deployment, and the experience of individuals. Informants’ satisfaction level with pre-deployment preparations varied greatly.

For example, one informant stated that before a specific mission, the deploying organisation had provided “some briefing with the organisation, but not a clear idea of the job”. Additionally, another informant reported that they had received “some briefing, but I didn’t feel I really knew what to expect until I arrived”.

Most informants indicated that a good briefing was necessary to be properly prepared. For example, one person reported having had “two hours prep”, which he found to be “useless” as he could do “no planning and didn’t know much background”.

<table>
<thead>
<tr>
<th>TABLE 2. INDIVIDUAL PREPARATION FOR FIELD WORK</th>
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<tbody>
<tr>
<td>Individual preparation for field work</td>
</tr>
<tr>
<td>• Medical/health related preparation</td>
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<tr>
<td>• Training/Courses</td>
</tr>
<tr>
<td>• Preparations within life/work/home</td>
</tr>
<tr>
<td>• Reading/Research about the project/placement</td>
</tr>
<tr>
<td>• Organisation of project logistics</td>
</tr>
<tr>
<td>• Psychological preparation</td>
</tr>
<tr>
<td>• No preparation possible</td>
</tr>
</tbody>
</table>
Another explained that the briefing she received neglected to inform her that she was “going to a very unstable place with constant shelling and gun fire...[a] pretty big thing to neglect telling me”, and that she “didn’t sleep for 4 days and nights” as a result. This informant reported having lost trust in the deploying organisation as a result of poor preparation.

Another individual reported lack of coherence of pre-departure preparations by saying that “the briefing kept on changing”. The level and type of preparations depended very much on the timeframe for deployment and the deploying organisation.

**Pre-departure preparation: The Australian Defence Force**

Individuals who worked for the ADF generally reported that pre-deployment briefings were organised and systematic. One informant explained that with the ADF’s schedule of continual rotation of international deployment, it was rare for there to be inadequate preparation for an emergency situation. Another informant reported that he attempted to become more self-aware and got into a “particular frame of mind” before each mission.

ADF personnel reported consistently two main categories of preparation: health preparation and contextual preparation. It was generally believed that, if time allowed, briefings were satisfactory. One informant commented that if the time lag between the decision to deploy and the deployment was very short, preparations could be “disjointed”.

Regular members of the ADF, in contrast to NGO workers, emphasised organisational rather than personal pre-deployment preparations during interviews. In these cases, consistency of employment, as opposed to short contracts, meant that the ADF could invest in its employees in terms of training, teamwork and a system of context-appropriate pre-departureations.

**Pre-departure preparation: The DMATS**

The systematised pre-deployment approach adopted by the fulltime ADF is different to the experiences described by informants who were deployed with the DMATS. They reported that the nature of the quick deployment to regional disasters (e.g., the Boxing Day Tsunami and the Bali bombings) left little time for comprehensive pre-deployment preparations. Often the time between notice of mobilisation and actual deployment was less than 24 hours.

For example, one informant recounted an instance in which a request was made for hospital personnel with experience in orthopaedic surgery, a valid passport, who were over 30 years of age, fit and healthy, and could work independently. This method of recruitment for emergency medical teams was similarly described by other individuals who believed that personnel were chosen based on their personalities and skills.

It appears that some of the pre-departure preparation is implicit in the forms of recruitment adopted for emergency medical teams whereby certain profiles of individuals (both personal and professional) are sought.

Once recruitment of staff for the DMATs was completed, they were swiftly deployed from their home locations to a departure point within Australia where briefings were provided. These briefings were technical in nature, addressed the specific emergency and the required equipment.

Informants reported little time for personal preparations or specific contextual information. Interestingly, one informant was told by the recruiting organisation: “you won’t know what you’ll find until you get there”.

While the DMATS responded to emergencies of different types, in all cases briefings were quite limited and described by informants variously as: “none”; “the briefing kept changing”; and, “very poor and confused”. One individual commented that the poor briefing negatively impacted his experience stating that: “we had no idea what we were doing until we got there”.

In the context of the DMATs, it is important to remember a great deal of our informants who participated in these deployments had had no previous disaster experience and that most of the medical staff were recruited for positions requiring

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2 Personnel deployed with DMATS consisted of health professionals working within the state health systems, some of whom were also reservists with the ADF.
skill sets similar to those of their regular hospital positions.

Several individuals reported that the evaluations conducted on the DMATs post-deployment found that the ad hoc briefing process of preparation required review.

**Pre-departure preparation: Non-government organisations**

The majority of respondents in this study worked in the NGO sector. This particular group defies easy classification due to variations in age, training, life experience, types of deployments undertaken, personal philosophies, and life-course choices. The established and better-resourced NGOs were reported as having a greater degree of consistency in their briefing and debriefing processes.

In contrast to the recruitment process of the DMATs, in NGOs there is generally a time lag between recruitment and deployment. Recruitment for NGO positions is typically longer entailing a process in which personnel are interviewed, placed on registers, and deployed at a later date as jobs become available.

