Managerial Practices to Ensure the Well-being of Humanitarian Volunteers: A Realist Evaluation

By: Kinan Aldamman
Supervised by: Frédérique Vallières, PhD.

2020

This dissertation is submitted to the University of Dublin in fulfilment of the requirements for the award of a Doctorate in Philosophy, School of Psychology.
This Page is Intentionally Left Blank
I, Kinan Aldamman, declare that the enclosed dissertation has not been submitted as an exercise for a degree at this or any other University and is entirely a product of my own work. I agree that the Library may lend or copy this dissertation upon request. This permission, however, covers only single copies made for study purposes, subject to normal conditions and acknowledgement of my contribution. I consent to the examiner retaining a copy of the thesis beyond the examining period, should they so wish (EU GDPR May 2018).

Kinan Aldamman
Dedication

Volunteering was always on top of all inspiration resources in my life. This work is dedicated to millions of humanitarian volunteers who give their best to serve and save humanity.

This work is also dedicated to my mother, who cried a lot when I left the country to start this research journey.
Acknowledgements

In every moment of three years of my PhD studentship, I was fortunate to receive unique levels of support which made me confident to learn, conduct the research, write the thesis, and thrive as a human. All of these have been beautifully engraved in my mind. I owe many people at least this recognition, which might be too little!.

First of all, thank you very much, Dr Frédérique Vallières, for being my supervisor. Being your student was always a matter of pride. Thanks for reflecting on each step of the research, being always available and supportive, encouragement and inspiration, and friendship and trust. Dr Frédérique is -and will always be- a person whom I would love to work with. My gratitude is less than what I received. Thank you, Fred.

Second, I was lucky to be seconded to work with the IFRC PS Centre. Thanks for welcoming me in your team and offering all the support, encouragement, high spirits, and inspiring work to me. Thank you, specifically, Nana Wiedemann and Cecilie Dinesen for supervising me and contributing to what I have done.

My research had received a fund from EU’s Horizon 2020 research and innovation programme, as part of (CONTEXT) project. Thank you for funding the study as well as for improving my skills. Being part of CONTEXT gave me the privilege to work with a number of academic and non-academic institutions and gain priceless knowledge and experience. Particularly, thank you, Dr Maj Hansen, from the University of Southern Denmark, for supervising my research and always providing the best constructive comments on my work. Thank you, Dr Philip Hyland, from Maynooth University, for the invaluable statistical support. Thanks as well to the great group of fellows, the 11 amazing colleagues in the project, for your friendship.

Big thanks to the Sudanese Red Crescent Society for hosting the research and helping me at all levels. Particular thanks to Aida Sayed Abdalla Elsayed, Khalid El-Omer and Osama Mustafa Suliman for facilitating the research activities. Thanks also to the Danish Red Cross, Sudan delegation, for taking the responsibility of arranging my field activities, security, introducing me to SRCS, and being always available with solutions. Special thanks to Fabio Beltramini and Sanja Pupacic. Thanks to the Swedish Red Cross, which offered great knowledge with respect to the volunteer development programme in Sudan.

Thanks to Dr Brynne Gilmore from University College Dublin, for the unique valuable feedback on the methodology. Thanks to Dr Ayat Abu-agla from Trinity College Dublin, for assisting in the ethical approval process in Sudan, and to Ahlem Cheffi from the IFRC PS Centre, for contributing to the Arabic translation of the instruments. Thanks to Dr Elsheikh Elsiddig Badr from the Sudan Medical Specialization Board for supporting the Sudanese Ethical approval for this study. As part of this project, I also managed to collect data in other countries that are not presented in this thesis. Thanks, therefore, to the IFRC, health and care unit in the Middle East and North Africa, particularly, to Dr Mahmoud Tharwat, Dr Iliana Mourad and Maki Igarashi for facilitating the research activities outside Sudan.

I give the highest gratitude to the Sudanese Red Crescent Society staff and volunteers who participated in the research. I hope my work reflects your strong obligation toward humanity. Thank you very much for the efforts you made to take part in the study.

Lastly, to my best friends, Camila Perera Alardo and Ida Haahr-Pedersen, thank you both for being my lungs and my wings..! I could never have survived without you. We went together through very special (and hard..!) moments. We always managed to smile together. I miss you already..!
Executive Summary

Background
Humanitarian aid workers are at an increased risk of adverse mental health outcomes due to the nature of their work. Research on the mental health outcomes of volunteer humanitarian workers, who constitute the majority of humanitarian workers worldwide however, is scare with some evidence suggesting that they are more vulnerable to psychological morbidity compared to their paid counterparts. While this may be partially explained by the fact that volunteer humanitarian workers come from the same affected communities that they serve, volunteers also receive fewer resources in terms of security, insurance, support structures, and access to services typically reserved for paid staff. Moreover, as non-professionals, volunteers tend to be less prepared and trained to cope with the challenges of humanitarian work. Furthermore, while the act of volunteering is typically linked with positive outcomes, this relationship tends to be reversed within humanitarian contexts. The literature suggests that the quality of support available from humanitarian agencies in terms of supervision, teams, and other organisational factors, are essential in the prevention of adverse outcomes among paid staff. How organisational factors contribute toward the mental health and well-being of volunteers working in humanitarian contexts, however, is less well understood.

Objectives
This thesis investigates the support mechanisms available to Red Cross and Red Crescent volunteers who work in humanitarian settings and explores how existing organisational factors impact on their well-being. This aim will be achieved through answering the following research questions: 1) What are the relationships between perceived organisational support, perceived supportive supervision, team support with perceived stress and mental health of humanitarian volunteers? 2) How, why, for whom, and in which contexts do the volunteer management practices impact on the mental health of volunteers?

Methodology
The research questions are answered in the context of the Sudanese Red Crescent Society (SRCS), using a multi-method, four-phases study utilising Realist Evaluation methodology. In Phase 1, a desk review for the SRCS volunteering documents, a field visit, informal observations and meetings, and current evidence and theories on volunteer mental health were all utilised to formulate rough theories. Phase 2 included the development of initial programme theories (IPTs), whereby the rough theories benefited from the findings of a quantitative study of 409 SRCS volunteers (in fulfilment of research question 1), as well as five formal interviews with experts in volunteering within the context of the SRCS. The resulting IPTs are then tested and systematically refined in Phase 3, which involved a field case study of the SRCS White Nile branch through eight interviews with SRCS volunteer leaders and six focus group discussions with volunteers. In total, 51 participants participated in these interviews and FGDs, results of which were used to answer the second research question. Lastly, Phase 4 of the research included synthesising the results of Phase 3 into a middle-range theory for how, why, for whom, and in which contexts volunteer management practices impact on volunteer mental health.

Results
The resulted refined theories included multiple Context-Mechanisms-Outcomes Configurations (CMOs) on leadership and supervision, team support, training volunteers, working through community-based approaches, and the general
organisational supportive measures. Each CMO sought to explain the causal pathways between the practices within the organisation and outcomes of volunteer mental health. The refined CMOs were then synthesised in light of formal organisational well-being theories using a three step-process. The resulting Resource-based Model for how organisational resources influence the mental health of volunteers across different levels of humanitarian emergencies; Stressor-based Model for how organisational resources prevent stressor-related mental health outcomes; and Dual Effect Theory for how organisational resources work to promote well-being and prevent adverse mental health outcomes among humanitarian volunteers are presented.

**Conclusions**

This study contributes to our growing understanding of how organisational factors, including perceived organisational support, supportive supervision and team support, are related to humanitarian volunteer mental health outcomes. Results further support the importance of organisational support, organisational justice, favourable environments, fulfilling volunteer’s needs, skill development, psychological preparedness, availability of psychological help, volunteer recognition, and using community practices towards humanitarian volunteers’ mental health. The study findings have multiple practical implications for humanitarian organisations, many of whom rely on volunteers in emergencies, helping them to understand how organisational resources impact on volunteer mental health. Humanitarian organisations should take actions to improve their internal organisation support systems in order to mitigate the stress associated with working in emergencies as well as to promote the positive aspect of mental health among volunteers. Several other methodological, theoretical, and practical contributions, as well as the limitations of this study, are also discussed.
## Table of Contents

DECLARATION .......................................................................................................................... 3

DEDICATION ............................................................................................................................. 4

ACKNOWLEDGEMENTS ........................................................................................................... 5

EXECUTIVE SUMMARY ........................................................................................................... 6

TABLE OF CONTENTS ............................................................................................................... 8

TABLE OF FIGURES .................................................................................................................. 15

TABLE OF TABLES ................................................................................................................... 17

CHAPTER 1: INTRODUCTION .................................................................................................... 20

  1.1 AN OVERVIEW OF HUMANITARIAN WORK ................................................................. 20
  1.2 THE ROLE OF ORGANISATIONS AND ORGANISATIONAL FACTORS ....................... 22
  1.3 THE CONTEXT OF VOLUNTEERING ............................................................................. 23
  1.4 RATIONALE AND STATEMENT OF THE PROBLEM ................................................... 24
  1.5 THE CONTEXT PROJECT ............................................................................................... 25
  1.6 PURPOSE STATEMENT AND RESEARCH OBJECTIVES ........................................... 25
  1.7 SIGNIFICANCE OF THE STUDY .................................................................................... 26
  1.8 NAVIGATING THE THESIS ............................................................................................. 27

CHAPTER 2: LITERATURE REVIEW .......................................................................................... 29

  2.1 MENTAL HEALTH AND WELL-BEING OF HUMANITARIAN WORKERS .................... 29
    2.1.1 THE CONTEXT OF HUMANITARIAN WORK .......................................................... 29
    2.1.2 STRESSORS WITHIN HUMANITARIAN WORK ...................................................... 30
    2.1.3 HUMANITARIAN WORKERS CADRES .................................................................... 34
      2.1.3.1 International humanitarian workers ................................................................. 34
      2.1.3.2 National humanitarian workers ...................................................................... 35
      2.1.3.3 Volunteer humanitarian workers .................................................................... 37
    2.1.4 MENTAL HEALTH AND PSYCHOLOGICAL OUTCOMES AMONG HUMANITARIANS 38
      2.1.4.1 Post-Traumatic Stress Disorder (PTSD) ............................................................ 38
      2.1.4.2 Depression ........................................................................................................ 39
      2.1.4.3 Anxiety .............................................................................................................. 40
      2.1.4.4 Burnout ............................................................................................................. 40
      2.1.4.5 Risky behaviour, alcohol consumption, and suicide ........................................ 41
      2.1.4.6 Post-Traumatic Growth (PTG) .......................................................................... 42
    2.1.5 OTHER RELATED PROBLEMS ............................................................................... 43
    2.1.5.1 Prior to a Humanitarian Mission .................................................................... 44
CHAPTER 3:  PRINCIPLES OF REALISM IN-DEPTH

3.4  PRINCIPLES OF REALISM IN-DEPTH
3.4.1  EMBEDDEDNESS
3.4.2  GENERATIVE CAUSALITY
3.4.3  RETRODUCTION
3.4.4  SCIENTIFIC REALISM AND CRITICAL REALISM
3.4.5  SCIENTIFIC REALISM: ANALYSIS OF COMPLEXITY

3.5  REALIST EVALUATION METHODOLOGY
3.5.1  CONTEXT
3.5.2  MECHANISMS
3.5.3  OUTCOMES
3.5.4  CMO CONFIGURATION
3.5.5  THE ROLE OF THEORY IN REALIST EVALUATION
3.5.6  INITIAL PROGRAMME THEORY
3.5.7  ABSTRACTION AND MIDDLE-RANGE THEORIES

3.6  REALIST EVALUATION AND OTHER THEORY-BASED APPROACHES
3.6.1  COMPARISON WITH REALIST EVALUATION

3.7  REALIST EVALUATION CYCLE
3.7.1  DATA IN REALIST EVALUATION
3.7.1.1  Eliciting the Initial Programme Theories
3.7.1.2  Realist Evaluation interviewing technique
3.7.2  APPLICATIONS OF REALIST EVALUATION

3.8  JUSTIFYING USING REALIST EVALUATION IN THIS STUDY

3.9  REALIST EVALUATION CYCLE
3.9.1  DATA IN REALIST EVALUATION
3.9.1.1  Eliciting the Initial Programme Theories
3.9.1.2  Realist Evaluation interviewing technique
3.9.2  APPLICATIONS OF REALIST EVALUATION