Despite longer lead-up times, many informants reported a lack of adequate preparation for specific deployments, including situational and contextual information related to effective delivery of service and personal security. No informant reported inadequate health preparation.

Larger organisations provided various forms of formal training (mostly short-courses and workshops) in preparation for the field experience. Individuals recounted that specific information provided for mission was of varying quality. One individual stated that one pre-departure organisational briefing had left her so uninformed that she “got on to the internet to get information”.

In summary, pre-departure preparations, including general disaster response training and briefings specific to each mission, depended very much on both the nature of the emergency and the capacity of the deploying organisation.

In summary, **pre-departure preparations**, including general disaster response training and briefings specific to each mission, **depended very much on both the nature of the emergency and the capacity of the deploying organisation**.

having the capacity to provide training structures and/or useful contextual information.

Emergency medical teams that were assembled within a short period of time (often 24 hours or less), consisted of personnel recruited for their specific technical skills rather than experience working in disasters. This lack of experience coupled with short briefings resulted in disaster responders who often did not understand the social context into which they were deployed, a fact that may have impacted on aid delivery.

**Informants’ field experiences: Dominant themes**

While our study captures a wide breadth of individual disaster response experience, informants’ field experiences can be classified into several dominant themes.

**Team Dynamics**

Issues associated with team dynamics in the field were a predominant theme for informants who worked in humanitarian emergencies\(^3\). Team experiences varied in nature and scope, depended on the deploying organisation, individuals’ personalities and other features.

Informants reported both positive and negative team dynamics, but a notable observation was that a well-

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\(^3\) The term humanitarian emergency, complex emergency and disaster tend to be used interchangeably as informants were not asked to clarify the type of disaster to which they were deployed.
functioning team of disaster responders was crucial to both a positive work experience and effective aid delivery.

One individual described negative field experiences as follows: “Almost all shitty experience is about teams and [the organisation] was awful because of the team”. In another case an individual stated in the presence of “different personalities...the team implodes, and the rest of the team watched it implode”.

The team was reported as playing a significant role in informants’ perceptions of the effectiveness of projects and in the enjoyment of the field experience. It was also reported that the team was an important contributor to the professionalism of the organisation.

One informant commented that he preferred to work within a team of professional aid workers, rather than with individualistic recruits who did not understand the purpose and value of group cohesion. In his words, “overly enthusiastic people can’t work in teams”.

A number of informants also mentioned the importance of collaborating with national staff and local communities. For example, one person stated that: “Your effectiveness is how well you can work with a team and also the local community. Teamwork is the major hassle. When people are stressed and when physically threatened they become different animals.”

Many informants suggested that negative field experiences were related to dysfunctional teams, which in turn affected the resilience of individual members. For example, one informant stated that “resilience is all about the team”. He explained that a supportive and well-functioning team in the field played a role in the wellbeing of workers, and was as important as de-briefing at the end of a mission.

Another informant stated that her worst experiences had been associated with poor teams. In her words: “resilience equals good teams and support in the field”; and “teamwork becomes second nature, [you] draw strength from teamwork to face the disaster”.

A great deal of informants were of the opinion that high individual stress levels were associated with poor team dynamics, especially in large multi-cultural teams, and in missions with many obstacles, such as restricted mobility and lack of personal security.

One informant stated that she had “had good and bad experiences, lots of people coming together who are all different, some people are more thoughtful”. Another informant associated the level of stress experienced with team functioning: “The more stress, the more difficult teams are...lots of work and the glue disappears, and [the team] can become dysfunctional. Add to that personal risk... and you are living with each other 24/7.”

One informant commented that, in the military, team cohesion was reinforced through training, deploying and repatriating the same group of individuals. In contrast, individuals who had worked for NGOs reported having been briefed, deployed and returned alone, often encountering very little post-mission support.

Additionally, it was also reported, that team cohesion in the military was enhanced by few cultural differences among members, along with a clear chain of command. However, one individual stated that teamwork could also vary within the ADF. He said that he had “worked with a number of different teams. Those that work best come from a performance unit. Mixed service teams are the worst and get together only a week before you go out.”

In other words, longer preparation time and opportunities to work with other team members before deployment was considered preferable. Another informant stated that: “the ADF is modelled on the British army which has units that train and go to war together. This is good because the pecking order is worked out with strengths and weaknesses identified.”

Many informants suggested that negative field experiences were related to dysfunctional teams, which in turn affected the resilience of individual members.
Differences in length of mission and age, professional background, and personal objectives of team members were also reported to play a part in the coherence and good functioning of a field team. Short-term workers held the view that they did not have the opportunity to understand and integrate into field teams, as illustrated by the following statement: “because I was there only a short period of time I was able to sort of not get as involved in the project politics etc. and left that up to the rest of the team”.

A surgeon working for a NGO commented: “Other[s] on short term contracts, like anaesthetists, sort of hung out together. Also I was a lot older than the rest of the team and therefore slightly removed”.