CHAPTER 4:  THE STUDY SETTING AND PROCEDURES

4.1  CHAPTER OVERVIEW
4.2  RESEARCH COORDINATION
4.3  CONTEXT OF SUDAN & SUDANESE RED CRESCENT SOCIETY
4.3.1  THE HUMANITARIAN SITUATION IN SUDAN
4.3.2  THE SUDANESE RED CRESCENT SOCIETY: ORGANISATIONAL STRUCTURE
4.4  THE GENERAL DESIGN OF THE STUDY
4.5  ETHICAL CONSIDERATIONS
4.5.1  INFORMATION AND VOLUNTARY PARTICIPATION
4.5.2  DATA PROTECTION
4.5.3  CONFIDENTIALITY AND ANONYMITY
4.5.4  INFORMED CONSENT
4.5.5  DO NO HARM
4.5.6  BENEFITS
4.5.7  POWER-IMBALANCES
4.5.8  THE REALIST EVALUATOR CASE
4.6  RESEARCHER EXPERIENCE AND POSITION
4.7  RISK ASSESSMENT
4.8  CHAPTER CONCLUSIONS

CHAPTER 5:  DEVELOPMENT OF INITIAL PROGRAMME THEORIES: METHODS AND RESULTS
OF PHASES 1 AND 2

5.1  CHAPTER OVERVIEW
5.2  PHASE 1: METHODS USED TO EXPLORE THE PROGRAMME IN SUDAN
6.3.3 Using vignettes as a teacher-learner tool 218
6.4 Sampling, recruitment and participants 221
6.5 Data analysis 224
6.5.1 Data management 224
6.5.2 The logic of analysis 224
6.5.3 Using NVivo software 225
6.5.4 Coding for CMOs 227
6.5.5 Refining the programme theories 227
6.6 Results: Volunteer stressors 228
6.7 Results: refined theories 229
6.7.1 Theory theme 1: Volunteer leaders influence well-being 229
  6.7.1.1 CMO 1.1a: Guidance and coaching 229
  6.7.1.2 CMO 1.2a: Role model 231
  6.7.1.3 CMO 1.3a: Supportive supervision 232
  6.7.1.4 CMO 1.4a: Activating teamwork 233
  6.7.1.5 Refined theory theme 1a: Volunteer leaders influence well-being 234
6.7.2 Theory theme 2: Training leaders in PFA and psychosocial support 235
  6.7.2.1 CMO 2.1a: Skills to help 235
  6.7.2.2 CMO 2.2a: Providing PFA to volunteers 236
  6.7.2.3 CMO 2.3a: Link volunteers with further help 237
  6.7.2.4 CMO 2.4a: Leaders learn to use ‘soft skills’ 237
  6.7.2.5 Refined theory theme 2a: Training leaders in PFA and psychosocial support 238
6.7.3 Theory theme 3: Volunteers work in teams 239
  6.7.3.1 CMO 3.1a: Sharing experiences 239
  6.7.3.2 CMO 3.2a: Social support vs. workload 240
  6.7.3.3 CMO 3.3a: Socialise with team members 241
  6.7.3.4 CMO 3.4a: Teams promote protection 243
  6.7.3.5 Refined theory theme 3a: Volunteers work in teams 244
6.7.4 Theory theme 4: Training volunteers 244
  6.7.4.1 CMO 4.1a: Skills and knowledge 244
  6.7.4.2 CMO 4.2a: Community acknowledgment 246
  6.7.4.3 CMO 4.3a: Psychosocial skills 246
  6.7.4.4 New emerging CMO 4.n1: Psychological preparedness 248
  6.7.4.5 Refined theory theme 4a: Training the volunteers 249
6.7.5 Theory theme 5: Using community-based approaches 249
  6.7.5.1 CMO 5.1a: The organisation uses community practices 249
  6.7.5.2 CMO 5.2a: Culture is embedded in the organisation 251
  6.7.5.3 CMO 5.3a: Organising social activities 252
  6.7.5.4 Refined theory theme 5a: Using community-based approaches 253
6.7.6 Theory theme 6: Volunteer management policy 254
  6.7.6.1 CMO 6.1a: Procedures 254
  6.7.6.2 CMO 6.2a: Accessibility and awareness 255
  6.7.6.3 CMO 6.3a: Obligation 255
  6.7.6.4 Reflection on the refinement of theory theme 6 256
6.7.7 Theory theme 7: Organisational support 256
  6.7.7.1 CMO 7.1a: Skills development 256
  6.7.7.2 CMO 7.2a: Reciprocity of efforts 257
  6.7.7.3 CMO 7.3a: Inclusion in decision making 259
  6.7.7.4 CMO 7.4a: Favourable work environment 260
  6.7.7.5 CMO 7.5a: Organisational justice 261
  6.7.7.6 CMO 7.6a: Caring and emotional support 262
  6.7.7.7 CMO 7.7a: Facilitating help-seeking behaviour 263
6.7.7.8 CMO 7.8a: Urgent practical help 263
6.7.7.9 New emerging CMO 7.n1: Facilitating social recognition 264
6.7.7.10 Refined theory theme 7a: Organisational support 265

6.8 CHAPTER CONCLUSIONS 266

CHAPTER 7: SYNTHESIS AND DISCUSSION 267

7.1 CHAPTER OVERVIEW 267
7.2 SYNTHESIS: CONCEPTUALISING THE RESULTS 267
7.2.1 Step 1: MAPPING THE ORGANISATIONAL RESOURCES. 267
7.2.2 Step 2: STRESSOR-BASED MODEL 270
7.2.3 Step 3: THE DUAL EFFECT THEORY 273
7.2.3.1 Contextual factors and Outcomes: Dual Pathways 276
7.2.3.2 Promotive organisational resources 276
7.2.3.3 Promoting Well-being Responses 277
7.2.3.4 Preventative organisational resources 277
7.2.3.5 Preventing Adverse Mental Health Responses 278
7.2.3.6 Dual Processes 278
7.3 DISCUSSION 280
7.3.1 SITUATING THE RESULTS WITHIN THE HUMANITARIAN WORKERS’ LITERATURE 280
7.3.1.1 Rethinking Stress within Humanitarian Work 280
7.3.1.2 Towards Better Mental Health Models for Humanitarian Workers 282
7.3.2 SITUATING THE RESULTS WITHIN THE VOLUNTEERING LITERATURE 283
7.3.2.1 Management Approaches and Well-being 284
7.3.2.2 Volunteer Motivation, Financial Incentives, and Well-being 285
7.3.3 SITUATING THE RESULTS WITHIN ORGANISATIONAL WELL-BEING THEORIES 288
7.4 CHAPTER CONCLUSIONS 289

CHAPTER 8: CONTRIBUTIONS, LIMITATIONS, AND CONCLUSIONS 290

8.1 CHAPTER OVERVIEW 290
8.2 CONTRIBUTIONS AND IMPLICATIONS OF THIS STUDY 290
8.2.1 METHODOLOGICAL CONTRIBUTIONS 290
8.2.2 CONTRIBUTION TO KNOWLEDGE 293
8.2.3 CONTRIBUTIONS TO THEORY 293
8.2.4 IMPLICATIONS AND RECOMMENDATIONS FOR PRACTICE 295
8.3 LIMITATIONS OF THE STUDY 298
8.3.1 METHODOLOGICAL LIMITATIONS 298
8.3.2 LIMITATIONS OF PHASE 1 299
8.3.3 LIMITATIONS OF PHASE 2 299
8.3.4 LIMITATIONS OF PHASE 3 300
8.3.5 LIMITATIONS OF PHASE 4 302
8.4 RECOMMENDATIONS FOR FUTURE RESEARCH 302
8.5 CONCLUSION 303

REFERENCES 305

APPENDIX 1: ETHICAL APPROVAL FROM TCD 325
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Ethical Approval from Sudan</td>
<td>326</td>
</tr>
<tr>
<td>3</td>
<td>Information Leaflet, in English</td>
<td>327</td>
</tr>
<tr>
<td>4</td>
<td>Information Leaflet in Arabic</td>
<td>329</td>
</tr>
<tr>
<td>5</td>
<td>Consent Form in English</td>
<td>331</td>
</tr>
<tr>
<td>6</td>
<td>Consent Form in Arabic</td>
<td>333</td>
</tr>
<tr>
<td>7</td>
<td>Rough Theories</td>
<td>335</td>
</tr>
<tr>
<td>8</td>
<td>The Survey with Consent, Google Forms</td>
<td>337</td>
</tr>
<tr>
<td>9</td>
<td>The Scales Used in Quantitative Study</td>
<td>345</td>
</tr>
<tr>
<td>10</td>
<td>IPTS Interview Guide</td>
<td>353</td>
</tr>
<tr>
<td>11</td>
<td>Field Case Study Interview Guide</td>
<td>358</td>
</tr>
<tr>
<td>12</td>
<td>FGDS Guide</td>
<td>363</td>
</tr>
<tr>
<td>13</td>
<td>The Vignettes in English and Arabic</td>
<td>369</td>
</tr>
</tbody>
</table>
Table of Figures

Figure 2.1: The aggregated case model of resilience: Adversities Vs. Adaptivity. ............................................55
Figure 2.2: The four dimensions of volunteering phenomenon: Variations among different dimensions are represented, illustrated from: Cnaan, Handy, and Wadsworth (1996) .................71
Figure 2.3: The Self-Determination Theory Topography, including a manifestation of types of motivation (extrinsic to intrinsic), regulation styles, regulatory processes, and proposed examples of volunteer motivation. Contextual factors either promote or hinder the internalisation of regulation for behaviour. Adapted from Ryan and Deci (2000). ..............................................................................79
Figure 2.4: The process of volunteer management as a linear process. Adapted from Studer and Von Schnurbein (2013). ...................................................................................................................82
Figure 2.5: The volunteer management cycle for volunteer managers according to the IFRC. Reproduced from IFRC (2004). ..............................................................................................................89
Figure 2.6: The dual continua model of mental health. Adapted from Tudor and Morrall (1996) ................................................................................................................................................100
Figure 3.1: The embeddedness of interventions in the stratified social systems, reproduced from Pawson (2006, p. 32) .................................................................................................................114
Figure 3.2: Retroduction compared to traditional research reasoning. Inspired by Sæther (1998) and Jagosh (2017) .........................................................................................................................................117
Figure 3.3: The generative causality in realist evaluation. Reproduced from Pawson and Tilley (1997). ..............................................................................................................................123
Figure 3.4: The realist evaluation cycle. Adapted from Pawson and Tilley (1997) and Vareilles, Pommier, Kane, Pictet, and Marchal (2015) ........................................................................................135
Figure 3.5: The realist interview, the structure of the teacher-learner and the conceptual refinement cycles. Adapted from Pawson and Tilley (1997) .........................................................................138
Figure 4.1: Timeline of research coordination and data collection process ..........................................................143
Figure 4.2: The Sudan Map ..............................................................................................................................144
Figure 4.3: SRCS governance bodies. Based on: SRCS (2019) .........................................................................146
Figure 4.4: The organisational structure within SRCS ......................................................................................147
Figure 4.5: Chart of methods used in the different study phases ....................................................................149
Figure 5.1: SRCS Volunteer Management Cycle. Adapted from: SRCS (2017a) ..............................................161
Figure 5.2: Quantitative study hypotheses. POS: Perceived Organisational Support; PSS: Perceived Supportive Supervision; TS: Team Support; Stress: Perceived Psychological Stress; A-MH: Adverse Mental Health; M-WB: Mental Well-being ................................................................171
Figure 5.3: The model results. POS: Perceived Organisational Support; PSS: Perceived Supportive Supervision; TS: Team Support; PH: Perceived helplessness; PSE: Perceived Self-efficacy; A-MH: Adverse Mental Health; M-WB: Mental Well-being. * p <0.05, ** p <0.01 ..................................................180
Figure 5.4: Key-informants: logical levels of representation .............................................................................188
Figure 6.1: The focus group discussions' environment ....................................................................................217
Figure 6.2: A vignette example as presented to the volunteers, with translation ...........................................220
Figure 6.3: Exemplifying the usage of NVivo in the analysis .........................................................................226
Figure 7.1: Result of the mapping exercise, organisational resources vs different emergency levels ........................................................................................................................................................................ 268

Figure 7.2: Mechanisms to prevent stressor-related mental health outcomes ............................................................ 271

Figure 7.3: Dual effect theory, the impact of organisational support on the volunteer’s mental health........................................................................................................................................................................ 275