A surgeon stated: “it was difficult not being completely autonomous, as I couldn’t make all the medical decisions”. Another person had encountered difficulties when health-related decisions were based on project rather than health objectives, irrespective of his opinion as a medical professional.

Some individuals emphasised their good team experiences. Positive comments included the idea that a good team was comprised of people with similar attributes “who are not egocentric”, and that “teamwork was fantastic...I worked very closely with two other ex-pat colleagues who were of similar age and interests”.

**Project effectiveness**

Aid effectiveness is a global priority and many structures are now in place to work toward this end. The Paris Declaration on Aid Effectiveness (2005), the Accra Agenda for Action (2008), and the Busan Partnership for Effective Development Cooperation (2011) are international agreements to promote better quality of aid delivery and management.

Australia, through AusAID, supports the principles of these agreements and aims to align all aid delivery with the effectiveness agenda [AusAID n.d.]. However, because of the nature of disaster response, including the need to rapidly assess requirements and to deploy staff, ways to maximise effectiveness of missions may not be of primary concern.

In this study, informants overwhelmingly responded that the effectiveness of the various missions in which they participated was rarely gauged in any systematic way. In their accounts, effectiveness was discerned through individual qualitative judgements.

In any disaster response there are elements that enhance or impede effectiveness. As discussed above, much mention was made of the necessity of a well-functioning team for good morale in the field. Teamwork could be affected by difficulty and limitations of the mission and, as stated by one person: “hopelessness that you can achieve anything has a big effect on team morale”. Another said: “we were aware we weren’t achieving much”.

Yet another informant commented that she did not have “any misconceptions” about her perceived small role in a mission and that “maybe we didn’t do anything.” In retrospect this person wished she had had more strategic ability and capabilities instead of following instructions unquestioningly. She added that she would not return to disaster work in a similarly disempowered position.

Many respondents argued that gauging mission effectiveness was difficult due to lack of adequate measures and poor understanding of aid recipients.

...It is all emergency and not development. For local...
people it is not an emergency as they have been living it for 20 years.”

Similarly, others mentioned unclear project objectives: “lack of clear goals, lack of support because no one was clear as to where we were going”, and mission objectives that were incongruent with field situations. One individual lamented that: “it is psychologically damaging to have a mandate for peacekeeping, but we could not do anything about the violence”.

Aid appropriateness for each mission was another theme raised by informants. One individual stated that in one disaster deployment: “we distributed clothes, tents and food...hardly any of it was appropriate, because of religious beliefs clothes were no good. The food that was sent over was completely inappropriate - almost like a homeless food drive. All the tents were useless as they didn’t have poles... there was a lot of media attention.”

Another theme elicited was that of the balance between costs and duration of mission and outcomes: “it was time consuming and costly and we weren’t achieving much”.

Results of this study indicate that many organisations that respond to disaster do not use outcome measures to gauge the effectiveness of missions or the appropriateness of aid. Whilst evaluations are sometimes carried out, this method can overlook the impact of interventions from recipients’ points of view.

Management effectiveness

Informants expressed the view that management of missions should be organised to maximise project effectiveness. Many respondents reported that poor management had affected their field experiences and team morale. Informants suggested that managers should be trained with specific skills required in the field and that they should also be selected for personal qualities conducive to good leadership.

One informant commented that project managers should be approachable and have “lots of experience. Having his [manager’s] support made a massive difference.” Others commented that managers who were inexperienced and lacked training caused problems during missions.

One informant described one deployment in negative terms by stating that the manager “was inexperienced, disinterested, patronising, and incompetent”. Another individual reported that: “The operation is only as good as the leader... clear direction is a good one. Muddled direction causes uncertainty”.

Pathways to management positions within NGOs were discussed by a number of respondents. One individual stated that to “put managers in management...in a hierarchy, people tend to rise to their level of incompetence”. He expressed the opinion that a weakness in humanitarian organisations was the practice of recruiting managers based on their previous effectiveness in field positions rather than on the requirements of specific missions.

In this individual’s view, management of missions was a learned skill and organisations needed to prepare personnel for these situations through both training and opportunity for supervised field experience. In his view, “there is an upward pressure – people are thrust into positions they perhaps are not ready for. Pay can push you into positions as you get paid more in management”.

In sum, the research indicates that disaster response missions can be poorly managed due to the management recruitment practices of organisations, lack of specific leadership training and opportunities to train for management positions under appropriate supervision in the field. In contrast, the ranked nature of the military, where there are prescribed pathways for promotion and field experience under command, meant that few military informants reported poor field management.

Rest and relaxation

Inadequate rest and leave arrangements were considered to detract from the success of missions and the quality of the work experience. One individual stated that, “personality clashes occur if you are sleep-deprived and not getting fed properly”.

Not planning for adequate rest periods can indicate both poor pre-departure planning and the occurrence of unforeseen conditions in the field situation. Many study participants indicated that the opportunity to properly rest and unwind from field situations that
were highly stressful, in which one needed to be very vigilant of one’s safety, affected both teamwork and the willingness to undertake future missions.