Figure 7.4: The Dual Effect Theory- Simplified .................................................................................................................. 280
Table of Tables

Table 2.1: Stressors Among Humanitarian Workers .......................................................... 33
Table 2.2: Factors affecting the mental health and well-being of humanitarians ................... 53
Table 2.3: The IASC key actions to protect and promote well-being among humanitarians .... 60
Table 2.4: The Sphere standards of managing humanitarians, including ensuring their well-being, ................................................................. 62
Table 2.5: Antares guidelines for managing stress in humanitarian workers ....................... 64
Table 2.6: Examples of instructions for volunteer peer supporters .................................... 67
Table 2.7: The overarching motivations for helping others, with examples ......................... 70
Table 2.8: Functions served by volunteering according to the functional approach of motivation. ............................................................................ 76
Table 2.9: Summary of evidence-based effective volunteer management practices .............. 87
Table 2.10: Schematic of the volunteer process model ....................................................... 96
Table 2.11: Thematic examples of person-environment (P-E) fit among volunteers ............. 102
Table 3.1: Realism compared to other research paradigms ................................................ 113
Table 3.2: Comparison between theory-based approaches ................................................ 134
Table 4.1: The study phases with their aims ....................................................................... 148
Table 5.1: Volunteer Management Cycle practices in the Sudanese Red Crescent Society .... 162
Table 5.2: Sample descriptive statistics ........................................................................... 173
Table 5.3: The coefficients of correlation between scales ................................................... 177
Table 5.4: Fit indices in Confirmatory Factor Analysis phase ............................................. 179
Table 5.5: Fully VS. partially mediation competing models fit indices ............................... 180
Table 5.6: Standardised and Unstandardised Regression Weights for relationship between variables in Structural Equation Modelling ..................................................... 181
Table 5.7: IPT1.1: leaders guide volunteers on tasks ....................................................... 191
Table 5.8: IPT1.2: Leaders as role models ...................................................................... 192
Table 5.9: IPT1.3: Supportive supervision ..................................................................... 193
Table 5.10: IPT 1.4: Activating Teamwork .................................................................... 194
Table 5.11: IPTs themes 2: Training leaders on psychological first aid and psychosocial support ........................................................................ 196
Table 5.12: IPTs theme 3: Being in teams .................................................................... 198
Table 5.13: IPTs theme 4: Training volunteers ............................................................... 200
Table 5.14: IPTs theme 5: Using a community-based approach ....................................... 203
Table 5.15: IPT theme 6: Volunteering policy ................................................................ 204
Table 5.16: IPTs theme 7: Organisational Support ....................................................... 208
Table 6.1: Description of the participants in interviews in the White Nile ....................... 222
Table 6.2: Description of the participants in FGDs in the White Nile .............................. 223
Table 6.3: Stressors reported by volunteers in the White Nile Branch .............................. 228
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-MH</td>
<td>Adverse Mental Health</td>
</tr>
<tr>
<td>AMO</td>
<td>Ability-motivation-opportunity model</td>
</tr>
<tr>
<td>BIC</td>
<td>Bayesian Information Criterion</td>
</tr>
<tr>
<td>C</td>
<td>Context</td>
</tr>
<tr>
<td>CAPS</td>
<td>The Clinician-Administered PTSD Scale</td>
</tr>
<tr>
<td>CBHFA</td>
<td>Community-based health and first aid</td>
</tr>
<tr>
<td>CDC</td>
<td>Centre for Disease Control and Prevention</td>
</tr>
<tr>
<td>CFA</td>
<td>Confirmatory factor analysis</td>
</tr>
<tr>
<td>CFI</td>
<td>Comparative Fit Index</td>
</tr>
<tr>
<td>CHWs</td>
<td>Community health workers</td>
</tr>
<tr>
<td>CMO</td>
<td>Context-Mechanism-Outcome configuration</td>
</tr>
<tr>
<td>CONTEXT</td>
<td>The COllaborative Network for Training and EXcellence in psychoTraumatology</td>
</tr>
<tr>
<td>COR</td>
<td>The conservation of resources theory</td>
</tr>
<tr>
<td>DRC</td>
<td>The Danish Red Cross</td>
</tr>
<tr>
<td>DSM</td>
<td>The Diagnostic and Statistical Manual</td>
</tr>
<tr>
<td>ERI</td>
<td>Effort-Reward Imbalance</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus group discussion</td>
</tr>
<tr>
<td>GAD-7</td>
<td>Generalised anxiety disorder scale-7</td>
</tr>
<tr>
<td>GDPR</td>
<td>European general data protection regulations</td>
</tr>
<tr>
<td>GHQ-12</td>
<td>The general health questionnaire</td>
</tr>
<tr>
<td>HBV</td>
<td>Hepatitis B virus</td>
</tr>
<tr>
<td>HIRI</td>
<td>Headington Institute Resilience Inventory</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HQ</td>
<td>Headquarters</td>
</tr>
<tr>
<td>HRM</td>
<td>Human Resource Management</td>
</tr>
<tr>
<td>HW</td>
<td>Humanitarian work</td>
</tr>
<tr>
<td>IASC</td>
<td>The Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>ICD</td>
<td>The International Classification of Diseases</td>
</tr>
<tr>
<td>ICRC</td>
<td>The International Committee of the Red Cross</td>
</tr>
<tr>
<td>IDPs</td>
<td>Internally displaced persons</td>
</tr>
<tr>
<td>IFRC</td>
<td>The International Federation of Red Cross and Red Crescent Societies</td>
</tr>
<tr>
<td>IHL</td>
<td>The International Humanitarian Law</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>INGOs</td>
<td>International Non-Governmental Organisations</td>
</tr>
<tr>
<td>IPT</td>
<td>Initial programme theory</td>
</tr>
<tr>
<td>JD-R</td>
<td>Job demands-resources model</td>
</tr>
<tr>
<td>JDC</td>
<td>Job demands-control model</td>
</tr>
<tr>
<td>JDCS</td>
<td>Job demands control-support model</td>
</tr>
<tr>
<td>KI</td>
<td>Key informant</td>
</tr>
<tr>
<td>M</td>
<td>Mechanism</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
</tr>
<tr>
<td>MLR</td>
<td>Robust maximum likelihood estimator</td>
</tr>
<tr>
<td>MRT</td>
<td>Middle-range theory</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organisations</td>
</tr>
<tr>
<td>NS</td>
<td>National Society</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
</tr>
<tr>
<td>OST</td>
<td>The organisational support theory</td>
</tr>
<tr>
<td>P-E</td>
<td>Person-environment fit model</td>
</tr>
<tr>
<td>PFA</td>
<td>Psychological First Aid</td>
</tr>
<tr>
<td>PHQ-8</td>
<td>Patient Health Questionnaire scale-8</td>
</tr>
<tr>
<td>PNS</td>
<td>Partner national society</td>
</tr>
<tr>
<td>POS</td>
<td>Perceived organisational support</td>
</tr>
<tr>
<td>PS Centre</td>
<td>The IFRC Reference Centre for Psychosocial Support</td>
</tr>
<tr>
<td>PSS</td>
<td>Perceived supportive supervision</td>
</tr>
<tr>
<td>PTG</td>
<td>Post-Traumatic Growth</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>RCRC</td>
<td>The International Red Cross and Red Crescent Movement</td>
</tr>
<tr>
<td>RCTs</td>
<td>Randomised Controlled Trials</td>
</tr>
<tr>
<td>RE</td>
<td>Realist Evaluation</td>
</tr>
<tr>
<td>Rea.M</td>
<td>Reasoning mechanism</td>
</tr>
<tr>
<td>Res.M</td>
<td>Resource mechanism</td>
</tr>
<tr>
<td>RFL</td>
<td>Restoring family links</td>
</tr>
<tr>
<td>RMSEA</td>
<td>Root-Mean-Square Error of Approximation</td>
</tr>
<tr>
<td>SDT</td>
<td>Self-Determination Theory</td>
</tr>
<tr>
<td>SEM</td>
<td>Structural equation modelling</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and gender-based violence</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard operating procedures</td>
</tr>
<tr>
<td>SRC</td>
<td>Swedish Red Cross</td>
</tr>
<tr>
<td>SRCS</td>
<td>The Sudanese Red Crescent Society</td>
</tr>
<tr>
<td>SRMR</td>
<td>Standardised Root-Mean-Square Residual</td>
</tr>
<tr>
<td>TLI</td>
<td>Tucker Lewis Index</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of reference</td>
</tr>
<tr>
<td>TS</td>
<td>Team support</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNHCR</td>
<td>The United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>UNV</td>
<td>United Nations Volunteers programme</td>
</tr>
<tr>
<td>VFI</td>
<td>Volunteer Functions Inventory</td>
</tr>
<tr>
<td>VIVA</td>
<td>Volunteer Investment and Value Audit</td>
</tr>
<tr>
<td>VMC</td>
<td>Volunteer management cycle</td>
</tr>
<tr>
<td>WEMWBS</td>
<td>Warwick-Edinburgh Mental Well-being Scale</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WNB</td>
<td>The White Nile branch of the Sudanese Red Crescent Society</td>
</tr>
<tr>
<td>( \chi^2 )</td>
<td>Chi-square</td>
</tr>
</tbody>
</table>
Chapter 1: Introduction

1.1 An overview of humanitarian work

The humanitarian sector employs approximately 800,000 people globally (Stoddard, Harmer, & Czwarno, 2017). The number of employed persons, however, pales in comparison to the number of people who volunteer for humanitarian organisations. By way of example, the International Federation of the Red Cross and Red Crescent Societies (IFRC) alone posts a workforce of approximately 13.7 million volunteers globally, compared to 465,000 paid staff (IFRC, 2019a). Though statistics on the ratio of staff to volunteers within humanitarian organisations are inconsistent, an available report suggests a figure of 1:180 in developing countries (Hazeldine & Baillie Smith, 2015). It follows that volunteer humanitarian aid workers carry out the majority of humanitarian-related activities.

Working and volunteering within the humanitarian sector is a risk factor for mental health morbidity. There exists a substantial body of literature exploring adverse mental health outcomes among humanitarian workers. Specifically, humanitarian workers are at increased risk of anxiety, depression, PTSD, and burnout (B. L. Cardozo et al., 2005; Ehring, Razik, & Emmelkamp, 2011; Holtz, Salama, Cardozo, & Gotway, 2002) compared to global general population (Connorton, Perry, Hemenway, & Miller, 2012). This elevated risk factor has been attributed to greater traumatic exposure, poor working conditions and a high workload, conflicts within teams, lack of support from organisations and management, family separation, identifying friends and/or family members as victims, and disputes with beneficiaries when delivering aid (Brooks et al., 2015; Hearns & Deeny, 2007; Strohmeier & Scholte, 2015; Thormar et al., 2010). Moreover, living in emergency settings means that aid workers face the same adversities as affected communities, including loss and grief, safety concerns, and poor living conditions (Ehrenreich, 2006; McFarlane, 2004; Thormar et al., 2014; Young, Pakenham, & Norwood, 2018). The increased morbidity observed among humanitarian workers therefore reflects the complexity of the conditions of humanitarian operations (e.g.
working in conflicts and disasters), where traumatic events and difficult living and environmental stressors are common, as well as the nature of working for humanitarian agencies, where organisational stressors (e.g. workload and poor management) tend to be frequent (Antares Foundation, 2012; Barbara Lopes Cardozo & Salama, 2002).

While the aforementioned stressors are reported across all cadres of humanitarian workers, considerable differences exist between these cadres in terms of work-related psychological determinants. For instance, expatriate humanitarians (i.e. international staff) face stressors related to cultural difficulties in the countries they are deployed to as well as being separated from their families (Rubin et al., 2016; Young et al., 2018). Paid national staff face stressors related to economic hardship and inequality within organisations, in addition to being as affected by the humanitarian crises as the beneficiaries they serve (i.e. losing relatives, loss and destruction of property, or being forcibly displaced) (B. L. Cardozo et al., 2013; Eriksson, Lopes Cardozo, Ghitis, et al., 2013). Finally, volunteer humanitarian workers, who are usually non-professional, non-paid persons, face stressors related to the ambiguity of their role, lack of training and preparedness for how to deal with traumatic exposure and chronic stressors, in addition to all the aforementioned stressors faced by paid national staff (Thormar et al., 2010).

Given that volunteers constitute the majority of the workforce, it stands to reason that volunteers are also likely to experience psychological problems (Chan & Huak, 2004; Thormar et al., 2014). Despite their vulnerability, however, few studies distinguish or disaggregate findings across volunteer and paid staff. Indeed, the majority of research to date has focused predominantly on employed or paid staff (e.g., only 14 out of 111 reviewed by Brooks, Dunn, Amlôt, Greenberg, and Rubin (2016) investigate volunteers). Of the few studies that have investigated mental health outcomes among volunteers, there is evidence to suggest that adverse mental health outcomes are more prevalent among volunteer populations, compared to paid staff (Chan & Huak, 2004; J.-Y. Lee et al., 2017). Conceivably, this finding can be partially explained by volunteers being of younger age, having less personal resources, lacking experience and preparedness on tasks and missions, and being part of the communities they serve, while also being
exposed to stressors within these communities (Brooks et al., 2016; Strohmeier & Scholte, 2015; Thormar et al., 2010). Other contributing factors could also be related to a shortage of organisational resources available for volunteers, whereby volunteers are less likely to have access to the security, insurance, infrastructures and support mechanisms typically offered to employed staff (Griffiths et al., 2018).

1.2 The role of organisations and Organisational factors

Both the literature and non-governmental organisations (NGOs) reports suggest that humanitarian workers’ mental health is profoundly influenced by the practices within their organisations, including by existing support systems in place (Brooks et al., 2015; Welton-Mitchell, 2013). For instance, a UNHCR staff care review (for paid staff) (Welton-Mitchell, 2013) listed ‘relationship with managers and co-workers’ as one of the most commonly reported stressors. This finding is consistent with a more recent study conducted by Young et al. (2018) where one’s relationship with colleagues, a lack of teamwork, poor management and difficult supervisors, as well as the perceived lack of organisational support were the most prevalent stressors reported among humanitarian workers. Similarly, organisational support has been found to protect against emotional exhaustion and depersonalisation symptoms among humanitarian aid workers (Eriksson et al., 2009).

In their systematic review, Brooks et al. (2015) found a number of protective organisational factors linked to humanitarian workers’ well-being including strong social support, ongoing organisational support, work-life balance, training and preparedness, leadership support, formal support (e.g. counselling), and positive feedback in recognition of their efforts. While this perspective is predominantly generated from researching paid staff, similar trends are also observed among volunteer workers, where a lack of perceived support from their managers and organisation is associated with higher rates of psycho-morbidity (Thormar et al., 2013). Similarly, organisations that respond to the needs of volunteers, through supportive practices and skill-building approaches, promote better motivation and well-being among volunteers (Vareilles, Marchal, et al., 2015).
Given that the nature of the stressors related to humanitarian work is often uncontrollable (i.e. humanitarian conditions and/or role-specific stressors), strengthening organisational factors may, therefore, act as a more feasible means through which to mitigate adverse mental health outcomes. Humanitarian agencies regularly emphasise the role of managerial practices in promoting well-being and a number of guidelines (e.g. Antares, IASC, Caring for volunteers, Sphere, described in further detail in Chapter 2), are available to help organisations better support their staff and volunteers (Antares Foundation, 2012; IASC, 2007; IFRC PS Centre, 2012; Sphere Association, 2018). However, the available literature does not provide any details on how these guidelines are implemented within humanitarian agencies. As a result, there is a paucity of knowledge of how existing guidelines are translated into practice.

Corresponding findings suggest that humanitarian agencies should also prioritise the care and well-being of staff and volunteers by building in care across programmes, organisational structures and budgets (Brooks et al., 2015; Dinesen, 2018). Further, humanitarian organisations should promote the well-being of staff and volunteers through contributing to their self-development and helping them to fulfil their motivations in work (Antares Foundation, 2012; Quevillon, Gray, Erickson, Gonzalez, & Jacobs, 2016). Despite this emphasis on organisations, however, little is known on how organisations help staff and volunteers in real-world settings.

1.3 The context of Volunteering

Voluntary services were estimated to be worth about US $6 billion in 2009 (IFRC, 2011a). While volunteering is largely considered as a healthy behaviour and has been shown to protect against mental illness and improve well-being (Wilson, 2012), the literature on volunteers within the humanitarian sector suggests an opposite trend (Thormar et al., 2014). While volunteering in emergencies presents its own, unique set of challenges and contextual factors that may differentially predict adverse mental health outcomes, a review by Wilson (2012) suggests that volunteering in non-emergency settings might also be associated with adverse mental health (e.g., volunteering with HIV patients). And while motivation to volunteer is shaped by the
context of good or bad management practices, in addition to individual psychological needs outside humanitarian work (Zievinger & Swint, 2018), determinants of motivation are potentially more complex in the area of humanitarian work where volunteers, and their organisations, work with limited resources and in highly demanding contexts (Hazeldine & Baillie Smith, 2015). The nature of the voluntary experience and its associated impact on health and well-being is therefore highly context-dependent. Taking into account contextual factors is thus important when trying to understand the experience of volunteers and the impact of their experience on their well-being. The lack of clarity surrounding the causal mechanisms impacting on the mental health outcomes of humanitarian volunteers however, represents an important gap in the existing literature (Jenkinson et al., 2013).

1.4 Rationale and Statement of the Problem

Humanitarian work psychology highlights the risk faced by volunteers with regards to their mental health and emphasises the role of organisations and leadership in supporting, protecting and promoting well-being among volunteers. Existing studies have either examined the mental health of volunteers from the perspective of stress or trauma exposure, or from the perspective of volunteer motivation and job engagement. No studies to date have examined the role of organisational support in promoting volunteer well-being. Moreover, there is a lack of evidence suggesting how existing guidelines, designed to emphasise the role that humanitarian organisations play in the mental health and well-being of their workforce, are implemented in real world settings.

Given the complexity of volunteering throughout different cultures and diverse humanitarian contexts, which contribute to shaping both the volunteers’ motivation at work as well as the management style of organisations, it is crucial to study the interrelationship between these different dimensions. Though significant theoretical and practical advancements have been made with regards to our understanding of health and well-being in the workplace, the applicability of such frameworks within volunteer-based organisations, particularly in humanitarian ones, has yet to be investigated. The current thesis, therefore, aims to contribute to existing knowledge, theory, and practice
by understanding how organisational support contributes towards humanitarian volunteer mental health and well-being.

1.5 The CONTEXT project

This thesis is one of twelve doctoral research projects funded by the European Commission, under its Horizon2020 Marie Skłodowska Curie programme (CONTEXT-http://www.psychotraumanetwork.com). The research project was initially developed as a collaboration between three universities and six non-academic institutions to address existing gaps in the field of psychotraumatology. The current study is one of two co-designed in collaboration with the International Federation of Red Cross and Crescent Societies (IFRC) Reference Centre for Psychosocial Support (PS Centre). As part of this research, I spent a total of 22 out of 36 months working in the non-academic setting. The principle behind this approach, is that research, when co-determined, co-designed and co-interpreted with practitioners is more likely to result in the uptake of findings within existing policies and practice.

The IFRC is the largest voluntary humanitarian organisation in the world, with about 13.7 million volunteers and 192 National Societies (NSs) (IFRC, 2019a). According to the IFRC global review on volunteering report (Hazeldine & Baillie Smith, 2015), the IFRC considers that “the dominant ‘culture’ of volunteering has been largely assumed or taken as a given, despite being rooted in the histories and traditions of Europe and North America” (p10). The review also emphasises the complexity of volunteers’ motivations, especially in emergencies, and opens up a debate about the sufficient ways to support those volunteers in the face of “inadequate support and protection during and after their time volunteering” (p12). Thus, the PS Centre, which supports Caring for Volunteers activities in different countries, features as the key programme of this research.

1.6 Purpose statement and research objectives

This study aims to investigate the support mechanisms available to volunteers who work in complex (humanitarian & development) settings within the context of the Red Cross and Red Crescent Movement. Specifically, this study aims to understand the
underlying mechanisms that exist within volunteer management practices in a specific National Society (NS) and to explore how existing organisational factors impact on volunteer well-being. This aim will be achieved through the following research objectives:

1- Examine the relationships between organisational support, perceived supervision, team support and the mental health of volunteers.
2- Investigate the causal mechanisms through which these relationships occur.

Correspondingly, the thesis will answer the following research questions:

1- What are the relationships between perceived organisational support, perceived supervision, team support, perceived stress, and the mental health of Red Cross Red Crescent volunteers?
2- How, why, for whom and in which contexts do volunteer management practices impact on the mental health of humanitarian volunteers?

1.7 Significance of the study

The results of this study are relevant to various humanitarian organisations who recruit and regularly rely on a volunteer workforce. Firstly, the results of this research are relevant for the RCRC NSs, which are located across 192 countries and which work independently to recruit local volunteers. The results are particularly relevant to help them understand how their day-to-day practices affect their volunteers and to suggest ways that existing management structures may be improved to improve volunteer well-being and retention. Second, the results are relevant for partners to NSs, including UN agencies, which deliver humanitarian assistance through the RCRC National Societies. The results could be used to help them understand the needs of volunteers, for consideration in future programming. Third, results are relevant to policymakers and guideline developers, in terms of ensuring that policies and procedures are put in place to protect volunteers within humanitarian organisations. Fourth, this study contributes to our existing knowledge and theory, specifically within the fields of humanitarian work and organisational psychology by contributing towards the development of relevant voluntary work-related theories for use in humanitarian contexts and
organisations. Finally, the study contributes to new methods and tools that can be utilised to better understanding of how organisational support impacts on volunteer well-being.

1.8 Navigating the thesis

Chapter 2: This chapter includes an extensive literature review. Key literature on humanitarian worker mental health in emergencies, including volunteers; volunteering concepts, motivation and management; and organisational health and well-being theories are presented and synthesised. As such, Chapter 2 serve as the background for the research questions, theoretical foundation, and discussion.

Chapter 3: The third chapter describes the philosophical underpinnings of the study, including the epistemological approach used (Realism) and describes the methodological approach applied (Realist Evaluation), its principles and procedures, and differentiating this approach from other research paradigms.

Chapter 4: This chapter describes the process of coordinating the research activities which took place in the context of the Sudanese Red Crescent Society (SRCS) and offers an overview of the humanitarian context in Sudan. In this chapter, the general design of the study is presented as a multi-method, four-phase study. The ethical considerations for this research are discussed.

Chapter 5: This chapter is the first empirical chapter which presents the methods, tools, participants and results of phases 1 and 2 of this study. In phase 1, informal interviews and observations accompanied by a desk review were used to inform rough theories. In phase 2, the first research question is answered quantitatively. Together with results from key-informant interviews, the results of the quantitative study are used to formulate initial programme theories.

Chapter 6: This chapter presents the field case study whereby the results of Chapter 5 are tested and systematically refined using interviews and focus group discussions with volunteers and volunteer leaders. This chapter includes a description of methods and tools, including participant recruitment, data collection and analysis. The results of this
chapter partially answer the second research question by presenting refined programme theories.

Chapter 7: In this chapter, the results from Chapter 6 are synthesised in order to formulate a middle-range theory on how, why, for whom and in which contexts managerial practices impact on humanitarian volunteers’ mental health, thereby fully answering the second research question. The results are also discussed in this chapter in the context of the existing literature.

Chapter 8: This last chapter includes the discussion, outlines the key contributions and implications of this research including contributions to methodology, knowledge, theory and practice. The limitations of the study are discussed, and recommendations for future research are put forward.
Chapter 2: Literature Review

2.1 Mental Health and Well-being of Humanitarian Workers

Humanitarian work (HW) involves responding to immediate and long-term human needs after disasters, whether natural (e.g. floods, earthquakes, epidemic diseases) or human-made (e.g. wars and conflicts, refugee crises) (Antares Foundation, 2012). In this way, humanitarian work does not just address the urgent needs of people affected by disasters, but also expands to cover the response after the urgent phase of an emergency, into recovery status. The recovery phase includes both the development phase and a disaster preparedness phase (Sphere, 2011). Each of these phases is associated with a number of different stressors, which, in turn, correspond to a number of different psychological outcomes (Brooks et al., 2016)

2.1.1 The Context of Humanitarian Work

Recent years have seen a rise in the number of people forcibly displaced due to violent conflicts, with the current number of forcibly displaced persons standing at over 70 million (UNHCR, 2018a). In addition to those displaced by conflict, natural disasters and climate change affect about 350 million people every year (OCHA, 2019). Accordingly, around 132 million people across 42 countries are in need of some form of humanitarian help and, according to United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), one in every 70 people around the world is in need of urgent humanitarian assistance (OCHA, 2019). The majority of these are affected by long-lasting crises with various root causes, requiring more complex interventions (OCHA, 2019). Urgent humanitarian assistance, by contrast, includes provision and management of shelter, food, water and sanitation services, and providing health and first aid (Sphere Association, 2018). Furthermore, humanitarian response activities cover education, income generating and livelihoods support, violence and gender-based violence prevention as well as psychosocial support (OCHA, 2018). Humanitarian aid is delivered through numerous organisations including United Nation (UN) agencies; International and National Non-Governmental Organisations (INGOs) and (NGOs); as
well as the RCRC movement, and funded by various governmental bodies (J. Rose, O’Keefe, Jayawickrama, & O’Brien, 2013). Unfortunately, limited available funding means that many of those in need are not being reached (OCHA, 2019).