For example, one young nurse who was deployed to Darfur as a first mission and who was placed in a high stress situation without the needed breaks, never returned to humanitarian work.

**Language and culture within the team**

Participants within this study were deployed to over 55 countries around the world. It is, thus, unsurprising that they would have had encounters with individuals and societies very different from their own Australian background.

Specific reported differences included language, culture (i.e. beliefs and practices), gender relations and religion. Similarly, language and cultural differences within foreign responding teams, as well as with local humanitarian workers, were reported as challenging.

Informants spoke of fractures in field teams because of different languages that hampered communication and created divisions. For example, one individual commented on an experience of a “split in the team between English and French speakers”; “the [French] team leader didn’t like English speakers. The French were very arrogant”; and, “even in English-speaking projects they spoke French, both at home and at work”.

Another person commented on dynamics within multicultural teams: “a multicultural team is a very difficult thing. Working with a bunch of other Australians is only two cultures (i.e. the local and team). Multiple ethnic backgrounds (sic) is far more difficult. It is how you work through the differences to cope with this that matters.”

Lack of preparation and planning for language and cultural differences within response teams in the field, and lack of on-the-ground management structures to deal with multicultural teams, was believed to negatively affect morale and, ultimately aid delivery.

**The media**

The media has become a third player in the field of humanitarian intervention. The idea of the “emergency imaginary” is propagated through various forms of mass media, and relates to both an understanding of emergencies and forms of response such as neutrality [Calhoun 2010].

It is clear that the media plays a role in how the public construe emergencies and in fundraising for humanitarian organisations. Media images and the reporters and photographers that produce these are, thus, a part of the response situation.

Various informants who worked for NGOs spoke about the impact of the media on aid workers’ roles in the functioning of missions.

One informant spoke of directives from organisations to engage with the media stating that he had experienced “a lot of pressure to feed the media machine”. In other words, he decried the time and effort needed to produce discourses and images of the field situation to satisfy media requests.

Other individuals reported that media coverage could affect objectives of humanitarian missions such that these became determined by donors’ priorities. One aid worker described a situation in which a project’s objectives were modified by donors’ perceptions of local needs. He stated that, “home societies wanted houses, therefore, we have to show them houses. Other parts of the work were just as important, but it was then overlooked.”

Some larger humanitarian organisations provided media training for designated communications personnel, but overall, media training and awareness
were not features of pre-departure preparations within our study.

Support from organisational headquarters
Study participants reported that communication between organisational headquarters, often situated in cities far from the response situation, and the field could be poor and uni-directional. Reasons for this included a perceived lack of field experience by managers and headquarters staff that had decision-making power over field staff. This lack of experiential connection was reported as a source of frustration for humanitarian workers.

One informant described such an experience as follows: “the HQ became a headquarters without passports”. In other words, the individual suggested that staff at organisational headquarters had no international and/or humanitarian work experience, yet were placed to make decisions about field responses.

Other informants reported that feedback mechanisms were poor such that constraints and requirements that presented within the field could not be adequately reported and acted upon centrally in organisations.

Many informants complained that de-briefing focused too strongly on the psychological rather than technical aspects of response, thus precluding feedback on aid delivery. NGO workers predominantly raised these issues.

Post-deployment experience – returning home
This study specifically addressed post-deployment experiences of humanitarian aid workers by focusing on the process of returning to Australia. Responses by informants indicated a number of difficulties involved in returning home following humanitarian missions.

However, types and levels of difficulty depended upon the nature of the employment and practices of deploying organisations, specific profession of the aid worker, age, gender, family circumstances, field experiences (including length and type of deployment), and de-briefing.

Of all organisations involved in international aid work, the ADF was reported as having the most systematic and consistent procedures for deployment and post-deployment re-integration of staff.

The Australian Defence Forces
Of all organisations involved in international aid work, the ADF was reported as having the most systematic and consistent procedures for deployment and post-deployment re-integration of staff. Notably, some informants described the military process of returning home as “something they [the military] are doing better”. Two individuals describe the post-deployment practices of the ADF as follows:

“You come home as part of a team, and remaining together with people having common experiences which is beneficial to the process of returning home. It begins with a decompression period away from the front line, for a period of up to a week. You then come back to barracks as a team and go through a debriefing period that involves physical, psychological elements and reintegration. At the same time the family is being told what to expect.”

Another military informant described the post-deployment period as follows:

“The debrief is compulsory, there is a specific debrief, lectures and talks, psych mental health…a bucket debrief. In Oz, [the debrief is] one on one. No guns and ammo, if you need ongoing psych [support] you will go...... the military understand the conditions and nature of things......talk about the difficulties, family issues, adaptation, what to expect, insomnia, family issues.... the family will have their own routine, the family has got used to you being away, be sensitive to that, and the mundane aspects of family life, go shopping, it makes a difference. Families also get briefings.... family groups and welfare officer, support group, briefing about what was going on and what to expect.”
Corporate identity is a key feature of the ADF and other armed forces, and contributes significantly to the idea of humanitarian work as an organised team effort in which there is collective awareness of the whole deployment process and of individuals’ entitlements.