Generally speaking, humanitarian organisations serve under the principles of humanity, neutrality, independence and impartiality. Humanitarian cadres are therefore protected under International Humanitarian Law (IHL) (J. Rose et al., 2013). However, in reality, the inviolable rule of non-violence is fragile. In 2018 alone, 399 aid workers were affected by violent actions. Of these, 126 workers died, 143 were wounded, and 130 were kidnapped (Stoddard, Harvey, Czwarno, & Breckenridge, 2019). Incidences of kidnapping, shooting, assault, sexual violence and exposure to bombing and explosions are increasingly reported among humanitarians (Stoddard et al., 2019), reflecting their complex and insecure working conditions.

Security concerns, however, are only one part of a larger picture of risks within humanitarian work. Humanitarian contexts are challenging environments, with inadequate facilities, risk of illness, demanding relationships with authorities and other populations, economic hardship, and entrenched poverty (Blanchetiere, 2006). Understanding these stressors is therefore an important part of understanding the psychological consequences of humanitarian work. Accordingly, research on humanitarian workers to date is largely underpinned by stressors-based models (e.g. Ehrenreich, 2006; Ehrenreich & Elliott, 2004; Jaime Abad & Gardner, 2011; Strohmeier, Scholte, & Ager, 2018; Young et al., 2018).

**2.1.2 Stressors within humanitarian work**

Humanitarian work is often physically demanding, can carry a heavy workload, with limited time to rest. Being on mission, or ‘in the field’, also means a lack of privacy, being separated from family, and working with minimal resources. Given the nature of certain emergencies (i.e. conflicts), humanitarians might also experience chronic fear and uncertainty. They might encounter evacuation due to security reasons, or they might face anger or friction from the people they serve. Exposure to traumatic events is also common, whether through direct exposure, or vicariously, through listening to or
hearing about other people’s traumatic events. Furthermore, some humanitarians report experiencing ethical dilemmas when being asked to remain neutral, while also coordinating and negotiating with people who conduct human rights abuses. The feeling of helplessness and guilt is also experienced in the face of the massive needs of people and the lack of aid materials to meet this demand. Internally, the lack of supportive leadership and interpersonal problems within teams are also reported as sources of stress among humanitarians (Ehrenreich & Elliott, 2004).

Curling and Simmons (2010) surveyed 3668 national and international workers working for one large humanitarian organisation across 143 countries and found that the most prevalent stressors were related to workload, working hours, achieving the work goal, the status of employment, and the feeling of being undervalued and unable to contribute to the decision-making process within their organisation. Another study conducted with humanitarian workers (Ager et al., 2012) found that the most frequent chronic stressors were related to financial problems, workload, and tension caused by unequal treatment between national and international staff. A study investigating humanitarian workers in an ongoing conflict in South Sudan (Strohmeier et al., 2018) found that the most prevalent reported stressors were related to uncertainty around political stability, travel difficulties and restrictions on movement, and separation from relatives due to work (40.9%, 37.9%, and 22.9%, respectively). Similarly, a qualitative analysis of 218 aid workers stressors in 63 countries (Young et al., 2018) generated four themes of stressors including social connections (e.g. separation from loved ones and loneliness), work-related (e.g. work conditions and working with others), psychological (e.g. suffering of others and an inability to help), and lifestyle (e.g. physical health and safety and living conditions) related stressors. Here, work-related stressors were the most prominently reported. These four themes are similar to those reported by Blanchetiere, 2006), who summarised stressors as falling under one of four areas: a) situational, related to insecurity, attacks, and relationship with populations and local authorities; b) job-related factors, including workload and job insecurity; c) organisational and management, related to human resources, roles and objective and a
‘macho’ sector culture; and finally d) personal risk factors related to unrealistic expectations, psychological history, and social connectedness with one’s home.

In terms of trauma exposure, Ager et al. (2012) found that more than 90% of national humanitarian workers in northern Uganda had been exposed to at least one traumatic event, including 51% who had been exposed to more than five. A systematic review on trauma-related symptoms among humanitarian workers conducted by Connorton et al. (2012) found that the five most common primary traumatic events experienced by humanitarian workers were being exposed to frightening situations, threats of being attacked, bombing, forced separation from family, and facing hostility from local populations. The prevalence of these events ranged between 10-78% across different studies. Other reported traumatic events were related to handling dead bodies, torture, the murder of a friend or family member, sniper shots, and rape/sexual violence (Barbara Lopes Cardozo et al., 2005).

Secondary or vicarious trauma is also widely reported among humanitarian workers, many of whom frequently encounter human suffering while working. For instance, Musa and Hamid (2008) found that 25% of humanitarian workers in Darfur score in the top quartile on the secondary traumatic stress sub-scale. Another study found that out of 76 humanitarian workers in Gujarat, each one had at least one characteristic of secondary traumatisation (Shah, Garland, & Katz, 2007).

Taken together, the literature suggests that humanitarian workers face a number of occupational stressors related to living and working in humanitarian contexts (e.g. exposure to emergencies and living conditions), as well as other, organisational stressors arising from the organisations for whom they work. In turn, the organisational-related stressors can be divided into role-related (e.g. workload and secondary traumatisation) and non-role related (e.g. team conflicts and poor leadership) (Brooks et al., 2015) stressors. These stressors are synthesised in Table 2.1.
Table 2.1: Stressors Among Humanitarian Workers

**Stressors related to being in humanitarian contexts:**
- Exposure to traumatic events (gunshots, shells, bombing, kidnapping…etc.).
- Chronic uncertainty / fear / being in danger.
- Lack of privacy.
- Separation from family.
- Economic hardship / financial strain.
- Living conditions.
- Concerns about relatives / loved ones due to emergencies.
- Lack of social support and connectedness with friends and family.
- Cultural differences / language barriers.
- Restrictions on movement.
- Health concerns / exposure to contagious diseases.
- Lack of medical care.
- Political situations in the countries they work in.
- Community stressors due to emergencies / being part of emergency contexts.
- Lack of intimacy.
- Loneliness.

**Organisational stressors, role-related:**
- Workload / working for long hours.
- Unpleasant working conditions.
- Ambiguity in role / unclear job descriptions.
- Security concerns.
- Exposure to traumatic events while working / targeting humanitarians.
- Secondary traumatisation by being in touch with stories.
- Anger / disputes with beneficiaries.
- Lack of recognition from the beneficiary communities.
- Lack of adequate resources / materials / logistics.
- Lack of skills / training / preparedness to do the job.
- Facing the possibility of / experience evacuations.
- Facing massive humanitarian needs of beneficiaries.
- Moral and ethical dilemmas while working.
- A gap between values and actions.
- Unrealistic expectations from others.
- Work-life balance.

**Organisational stressors, Non-role-related:**
- Lack of supportive leadership.
- Poor organisational support.
- Communication’ difficulties within work.
- Team conflicts / interpersonal conflicts.
- Unequal treatment between staff (e.g. between expats and nationals).
- Status of employment / job security.
- Lack of recognition from organisation / feeling undervalued.
- Inability to contribute to decision making.
- ‘Macho’ culture.
- Gender discrimination / sexism.
- Staff integrity and commitment.
- Bureaucracy.
- Lack of salaries and wages.

*From: (Antares Foundation, 2012; Blanchetiere, 2006; Curling & Simmons, 2010; Ehrenreich & Elliott, 2004; McCall & Salama, 1999; Thormar et al., 2010; Young et al., 2018)*

However, not all humanitarian workers face all of the same stressors, with large variances in the types and frequency of stressors experienced across different cadres of humanitarians.
2.1.3 Humanitarian workers cadres

The term ‘humanitarian worker’ includes “all workers engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, to conduct the activities of that agency” (ReliefWeb, 2008, p. 30). While the precise number of humanitarian workers globally is unknown, current estimates place the number of employed (i.e. contracted and paid persons) humanitarians globally at around 1 million. This number is distributed between working for the United Nations (UN) agencies (about 100,000 people), INGOs (about 500,000), and National NGOs (about 150,000) (Stoddard et al., 2017). Volunteer humanitarians however, are not included in this estimation, but the number of volunteers is recognised as being at least 10 times more than employed workers (Hazeldine & Baillie Smith, 2015).

In addition to differences in the numbers, and as introduced in Chapter 1, conditions vary vastly between three broad categories of humanitarian workers: International humanitarian workers, or expatriate staff; National staff; and volunteers. Building on what was presented in Chapter 1.1, the following section explores in-depth the key differences across these three cadres in terms of (a) the unique stressors experienced by each cadre and (b) the differences in the types of resources made available to them.

2.1.3.1 International humanitarian workers

International ‘expat’ humanitarian workers are those “who work for agencies and organisations outside of their country of origin” (Reis & Bernath, 2017b, p. 119). Expat humanitarians therefore often work in contexts that differ from their own in terms of culture, language, social norms, and support systems (Young et al., 2018). About 10% of humanitarian workers belong to this category (Stoddard et al., 2017). Typically, expats are considered experienced professionals, and therefore tend to take up higher-level positions within organisations’ managerial structure. Expats therefore often work in the organisation’ headquarters, or regional, sub-regional, country and field-level offices (Reis & Bernath, 2017a). Depending on the context of humanitarian operations, expats can either be with their families (i.e. family-duty station positions) or without them (i.e. non-family duty stations) (UNHCR, 2008). One of the most frequent stressors for expats
is, therefore, communication with family and friends in their home countries (Barbara Lopes Cardozo et al., 2005). Often occupying senior positions, expats also report elevated rates of workload stress and poor work-life balance (Curling & Simmons, 2010; Young et al., 2018). Even though humanitarian organisations usually provide living places and health insurance to expats (UNHCR, 2008), being alone and the lack of intimacy are also reported sources of stress (Young et al., 2018).

Furthermore, as strangers, expats tend to have strict security measures which limit their movement within the contexts where they operate (Blanchetiere, 2006). Finally, expats face the stress of returning home after their mission, where it can be difficult to reconnect with friends and resume a social life, experiencing a sort of re-entry syndrome (Blanchetiere, 2006; Curling & Simmons, 2010). The difficulties of reintegration with family, community and society in such situations has been described as ‘Altruistic Identity Disruption’, whereby interrelated feelings of isolation, doubt and self-blame occur as a manifestation of distress among humanitarian returnees (McCormack, Joseph, & Hagger, 2009; McCormack, Orenstein, & Joseph, 2016).

To alleviate some of these stressors, most organisations provide ‘Rest and Recuperation’ (R&R) opportunities for expats. A routine taken from military practices, R&R represents an opportunity for expats to resume a ‘normal lifestyle’ following a period of time in ‘the field’ (UNHCR, 2008). Expats also have higher salaries and more access to post-mission briefings. Despite those procedures, however, expats feel more concerned about the available support structures within organisations compared to national staff (Barbara Lopes Cardozo et al., 2005).

2.1.3.2 National humanitarian workers

National staff are “paid personnel working for a humanitarian organisation in their home countries that live in the area from which they are recruited or other parts of the country. These can be both national staff from international humanitarian organisations, or staff from local and national humanitarian aid organisations” (Reis & Bernath, 2017b, p. 121). National staff constitute the majority of paid humanitarian workers and represent about 90% of all paid humanitarian workers (Stoddard et al., 2017). Being from the very populations
experiencing the emergency brings its own set of stressors, which are unique to national staff (Antares Foundation, 2012). For example, and given that national staff are susceptible to the same stressors as the members of the communities they serve, it is not surprising that national staff may be exposed to as many, if not more, traumatic events caused by the emergency. This includes the loss of family members and relatives or personal belongings and livelihoods (B. L. Cardozo et al., 2013). National staff also endure family separation due to their work (Ager et al., 2012), and because of this, are often preoccupied with their family’s well-being (Ehrenreich & Elliott, 2004).

The majority of the reported violent incidents against humanitarians are targeted at national staff (Stoddard et al., 2019), with national staff more likely than the surrounding affected population to experience targeted violence (B. L. Cardozo et al., 2013). In addition, national staff report a lack of food and clean water and basic needs, displacement and living in camps, as well as elevated security concerns and restricted movement, especially in areas affected by conflict (B. L. Cardozo et al., 2013). Furthermore, national staff face economic hardship and accordingly, struggle to meet the needs of their families. National staff also report feeling powerless when witnessing the massive needs of people they serve and feeling helpless in their ability to respond (Ager et al., 2012; Young et al., 2018). Moreover, as expected, national staff report feeling uncertain about the future and the political situation of their country (Curling & Simmons, 2010).

Unlike expat staff however, national staff typically receive social support from their communities. However, within organisations, unequal treatment between national staff and expat is prevalent (Ager et al., 2012). In addition to the large salary gaps between expats and national staff (Carr & McWha-Hermann, 2016), access to security evaluations and emergency evacuations are often reserved for expats over national staff (Pauletto, 2018). Lastly, it is also argued that a significant gap exists between expats and national staff in terms of their access to help, especially mental health and psychosocial support (MHPSS), which is also primarily reserved for expats (Jackson & Zyck, 2017, p. 55).
2.1.3.3 Volunteer humanitarian workers

Finally, a humanitarian volunteer is the “person who carries out volunteering activities with a National Society [humanitarian organisation], occasionally or regularly. It [volunteering activity] is carried out by people motivated by free will, and not by a desire for material or financial gain, or by external social, economic or political pressure” (Hazeldine & Baillie Smith, 2015, p. 21). As non-professionals, volunteers tend to be recruited rapidly without adequate time and resources to prepare for the job. In other words, they are often unprepared for the challenges of working in humanitarian emergencies (Thormar et al., 2013).

Volunteers are susceptible to a heavy workload within physically demanding environments (Thormar et al., 2014). Types of humanitarian work carried out by volunteers include food and non-food distributions, rescuing civilians and providing first aid, managing shelters, providing sanitation services, providing primary health care and vaccinations, providing psychosocial activities, and the burial of dead bodies (IFRC, 2018). Volunteers are therefore susceptible to anger and disputes from beneficiaries which sometimes occur during food distributions. Similarly, they are affected by people’s stories when trying to comfort them and provide psychosocial support (Thormar et al., 2013).

Like national staff, volunteers also face the same stressors as affected communities (Thormar et al., 2010). Losing relatives, friends or belongings in addition to being displaced and sleeping out of one’s home are also reported among volunteers (J.-Y. Lee et al., 2017; Thormar et al., 2013; Thormar et al., 2014). Unlike national staff however, volunteers are more likely to be young and unemployed. Therefore, volunteers are more susceptible to economic hardship in humanitarian contexts (Thormar et al., 2010). Additionally, limited access to psychological support or similar help is commonly reported among this population (Griffiths et al., 2018). Finally, volunteer humanitarians often work in dangerous situations, with limited security measures in place to protect them (IFRC, 2011b; Thormar et al., 2013).
In sum, volunteers not only face the same challenges as paid national humanitarians, but also face additional economic stressors, less organisational support, less preparedness, and more ambiguity of roles and responsibilities.

2.1.4 Mental health and psychological outcomes among humanitarians

Given the broad spectrum of stressors within humanitarian work, several psychological outcomes are reported among humanitarians, with a growing body of literature exploring the mental health consequences of working within humanitarian organisations.

2.1.4.1 Post-Traumatic Stress Disorder (PTSD)

Given the high risk of traumatic exposure among humanitarians, numerous studies have investigated the prevalence of PTSD within humanitarian workers, with a higher prevalence of PTSD symptoms found among aid workers, compared to a number of reference groups (Connorton et al., 2012). For instance, Zhen et al. (2012) surveyed female nurses who took part in rescue work after Wenchuan earthquake in China. They found that 30% of the nurses who participated met the criteria for PTSD, compared to only 10.2% among those who did not. Similarly, Chatzea, Sifaki-Pistolla, Vlachaki, Melidoniotis, and Pistolla (2018) estimated the prevalence of PTSD to be 17.1% among rescue workers responding to refugee crisis in Greece. In the Central African Republic, 26% of humanitarian scored higher than the PTSD cut-off (de Fouchier & Kedia, 2018). In Jordan, PTSD prevalence was estimated to be 19.2% among national staff working with Iraqi refugees (Eriksson, Lopes Cardozo, Ghitis, et al., 2013). Among local staff working in Sri Lanka, the prevalence was estimated at 19% (B. L. Cardozo et al., 2013). In South Sudan, 24% of humanitarian workers met the cut-off for PTSD (Strohmeier et al., 2018). In Iran, non-professional students helping in rescue work after an earthquake, reported rates of PTSD around 34% (Hagh-Shenas, Goodarzi, Dehbozorgi, & Farashbandi, 2005). Similarly, In community volunteers responding to a ferry disaster in Korea, the PTSD prevalence was 19.7% compared to 15.8% of the residents in the same area (J.-Y. Lee et al., 2017). In another study of humanitarian volunteers, 28% were found to score above the cut-off for PTSD symptoms after 6 months and 20% after 18 months.
of an earthquake in Indonesia (Thormar et al., 2014). Finally, in a clinical interview-based study, Armagan, Engindeniz, Devay, Erdur, and Ozccakir (2006) found that 24.2% (out of n=33) relief team members (doctors and nurses) met the clinical diagnosis of PTSD using the Clinician-Administered PTSD Scale (CAPS).

In their meta-analysis, Berger et al. (2012) estimate the prevalence of PTSD among rescue workers to be about 10%. A higher prevalence in Asia and among ambulance personnel compared to firefighters and police officers was also noted. Considering that the global lifetime prevalence of PTSD is estimated to be about 8% (Sadock, Sadock, & Ruiz, 2015), rising to 15.3% among conflict-affected populations (Charlson et al., 2019), general trends suggest a higher prevalence of PTSD among humanitarian workers compared to a general population.

2.1.4.2 Depression

A second mental health disorder commonly reported among humanitarian workers is depression. Here, the humanitarian work literature mainly refers to ‘depression’ as the psychiatric disorders under the category of ‘depressive disorders’ in the ICD-11 (WHO, 2018) and the DSM-5 (American Psychiatric Association, 2013). Among the nurses surveyed by Zhen et al. (2012), 57% met the cut-off for the depression scale, compared to 9.7% of the non-exposed ones. Noticeable depression symptoms were also found among 18.9% of national staff in the Central African Republic (de Fouchier & Kedia, 2018) and among 55.2% of local staff in Jordan (Eriksson, Lopes Cardozo, Ghitis, et al., 2013). Similarly, 39% of humanitarian workers in South Sudan (Strohmeier et al., 2018) and 58% of local staff in Sri Lanka (B. L. Cardozo et al., 2013) were found to have elevated symptoms of depression. Convergent prevalence rates of depression symptoms were also recorded between expats and national workers in Kosovo, with rates of 17.19% and 16.92%, respectively (Barbara Lopes Cardozo et al., 2005). By comparison, prevalence of depression during war or conflicts is estimated to be about 10.8% at any given time (Charlson et al., 2019) and the lifetime prevalence of depression is 12% (Sadock et al., 2015). Accordingly, trends suggest that humanitarian workers also face an elevated incidence of depression.
2.1.4.3 Anxiety

The expression ‘anxiety’ in the humanitarian work literature generally refers to the ‘Anxiety or fear-related disorders’ of the ICD-11 (WHO, 2018) or the ‘Anxiety disorders’ of the DSM-5 (American Psychiatric Association, 2013). About 25% of national staff in the Central African Republic scored above the cut-off for anxiety (de Fouchier & Kedia, 2018). In Jordan, 50.4% of national staff working with Iraqis refugees reported elevated symptoms of anxiety assessed using a self-report measure (Eriksson, Lopes Cardozo, Ghitis, et al., 2013). In South Sudan, 38% of humanitarian workers have considerable symptoms of anxiety (Strohmeier et al., 2018) and in Sri Lanka and Pakistan, 53% (B. L. Cardozo et al., 2013), and 18.8% (Ehring et al., 2011) of local workers met the cut-off for anxiety, respectively. Finally, in Kosovo, 8.8% of expatriates and 14.5% of national staff were found to have a probable anxiety disorder (Barbara Lopes Cardozo et al., 2005).

By comparison, the global lifetime prevalence of Anxiety disorders is estimated at around 17.7% within the general population (Sadock et al., 2015), with this figure rising to above 21% in wartime, when including PTSD (Charlson et al., 2019). Consistent with high rates of PTSD and depression, humanitarian workers are also likely to experience an elevated risk of anxiety disorders compared to the general population or those living in emergency contexts.

2.1.4.4 Burnout

Burnout, as defined by the World Health Organisation (WHO, 2019a) is a “syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed”. Burnout is largely thought to be characterised by three dimensions: 1) emotional exhaustion, or feelings of energy depletion or exhaustion; 2) depersonalisation, or feeling an increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and 3) reduced personal accomplishment or professional efficacy. Additionally, burnout refers to phenomena in the occupational context and is considered separate from similar feelings that may be experienced in other
areas of life (WHO, 2019a). Thus, burnout is not considered as a mental disorder, but rather as an organisational syndrome related to work stressors.

Chatzea et al. (2018) found that 57% of European rescue workers responding to the refugee crisis met the criteria for burnout, as assessed by the Maslach Burnout Inventory. Looking at the dimensions of the syndrome, Jachens, Houdmont, and Thomas (2019) found that 32%, 43% and 10% of a large population of humanitarian workers, comprised of both national and expat staff (n=1980), were at risk of emotional exhaustion, lack of personal accomplishment, and depersonalisation, respectively. In South Sudan, 24% of humanitarians were found to be at risk of emotional exhaustion, and 19% of them faced the risk of depersonalisation (Strohmeier et al., 2018). Among expat humanitarians, a study conducted within an international multi-country humanitarian organisation found that 40% of workers had a high risk of burnout, also assessed by the Maslach Burnout Inventory (Eriksson et al., 2009). When broken down by dimension, 23% were at risk of lack of personal accomplishment, 21% of personal accomplishment, and 10% of depersonalisation (Eriksson et al., 2009). In local Pakistani rescue workers, the prevalence of burnout was estimated to be around 7.8% among rehabilitation and construction workers (Ehring et al., 2011). Burnout is, therefore, a common psychological reaction likely due to the excessive work stress noted among humanitarians.

2.1.4.5  Risky behaviour, alcohol consumption, and suicide

Fewer studies highlight the occurrence of risky behaviours, including hazardous alcohol consumption, among humanitarian workers. Despite a dearth of research, the current evidence suggests that humanitarian workers are prone to high-risk behaviours.

In a health survey of ICRC expats (Dahlgren, DeRoo, Avril, Bise, & Loutan, 2009), 27% of the population reported engaging in at least one risk-taking activity (N=1190). Such activities were related to driving fast or driving under the influence of alcohol, engaging in unprotected sexual intercourse, frequent change of sexual partners, or illicit drug use. Furthermore, in the same study, 10.1% of expats started smoking, and 43.4% of smokers reported an increase in smoking during missions (Dahlgren et al., 2009). A
total of 2.9% reported using recreational drugs during deployment, and around one third (29.3%) admitted having sex with someone other than their regular partner during the mission. About a fifth of these (18.8%) did not use adequate protection (i.e. condoms) during intercourse.