**Non-government humanitarian organisations**

In contrast to the ADF, individuals who worked for humanitarian organisations reported greater difficulties in the post-mission phase, including re-adjusting to life in Australia.

Working for humanitarian organisations produced various types of experiences depending on organisational structure and mandate, levels of resourcing, management practices, and other issues that affected support provided to staff. Personal philosophies, field experiences, and different levels of coping ability also appeared to play a part in informants’ views of humanitarian organisations.

While experiences varied, individuals who worked for humanitarian organisations reported more difficulties re-adjusting to life in Australia after missions.

Respondents reported issues such as culture shock, isolation, displacement, health problems, adjustment to family and to regular workplace (in the case of members of medical response teams) and finances, as obstacles to social re-integration.

For example, problems arose from a sense of culture shock due to wealth disparities observed. As one informant stated: “I found it all overwhelming – the opulence, stepping back in the environment... supermarkets and pet food was difficult to deal with”.

Others reported feelings of isolation and a lack of general understanding of the enormity of their field experiences.

One informant described feeling isolated after every deployment, and believed that only people who shared the aid work experience could understand the sense of displacement. In the words of another individual who felt similarly displaced: “People ask stupid questions such as “did you have fun?”. She also described her family having asked her “Did you have a good time?” and described her feelings of frustration at their misunderstanding of her motivations.

In contrast to the ADF, **individuals who worked for humanitarian organisations reported greater difficulties in the post-mission phase**, including re-adjusting to life in Australia.

Another person stated that “there was not a lot of understanding” amongst people who had not done aid work. Another person believed that, within her social group, her experience had been “discussed and disappeared and put away and no one wanted to hear about it anymore”.

Yet another individual reflected on her aid work as having excluded her from enjoying the life-course stages of her peers: “I struggle with not having the lives of my friends, marriage, a house. Where do I fit, how do I become a part of this society?”.

Other individuals reported marital conflict related to the aid work lifestyle.

Problems re-integrating into Australian life were repeatedly described as key obstacles by aid workers. Most individuals stated that adjusting to home was easier if there was an acknowledgement, by their friends and families, of their field experiences.

Also, a sense of isolation was reported as a significant barrier to re-integration, but acknowledgement of aid work experience was reported as having the opposite effect. Some informants said that invitations to speak about their particular field experience in different forums, including their workplace, communities, organisations and universities, had helped with re-adjustment.

One person described public speaking as having allowed her to organise and make sense of her aid work experience. In the words of one aid worker: “Getting back is easier if there is a structure to go back to, like taking a course”. In other words, if there was a mechanism by which intense field experiences were acknowledged, valued, and integrated into the aid worker’s Australian life, than coming home was reported as being easier.
For many medical staff, coping with the contrast between their deployments and Australian work places was a concern. Medical work in disaster situations can be very intense with long work hours, new teams, cooperation with national medical staff, lack of resources, unusual and difficult cases to attend to, and a complex work environment. One informant depicted the return to Australia as the “normal crash”.

Informants described work at high intensity as promoting high arousal that entailed a recovery period. In addition, several informants also described frustration and impatience at being back in the hospital system where they felt a lack of a heightened sense of purpose. In contrast, in the field they had encountered a more intense response.

One informant stated that her experience in Darfur “could not have been a more perfect job” because she had used her skills and training and had been challenged. Her challenges upon return included in her own words: “having to deal with where you go from here. Do you go on other missions?”, “Where do you fit into Australia?”, and “Do I want to call Australia home?”.

Because of the intensity of most humanitarian aid missions, many informants expressed the view that a period of rest and distancing from the aid organisation environment was necessary to properly recover.

In the words of one aid worker: “It is difficult to settle back in as you get contacted and told where you could go, and it is too easy to say yes to another mission. This makes it more difficult as you are tempted”. She continued to say: “It’s our ego. We need to be able to say no”.

In another account, one informant described the need to recover from one mission before being able to contemplate accepting another and felt that agencies should have a period of grace where no offers of work are made. In her view, offers of work place the aid worker in a difficult position of needing to rest yet wondering whether refusal would prejudice future job offers.

Many informants described health problems upon return, both physical and mental. While physical health was, for the most part, well-attended to, a number of informants reported challenges with mental health. In the words of one aid worker: “[I] went through a lot of medical shit and depression, it was a combo of many things”.

Another individual stated that: “I still get Darfur things...bad dreams, visions, flashbacks, emotional reactions, a bit of PTSD [post-traumatic stress disorder], I guess....”.

In this study, individuals who had worked with a variety of agencies reported that de-briefing often included a psychological component. Whether psychological support was compulsory or voluntary, it is mostly short-term with options of ongoing support if required.

Pay within humanitarian organisations varies greatly depending on the capacity of the organisation and individual levels of experience. For many, salary was not the primary motivation for humanitarian work and therefore not a priority. However, lack of financial stability and the unpredictability of work could lead to problems on return.