Heavy alcohol consumption was found in 18% of females, and 10% of males working for an international humanitarian agency (N=1980) (Jachens et al., 2019). Sex differences however did not exist in South Sudan, where 35% of males and 36% of females were found to have hazardous levels of alcohol intake (Strohmeier et al., 2018). In Kosovo, expats had higher levels of heavy alcohol consumption compared with national staff, with 16.2% and 1.6%, respectively (Barbara Lopes Cardozo et al., 2005)

In more extreme cases, Xiao L. Wang, Chan, Shi, and Wang (2013) reported two cases of suicide among two official leaders engaged in disaster relief who had also lost their children in the earthquake. Among the volunteers who responded to the same earthquake, rate of suicidal ideation was estimated at 21% compared to the rate of 7.1% before the earthquake (Xiao Lu Wang, Yip, & Chan, 2016). Furthermore, the authors report that suicidal ideation was unrelated to depression or PTSD, but rather negatively associated with work engagement and working hours. The reported suicidal ideation is, therefore, the consequence of the earthquake itself, not the humanitarian work. Their results, therefore, suggest that being engaged in work and working longer hours may work to mitigate suicidal ideation among humanitarian volunteers (Xiao Lu Wang et al., 2016)

2.1.4.6 Post-Traumatic Growth (PTG)

While negative psychological affect is common among humanitarian workers, workers can also experience positive changes, beyond coping with distress and resuming normal functioning. Such subjective positive experiences are conceptualised a post-traumatic growth (PTG) (Tedeschi & Calhoun, 2004). With PTG, highly stressful situations can lead to individual development such as an elevated appreciation of life, prioritising plans, a feeling of strength, recognising new possibilities, and spiritual
changes (Zoellner & Maercker, 2006). In this way, PTG is not a clinical disorder, but rather a positive phenomenon reported within the humanitarian work literature.

All survivors from the 1999 Marmara earthquake in Turkey, including volunteer helpers and non-volunteer survivors, showed moderate to high levels of PTG after four and a half years of the earthquake (Karanci & Acarturk, 2005). In this study, problem-solving, fatalistic coping, and being a disaster volunteer predicted higher PTG. Similarly, medical workers in Palestine showed elevated levels of PTG, which acted as a buffer, preventing their well-being from being affected by cumulative traumatic exposure (Veronese, Pepe, Massaiu, De Mol, & Robbins, 2017).

2.1.4.7 Other related problems

Other mental health and well-being-related problems are also reported among humanitarian staff. For instance, 30.3% of expats report exhaustion for more than one week after their mission, with levels of exhaustion impeding their ability to work (Dahlgren et al., 2009). In the same study, 31% of expats reported sleeping problems due to stressors in their work, and 36.4% reported reduced perception of health status (Dahlgren et al., 2009). Similarly, subjective health complaints are commonly reported among humanitarian volunteers, with complaints positively correlated with working hours (Thormar et al., 2013). In another study (Ehring et al., 2011), about a fifth (18.8%) of Pakistani humanitarian workers were found to have considerable somatic symptoms due to anxiety and depression. Finally, atypical psychological distress was reported among the majority of health workers in Palestine (84.6%), including 30.4% of reporting severe levels (Veronese et al., 2017).

2.1.5 Risk and Protective factors

The literature also suggests a number of risk and protective factors for humanitarian worker well-being. Here, protective factors are presented in terms of how they are presented in the literature. It follows however, that the absence of the same would be considered a risk factor. For example, where higher levels of organisational support are found to play a protective role, the lack of such support is considered a risk factor for psycho-morbidity. Consistent with the literature (Brooks et al., 2016; Brooks et
al., 2015), the following section categorises risk and protective factors according to where they fall within the humanitarian process, being before a humanitarian mission, during a humanitarian mission, and after the humanitarian mission.

2.1.5.1 Prior to a Humanitarian Mission

Numerous studies explore determinants of mental health outcomes among humanitarian workers prior to the start of a mission. These determinants are broadly related to personal factors, including a history of mental illness; social factors, such as socio-economic status; and organisational factors, including level of preparedness.

A history of mental illness is associated with a higher risk of developing anxiety, depression, and PTSD among expatriate humanitarian aid workers (Barbara Lopes Cardozo et al., 2012; Eriksson, Lopes Cardozo, Foy, et al., 2013). Previous trauma exposure in adulthood was also found to be a risk factor for mental health problems among national and expat humanitarians (Ehring et al., 2011; Eriksson, Lopes Cardozo, Foy, et al., 2013). Moreover, anxiety sensitivity was associated with greater psychomorbidity among humanitarian volunteers (Hagh-Shenas et al., 2005; Thormar et al., 2010). Using avoidance coping mechanisms has also been found to be an important risk factor for developing anxiety, depression and PTSD among expats (Eriksson, Lopes Cardozo, Foy, et al., 2013). Furthermore, the application of latent growth mixture analysis suggests two trajectories of PTSD symptoms among humanitarian volunteers working after massive destruction: a resilient group with fewer symptoms slightly decreasing over time and a chronic trajectory with a high level of symptoms increasing over time, indicative of individual differences in responses to trauma (Thormar et al., 2016).

Other personal factors include age, whereby humanitarian workers of a younger age are at increased risk for morbidity (Eriksson et al., 2009; Thormar et al., 2010) as well as for risky behaviour (Dahlgren et al., 2009). Martial status is also a determinant, with being single acting as a risk factor for psychological distress (Barbara Lopes Cardozo et al., 2012) and risk-taking activities (Dahlgren et al., 2009). Regarding sex, conflicting effects are presented throughout the literature. In Pakistan, females were found to be at
higher risk of developing PTSD (Ehring et al., 2011). Likewise, in Uganda, females were at higher risk of developing anxiety, depression and PTSD (Ager et al., 2012). Being female was also associated with heavy alcohol intake (Jachens et al., 2019). Male volunteers were at higher risk of developing depression in Indonesia (Thormar et al., 2013). Also, males report increased levels of risky behaviour compared to females (Dahlgren et al., 2009). On the other hand, a number of studies report no sex differences in mental health outcomes among humanitarian workers (Eriksson, Kemp, Gorsuch, Hoke, & Foy, 2001; Lopes Cardozo et al., 2013).

Like sex differences, the literature is inconsistent in terms of educational status as a risk factor for mental health outcomes among humanitarian workers. While some found that lower levels of education was a risk factor for psychological distress among rescue volunteers in Italy (Dolce & Ricciardi, 2007), higher levels of education were associated with higher depression rates among Sri Lankan national staff (Lopes Cardozo et al., 2013). In terms of social factors, Shah et al. (2007) found that lower socioeconomic status (i.e. poverty) was a risk factor for PTSD among national humanitarians in India. Finally, strong pre-deployment social support (i.e. friends and family) was found to act as a protective factor for humanitarian expats (Eriksson, Lopes Cardozo, Foy, et al., 2013).

With regards to organisational factors, there is strong support for the role of preparedness, including both preparedness for the tasks as well as for the psychological reactions of working in emergencies, in protecting the mental health of humanitarian workers. Importantly, the training of humanitarian workers is not limited to only how to deal with trauma, but also how to deal with the difficult tasks in work (i.e. negotiation, project management, risk assessment). Such training is thought to give a sense of mastery, which is associated with better mental well-being (Brooks et al., 2016).

Calls for the importance of raising awareness of preparedness for humanitarians can be traced back to the late 1990s (McCall & Salama, 1999). Since then, psychoeducational interventions have been shown to prevent PTSD among volunteers (Okanoya et al., 2015). Likewise, a systematic review of trauma-related mental disorders
among humanitarians emphasises the role of preparedness in preventing negative affect resulting from trauma exposure, and in order to maintain mental health (Connorton et al., 2012). Being prepared to deal with challenging situations was a significant determinant of mental well-being among veterans who volunteered in disasters (Kranke, Weiss, Heslin, & Dobalian, 2017). Similarly, a lack of experience in disaster work was associated with higher PTSD prevalence among tsunami helpers in Asia (Armagan et al., 2006) and a lack of training was a risk factor of psycho-morbidity among non-professionals after the Bam earthquake in Iran (Hagh-Shenas et al., 2005). Dolce and Ricciardi (2007) found the lack of training as the most influential risk factor for the development of psychological distress among a large sample of Italian volunteers, whereby those without training were 3.3 times more likely to develop psychological distress. A lack of information about situations encountered in a disaster setting was also found to contribute to psycho-morbidity among Indonesian volunteers (Thormar et al., 2013).

Even though the level of experience in humanitarian work acts as a preventive factor, years of experience can also have an influence on humanitarian workers’ mental health. The number of years in voluntary work has been found to increase the probability of psychological distress (Dolce & Ricciardi, 2007). Moreover, the number of missions is associated with an increased risk of depression among expats (Barbara Lopes Cardozo et al., 2005). Other preventative organisational factors include organisational selection processes, whereby organisations screen for mental health and resiliency during the recruitment process (McCall & Salama, 1999) and pre-departure team building, whereby organisations ensure team efficiency and harmony prior to the start of the mission (Brooks et al., 2015).

2.1.5.2 During Humanitarian Work

Several factors protect or threaten the mental health of humanitarian workers during missions. Again, these factors can largely be categorised as being either personal, social, or organisational.
First, on a personal level, the length and severity of exposure to both traumatic and chronic stressors were identified as risk factors for PTSD, depression, anxiety, and distress. Similarly, reduced exposure to chronic stressors predicted better well-being (Ager et al., 2012; Brooks et al., 2016; Barbara Lopes Cardozo et al., 2012). Identifying relatives or friends as victims was perceived particularly harmful, as well as becoming emotionally involved in the work (Brooks et al., 2015; Cetin et al., 2005; Thormar et al., 2010). In addition, losing personal belongings and the damage of property was associated with higher levels of PTSD (J.-Y. Lee et al., 2017; Thormar et al., 2014). Finally, housing and financial problems (Xiao L. Wang et al., 2013) and bad quality of sleep (Thormar et al., 2014) are also identified as personal risk factors.

An important extension of coping strategies is related to cognitive-appraisal approaches. Positive appraisal, or concentrating thoughts on positive aspects, was associated with better well-being among humanitarians (Abad Vergara & Gardner, 2011). Optimism, appreciation of life, and psychological hardiness were related to higher PTG and well-being (Abad Vergara & Gardner, 2011; Karanci & Acarturk, 2005; Xiao L. Wang et al., 2013). In contrast, negative appraisal such as self-blame, guilt, criticism, or catastrophic thinking was associated with lower well-being (Abad Vergara & Gardner, 2011) and greater psycho-morbidity (Ehring et al., 2011).

Furthermore, a sense of coherence, defined as the ability to remain self-oriented throughout adversity and levels of one’s confidence in using available resources to survive, was emphasised as a buffer to developing PTSD among emergency workers working in war-torn areas (Veronese & Pepe, 2015). One’s self-efficacy, or the belief in one’s capacity to perform with confidence, has also been found to contribute to better compassion satisfaction, the positive feelings derived from helping others in adversities (Cicognani, Pietrantoni, Palestini, & Prati, 2009), whereas lower levels of self-efficacy were predictive of PTSD (Thormar et al., 2016).

Identifying as ‘saviours of people’ and feeling satisfied with the assistance they provided buffered against the development of mental health problems (Clukey, 2010; Kranke et al., 2017). Similarly, having higher levels of motivation to work was a
protective factor against burnout, whereas lower motivation was associated with a higher risk of burnout and depression (Barbara Lopes Cardozo et al., 2012). Finally, comorbidity between mental health disorders was also identified as a risk factor, whereby having depression and anxiety predicted PTSD (J.-Y. Lee et al., 2017). In contrast, having higher PTG acted as a buffer, protecting the well-being of war-affected humanitarians following traumatic exposure (Veronese et al., 2017).

In addition to the aforementioned personal factors, a number of social factors have also been identified. Difficulties in contacting family and friends have been identified as a risk for developing depression among humanitarians (Barbara Lopes Cardozo et al., 2005; Barbara Lopes Cardozo & Salama, 2002; Thormar et al., 2010). Social support is therefore recognised as one of the most important determinants of negative psychological affect, whereby lower social support during mission was associated with higher psycho-morbidity (Ehring et al., 2011). Similarly, higher social support was associated with lower rates of depression, anxiety and burnout (Ager et al., 2012; Eriksson, Lopes Cardozo, Ghitis, et al., 2013). Social support was also associated with reduced psychological distress and better life satisfaction (Barbara Lopes Cardozo et al., 2012). Furthermore, social support was found to moderate the effect of trauma exposure on devolving PTSD (Eriksson et al., 2001).

A stronger sense of community was accompanied by greater levels of positive feeling about helping other humans in adversity, namely compassion satisfaction (Cicognani et al., 2009). Perceived social support was also found to predict PTG (Karanci & Acarturk, 2005), and the level of satisfaction associated with social support is positively correlated with better well-being among humanitarians (Abad Vergara & Gardner, 2011). At a community level, recognition from the community served by humanitarian workers (i.e. social acknowledgment) was associated with less PTSD symptoms (Thormar et al., 2016).