The need for rest and recupera ti on when one is unremunerated is also a source of stress for returned humanitarian aid workers. This is especially the case when most humanitarian work is not ongoing and usually requires breaks between deployments for a variety of reasons.

Informants reported that low salaries and job insecurity led to high levels of stress upon return to Australia. As a consequence, the pressure to obtain paid employment upon return precluded extended periods of rest and recuperation. As one informant stated: “Finished pay when you finish, this is not a form of employment, it’s a period of time”.

Because of the intensity of most humanitarian aid missions, many informants expressed the view that a period of rest and distancing from the aid organisation environment was necessary to properly recover.
**Debriefing**

The term “debriefing” refers to post-deployment “conversations” about various aspects of field experience conducted by humanitarian and disaster response organisations. Responses within this theme varied greatly. Informants’ accounts of debriefing are classified in Table 3 (below). Responses are not mutually exclusive.

Although some individuals had had opportunities to reflect on the effectiveness of missions, some felt there was over-emphasis on psychological aspects affecting the individual, with comparatively little time spent on the content of the mission.

Some informants felt there was a lack of interest in their opinions regarding lessons learnt, especially when there was a degree of criticism involved. For example, comments included: “De-brief should be functional instead of psychological”; and “a good de-brief should acknowledge people’s comments about experience”.

In the words of another informant: “Psychological healing should be about improvement of response because people who go there are already tough”. Similarly, another informant commented that “de-briefing should include issues such as ‘what do you not want to happen again?’ in the de-brief would be good”.

In general, individuals reported inadequate debriefing post-deployment. Exceptions occurred for some members of the ADF, but not necessarily for Reservists who also reported some disappointment with post-mission de-briefing and re-integration.

Study participants who worked for NGOs reported concerns with the psychological focus of de-briefs and expressed frustration at the ways in which this approach individualised field problems that they believed were organisational.

Some ADF Reservists expressed the view that support after intense deployments was not adequate, and reported being affected by psychological issues as they returned to their regular jobs.

Sixteen informants in this study stated plainly that their debriefing was adequate, although others described problems with re-integration. One informant reported that her debrief was “excellent”. Eleven informants claimed they derived little benefit from debriefing, using terminology like, “useless”, “waste of space”, and “a joke”.

A small number of informants expressed concern that the contents of their psychological debriefing would be reported to organisations and could affect future job opportunities.

Three informants expressed the view that a psychological debrief should be compulsory “even for one session” after which their attendance would depend on whether “an appointment was made”.

### TABLE 3. DEBRIEFING

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<thead>
<tr>
<th>Type of Debriefing</th>
<th>Informants</th>
<th>Comments/Descriptions</th>
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<tbody>
<tr>
<td>No debriefing</td>
<td>5</td>
<td>In small inexperienced organisations. Independent consultants.</td>
</tr>
<tr>
<td>Informal debriefing</td>
<td>6</td>
<td>These were described as having taken place at dinner/drinks, airports and on buses and airplanes.</td>
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<tr>
<td>Formal debriefing</td>
<td>35</td>
<td>An organised process, especially conducted by the ADF and larger NGOs.</td>
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<tr>
<td>Psychological debriefing</td>
<td>22</td>
<td>Having been made available on a compulsory or voluntary basis.</td>
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4 The denominator does not equal 70. Informants were asked about debriefing. Some responded more than once and others offered no clear response to this question.
One male informant suggested “the Aussie male image makes it difficult to admit you have issues; [compulsory debriefing] helps maintain anonymity”. Another individual worked for an organisation that did not have compulsory debriefing, however, she was encouraged to “see the psych person”, but chose not to. This person experienced difficulties in the field but dealt with these by referring to herself as “gaga”, while also stating that “[it was] her decision not to go” to the psychologist.

Informants’ experience of the debriefing process differed considerably, with the noticeable distinction between individuals who had deployed with ranked organisations and those who had worked for NGOs.

Most respondents believed that debriefing was necessary to properly understand and recover from a mission and to learn from field experiences. In addition, most individuals also felt strongly that organisations had a duty of care to staff that worked in risky and high-stress contexts.

Humanitarian workers’ skills

Health staffing globally is a key concern of multi-lateral organisations, notably the UN, yet there are few guidelines with regard to specific competencies required of humanitarian health workers. In this study we sought to identify desirable and effective skills in this field to better inform future recruitment and training of personnel who worked in these high stress response situations.

An outcome of particular importance to this study is the identification of key skills and characteristics necessary for an effective humanitarian health worker. A number of skills, abilities, and characteristics were identified as essential features of humanitarian workers. For instance, the importance of the ability to work in teams is a dominant theme reported in the context of critical incidents and project effectiveness.

Teamwork was mentioned by all categories of humanitarian workers, including members of the

<table>
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<th>TABLE 4: ESSENTIAL SKILLS AND CHARACTERISTICS IDENTIFIED BY INFORMANTS FOR EFFECTIVE HUMANITARIAN WORKERS</th>
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<tbody>
<tr>
<td><strong>Skills obtained through formal education</strong></td>
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<tr>
<td>Language skills</td>
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<tr>
<td>Ability to work in teams</td>
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<tr>
<td>Professional skills</td>
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<tr>
<td>Management skills</td>
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Informants were not limited to one response and multiple responses from informants were recorded accordingly.
military who train, deploy, and return to Australia in teams. Almost half of informants commented that the ability to work in a team was a key skill for effective field work. Informants discussed teams in terms of building common purpose, leadership, cooperation and communication.

One informant suggested that qualities of a good team player include having a small ego, being a follower and empathetic, possessing high energy levels, and being a hard worker.

Language skills were considered to be important by a large portion of informants. One informant commented: “I think it would be good if volunteers go to a language course – including learning tribal languages. This would make it easy to interact, interpreters are not as immediate and it’s easier to do (sic) yourself.”

Professional skills were generally considered to be a pre-requisite, but some spoke of the need for knowledge of the extended role expected of persons working in disaster situations. Another informant commented that professional skills were less important than personality: “you can teach skills, but you can’t change people’s attitudes”.

Other characteristics reported as being important included flexibility, resilience, communication and listening skills. One individual suggested the importance of “listening to share and recognise that everyone has something to bring”. Another person argued for the importance of “resilience, which means you need a good support network, not isolated, have others to go to when things are tough”. Yet another individual asserted that, “people need to be quite resilient...you get faced with big issues and see incredible things”.

Similarly, a respondent argued that resilience was crucial because: “I’ve seen people in unfair situations, going against human rights and any beliefs. I’ve seen people who are left out in the dirt, left to die, with ants crawling over them”. In other words, the humanitarian field situation was such that individuals would be better able to cope if they were screened or aided to develop resilience.

Management and leadership skills, suitable to the particularities of humanitarian aid work, were other key issues that informants mentioned as important. One person expressed the opinion that some field
Humanitarian aid work is extremely demanding and can entail a great deal of personal sacrifice and risk on the part of individuals who participate. Recruitment, training, and support of these individuals by organisations can be ad hoc and this fact has great implications for worker retention. Additionally, personal qualities and training of humanitarian workers also affect delivery of emergency aid and, ultimately, aid effectiveness.

This study of the opinions and experiences of Australian aid workers highlights a number of key elements that contribute to emerging knowledge of humanitarian health workers.

A key element, the support offered to humanitarian aid workers by employing organisations, has a great impact on their overall professional experience. Findings indicate that support needs to occur through all phases of missions: pre-departure, deployment, and post-deployment.

Pre-departure support should include training, both general skills training and mission-specific training, as well as appropriate and comprehensive briefings before deployment.

Support should also continue in the field in terms of appropriate supervision for skill development, learning to work in teams, understanding of cultural issues, and learning of specific management techniques for disaster response.

Support should then continue once the aid worker returns home, through appropriate psychological and technical debriefings, recruitment practices that enable both adequate stress-free periods of rest as well as a degree of job security to reduce financial worries.

Findings indicate that recruiting organisations tend to look upon aid workers as a casual workforce to be called upon when there is employment. A cycle of support throughout all phases of humanitarian work would contribute to greater retention of workers and foster an environment in which it is financially viable for organisations to invest in greater training of employees.

The need to provide support for relief personnel has been on the agenda for at least the past 20 years. Research, such as that conducted by Medecins Sans Frontieres, has examined various aspects of support needed by aid workers at different stages of deployment [Redfield 2012].

In 1995 a study was commissioned by a consortium of British organisations to specifically examine this issue and produced a report entitled “Room for Improvement: The Management and Support of Relief and Development Workers”. One important finding noted in this document was that aid workers felt poorly managed and unsupported which led to a number of initiatives.

People in Aid® developed the Code of Good Practice in the management and support of aid personnel. The code is a tool that provides a framework for human resource management. The Antares Foundation® produced another guide called ‘Managing stress in humanitarian workers: guidelines for good practice’. The Antares Foundation handbook states that although organisations are aware of the support needed for relief workers, adequate care systems for national and international staff are often underdeveloped and lack attention and resources.

Both of these reports provide principles of good practice for humanitarian organisations in terms of human resource support, and recommendations for briefing, de-briefing and returning from the field.

Over ten years after these reports were published, this study found that aid workers articulate similar complaints about the inadequacies of organisations to properly prepare and support them. Most organisations are aware of their obligations to their workers and have processes in place but there remains a gap between the supports that organisations state they provide and aid workers’ descriptions of supports they receive.

There appears to be a gap between the stated polices of many humanitarian aid organisations and their implementation. Further investigation is required to explore reasons why organisational supports of aid workers, presently treated as a casual workforce, continue to be recognised but not implemented in significant and measurable ways.

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6 People in Aid is a humanitarian organisation that specifically looks at human resource management in the humanitarian sector.
7 People in Aid Code of Good Practice.
8 The Antares Foundation, an organisation that promotes psychosocial support to the humanitarian sector.
9 Antares Foundation.
Possible obstacles include a lack of agreement between organisations with regard to minimum standards for aid workers and core competencies for which training is made available, and lack of budgeting to ensure better work conditions.

This report highlights several issues of paramount importance affecting recruitment, training and preparation, and retention. These are as follows:

1. **The Team:** all humanitarian aid is delivered in teams of professionals whose specific roles must complement and enhance each other to best deliver services and materials in emergency situations. Well-functioning teamwork is an important part of the field experience in terms of the minimisation of stress in difficult and dangerous contexts, individual resilience, engagement with local staff, understanding of recipients’ requirements and personal safety. Training to work in teams should be included in pre-departure preparations and beyond.

2. **Situational analyses:** all aid workers should be provided with comprehensive situational analyses detailing key aspects of the field situation including mapping, political context, local social organisation, history and description of the present emergency, specific social and cultural features, language information, religion, gender relations, and other salient features of the area. These situational analyses would contribute to better knowledge of the predicament of recipients, challenges to aid delivery, personal safety, and aspects of aid delivery that affect the effectiveness of missions.

3. **Re-integration strategies:** returning from intense, challenging and dangerous field situations poses many problems for individuals that organisations need to address in order to provide appropriate duty-of-care to employees and improve retention. Organisations need to think beyond the post-deployment de-brief to consider strategies that support aid workers in terms of training, career development, minimisation of financial stress through alternatives to contract-based work, and adoption of technical de-briefs that allow for feedback from workers.

4. **Personal characteristics:** one key finding in this study is the contention of aid workers that personal characteristics are as, if not more, important in the field as technical and professional skills. Screening of potential aid workers should account for characteristics such as flexibility, resilience, communication skills, willingness to learn on the job, good social skills and others (See table 4, page 24).

5. **Management:** the importance of good management and training of managers at all levels is highlighted throughout this study. Management training appropriate to the exigencies of the disaster context maximises aid effectiveness, but is also one way of providing career paths for aid workers. The reported communication gap between the policy and decision-making centres of organisations, situated in urban centres, and the requirements of the field could be closed through better screening and training of managers.

All of these suggestions point to an increased professionalisation of the humanitarian workforce in Australia and beyond. In recent years, and specifically in 2011, there has been an increase in disasters requiring high levels of response capabilities on the part of governments and non-governmental organisations. At the same time, international agreements, such as SPHERE, prescribe minimum standards in aid delivery.

The combination of a preponderance of disasters and the growing human rights approach to humanitarian response indicate that the time is ripe for greater professionalisation of the humanitarian aid workforce. Humanitarian organisations that are the main employers of these individuals are best placed to be at the vanguard of the emerging professionalisation agenda.

This study is exploratory and sought to elicit Australian aid workers narratives of field experiences and the salient issues that they believe affect the character and quality of disaster response. The findings indicate that there is much work left to do in terms of organising support for aid workers. It highlights gaps in current practice and more importantly, the challenges that lie ahead for organisations as they participate in the increasing professionalisation of the humanitarian aid workforce.
REFERENCES


APPENDIX 1. MAP OF INFORMANTS’ DEPLOYMENT HISTORY
APPENDIX 2. INFORMANTS BY OCCUPATION

![Bar chart showing informants by occupation: Doctors, Nurses, Military, Administration, Logician, Firefighter, Environmental health, Paramedic, Nutritionist, Engineer, Other]
THE KNOWLEDGE HUBS FOR HEALTH INITIATIVE

The Human Resources for Health Knowledge Hub is one of four hubs established by AusAID in 2008 as part of the Australian Government’s commitment to meeting the Millennium Development Goals and improving health in the Asia and Pacific regions. All four Hubs share the common goal of expanding the expertise and knowledge base in order to help inform and guide health policy.

Human Resource for Health Knowledge Hub
*University of New South Wales*

Some of the key thematic areas for this Hub include governance, leadership and management; maternal, newborn and child health workforce; public health emergencies; and migration.

www.hrhhub.unsw.edu.au

Health Information Systems Knowledge Hub
*University of Queensland*

Aims to facilitate the development and integration of health information systems in the broader health system strengthening agenda as well as increase local capacity to ensure that cost-effective, timely, reliable and relevant information is available, and used, to better inform health development policies.

www.uq.edu.au/hishub

Health Finance and Health Policy Knowledge Hub
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www.ni.unimelb.edu.au

Compass: Women’s and Children’s Health Knowledge Hub
*Compass is a partnership between the Centre for International Child Health, University of Melbourne, Menzies School of Health Research and Burnet Institute’s Centre for International Health.*

Aims to enhance the quality and effectiveness of WCH interventions and focuses on supporting the Millennium Development Goals 4 and 5 – improved maternal and child health and universal access to reproductive health. Key thematic areas for this Hub include regional strategies for child survival; strengthening health systems for maternal and newborn health; adolescent reproductive health; and nutrition.

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