On an organisational level, several organisational factors have been found to influence the mental health of humanitarians. Similar to the organisational factors associated with the pre-departure phase of humanitarian work, these factors are thought
to mainly influence humanitarian worker’s well-being. Firstly, ambiguity of roles and lack of equipment to conduct the work act as a risk factor towards psycho-morbidity (Thormar et al., 2010). Longer-working hours have also been found to lead to higher levels of anxiety and subjective health complaints among volunteers (Thormar et al., 2013). Moreover, carrying out certain tasks is associated with higher psycho-morbidity. These include being responsible for injured people whereby one feels unable to respond to their needs and handling their complaints, the provision of food aid, providing psychosocial support, and handling dead bodies, all of which are associated with higher PTSD and depression (Brooks et al., 2016; Ehring et al., 2011; Thormar et al., 2013). On the other hand, having direct contact with beneficiaries was found to protect against emotional exhaustion (Strohmeier et al., 2018).

The exposure to chronic stressors in humanitarian work is also associated with higher burnout and depression (Barbara Lopes Cardozo et al., 2012), as well as PTSD (Ehring et al., 2011), and a lack of organisational support was related to depression among international staff (Barbara Lopes Cardozo et al., 2005) and humanitarian volunteers (Thormar et al., 2013). Furthermore, as key forms of support within an organisation, manager and supervisor support are reported to play a considerable role in the mental health of humanitarians. Among volunteers, the lack of support from managers was related to greater psycho-morbidity (Thormar et al., 2013). Having work-family conflicts was also found as a risk factor of distress in China (Xiao L. Wang et al., 2013). Lower team cohesion was associated with higher burnout rates among local workers in Jordan (Eriksson, Lopes Cardozo, Ghitis, et al., 2013). An elevated ratio of effort-reward imbalance (ERI, explained in greater detail in section 2.3.2.6) was also associated with higher emotional exhaustion (Jachens et al., 2019) and tripled the risk of heavy alcohol consumption in female expats (Jachens, Houdmont, & Thomas, 2016). Similarly, low job satisfaction and lack of pride in the job were considered as threatening factors for humanitarians’ mental health (Brooks et al., 2016).

Given the known negative impact of low organisational support, it follows that organisational support is one of the most frequently reported protective factors against
negative affect among humanitarian workers (Brooks et al., 2015). Eriksson et al. (2009) found that higher levels of organisational support protected against burnout symptoms among expatriate workers. Supportive management is therefore underlined as a meaningful factor in maintaining the mental health of humanitarians (Brooks et al., 2016). Colleague and team support also play an important protective role. Stronger team cohesion was accompanied by improvements in the mental health of national staff in Uganda (Ager et al., 2012). Similarly, the support and understanding provided by colleagues during work were much valued as a preventive factor in China (Xiao L. Wang et al., 2013). Related to supportive workmates, higher levels of collective efficacy in work were associated with a higher feeling of compassion satisfaction among humanitarians (Cicognani et al., 2009).

The importance of the availability of psychological support in the workplace is also underlined in the literature, whereby providing proper psychological support and establishing active peer support systems are essential aspects of mitigating adverse mental health outcomes among humanitarians (Brooks et al., 2016; Connorton et al., 2012). Being able to access counselling, being provided with Psychological First Aid (PFA) after critical incidents, and stress management interventions have all been shown to be beneficial toward humanitarian workers’ well-being (Brooks et al., 2016; Brooks et al., 2015; de Fouchier & Kedia, 2018; Thormar et al., 2010).

Finally, differences related to the cadre of humanitarian worker and types of humanitarian agency are also highlighted. For instance, Barbara Lopes Cardozo et al. (2005) found that Kosovar humanitarians had higher rates of PTSD, but lower anxiety and alcohol consumption rates compared to expats. Volunteers without affiliations were at higher risk for negative psychological outcomes compared to professional firefighters (Hagh-Shenas et al., 2005) and military personnel involved in rescue work after earthquakes (Cetin et al., 2005). Even among volunteers, those who only started working in the aftermath of a disaster were at higher risk of PTSD compared to those who had been in previous contact with the humanitarian agency (Thormar et al., 2016). Another study taking place in the context of the current European refugee crisis found that Greek
national staff were at highest risk of PTSD, compared to other international professionals or volunteers in Greece (Sifaki-Pistolla, Chatzea, Vlachaki, Melidoniotis, & Pistolla, 2017). The authors attributed this risk to the workload and lack of psychological support available for Greek professionals. Volunteers in Japan, on the other hand, enjoyed better levels of PTG compared to professionals, with equal levels of distress prevalent across both cadres (Anderson et al., 2016). Similarly, volunteer emergency workers in Italy enjoyed better well-being compared to emergency professionals (Cicognani et al., 2009).

With regards to the type of organisations, Lopes Cardozo et al. (2013) found that INGOs staff were at higher risk for depression compared to those working for the UN or the RCRC movement. Differences in PTSD or anxiety rates were not statistically significant, however. In Ager et al. (2012)’s study of national humanitarians in Uganda, levels of depression, but not anxiety, were higher among INGOs employees compared to those working for the UN. In contrast, the type of organisation was not associated with any differences in mental health outcomes among humanitarians in Jordan (Eriksson, Lopes Cardozo, Ghitis, et al., 2013). The working conditions and the available support structures in place, rather than the type of organisation, therefore seem to be stronger determinants of depression and mental health outcomes among high-risk professions, including humanitarian workers.

2.1.5.3 After humanitarian work

While the period following a humanitarian mission is associated with a high risk of mental health disorders, only a few studies have examined the risk and protective factors present after deployment. These studies highlight a number of social and organisational level factors.

On a social level, the importance of social support from family and friends is highly valued as a protective factor helping humanitarian aid workers to reintegrate into their life post mission (Kranke et al., 2017; Serning, 2011). Building up new and strong social networks is therefore considered an important contributor to humanitarian worker well-being (Kranke et al., 2017). On an organisational level, the current literature emphasises the importance of providing post-deployment, culturally adapted, support for
humanitarians (Blanchetiere, 2006). These include after mission debriefing, psychoeducation, and discussing the lessons learned as a result of the experience (McCormack et al., 2009). Good post-mission support programmes are therefore thought to help humanitarians in the reintegration process, leading to a stronger positive-altruistic identity and preventing the development of a disrupted altruistic identity (ibid). Furthermore, including the humanitarian workers’ families within these programmes leads to a greater impact (ibid). Overall however, little is known about the long-term mental health of humanitarians (Connorton et al., 2012).

Table 2.2 summarises the factors that contribute to the mental health and well-being of humanitarian workers, as synthesised from the literature across personal, social, or organisational factors.
Table 2.2: Factors affecting the mental health and well-being of humanitarians

<table>
<thead>
<tr>
<th>Personal</th>
<th>Social</th>
<th>Organisational</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior to humanitarian missions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of mental health problems ↓</td>
<td>Lower socioeconomic class ↓</td>
<td>Preparedness ↑</td>
</tr>
<tr>
<td>Trauma exposure before work ↓</td>
<td>Social support ↑</td>
<td>Psychoeducation ↑</td>
</tr>
<tr>
<td>Anxiety sensitively ↓</td>
<td></td>
<td>Experience in HW ↑</td>
</tr>
<tr>
<td>Younger age ↓</td>
<td></td>
<td>Years of working in HW ⇆</td>
</tr>
<tr>
<td>Single marital status ↓</td>
<td></td>
<td>Training ↑</td>
</tr>
<tr>
<td>Sex ⇆</td>
<td></td>
<td>Sufficient information about the disaster setting ↑</td>
</tr>
<tr>
<td>Education ⇆</td>
<td></td>
<td>Screening and selection ↑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre-departure team building ↑</td>
</tr>
<tr>
<td><strong>During humanitarian work</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lengths and severity of exposure to traumatic events ↓</td>
<td>Difficulties in contacting families and friends ↓</td>
<td>The ambiguity of roles ↓</td>
</tr>
<tr>
<td>Lengths and severity of exposure to chronic stressors ↓</td>
<td>Social support ↑</td>
<td>Lack of equipment ↓</td>
</tr>
<tr>
<td>Identifying relatives or friends as victims ↓</td>
<td>Perceived social support ↑</td>
<td>Longer working hours ↓</td>
</tr>
<tr>
<td>Becoming emotionally involved ↓</td>
<td>Sense of Community ↑</td>
<td>Tasks carried out</td>
</tr>
<tr>
<td>Housing and financial problems ↓</td>
<td>Social recognition ↑</td>
<td>Direct contact with beneficiaries ↑</td>
</tr>
<tr>
<td>Bad quality of sleep ↓</td>
<td></td>
<td>Exposure to chronic stressors in work ↓</td>
</tr>
<tr>
<td>Positive coping strategies ↑</td>
<td></td>
<td>Work-family conflicts ↓</td>
</tr>
<tr>
<td>Positive cognitive appraisal ↑</td>
<td></td>
<td>Team support and team cohesion ↑</td>
</tr>
<tr>
<td>Sense of Coherence ↑</td>
<td></td>
<td>Effort-reward imbalance ↓</td>
</tr>
<tr>
<td>Self-efficacy ↑</td>
<td></td>
<td>Job satisfaction ↑</td>
</tr>
<tr>
<td>Identifying the self as “a saviour” ↑</td>
<td></td>
<td>Organisational support ↑</td>
</tr>
<tr>
<td>Motivation ↑</td>
<td></td>
<td>Manager, leaders and supervisor support ↑</td>
</tr>
<tr>
<td>Comorbidity between mental health disorders ↓</td>
<td></td>
<td>Collective efficacy ↑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In work psychological support/counselling ↑</td>
</tr>
<tr>
<td>After humanitarian work</td>
<td>• Post-traumatic growth ↑</td>
<td>• Peer support programmes ↑</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Psychological First Aid (PFA) ↑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Stress management interventions ↑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Type of humanitarian workers ⇔</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Type of organisation ⇔</td>
</tr>
<tr>
<td></td>
<td>• Social support including family and friends ↑</td>
<td>• Post-deployment support programmes ↑</td>
</tr>
<tr>
<td></td>
<td>• Building up social networks ↑</td>
<td></td>
</tr>
</tbody>
</table>

*Note: ↑: A protective effect; ↓: A risk effect ⇔ contradictory effects across different studies.*
2.1.5.4 Resilience of humanitarian workers

The concept of resilience spans the fields of developmental, clinical and social psychology and has received great attention over the last two decades (Silva-Villanueva, 2019). Accordingly, the resilience of humanitarian workers has also been investigated within the humanitarian work literature.

Resilience is defined as “the process of effectively negotiation, adapting to, or managing significant sources of stress or trauma” (Windle, 2011, p. 1). Resilience is therefore related to positive adaptation in the face of adversity. As a uniquely human capacity, it is argued that resilience is not a fixed ability, but a process that can be strengthened (Fleming & Ledogar, 2008). Particularly, the assets and resources available to an individual determine one’s capacity for adaptation (i.e. strengthening resilience), or to ‘bounce back’ in the face of challenging experiences (Windle, 2011). Whereas traditional models of resilience treated it as a fixed capacity among individuals, new research trends suggest a dynamic process of adaptivity in the face of adversity, whereby people have the potential to gain abilities. (Masten, 2015). Figure 2.1 represents a classification of individuals’ adaptative versus adversity patterns (Masten, 2015, p. 36). Whereas the original model represents distinguished groups of individuals according to their

![Figure 2.1: The aggregated case model of resilience: Adversities Vs. Adaptivity.](image)

The figure is adapted from Masten (2015, p. 36) to reflect a dynamic process of resilience.
behaviour, arrows were added to reflect the dynamic nature whereby individuals may move across groups as per the resources available to them.

More recently, the Headington Institute (www.headington-institute.org) has developed and validated an inventory (Headington Institute Resilience Inventory; HIRI) to measure the dimensions of resilience among humanitarian workers (Nolty, Bosch, An, Clements, & Buckwalter, 2018). The HIRI conceptualises resilience as being comprised of seven factors. These factors are related to adaptive engagement, ‘e.g. I enjoy taking on new challenges’; spirituality, ‘e.g. My life is enriched by my spiritual beliefs, practices, experiences’; emotional regulation, ‘e.g. I don’t think as clearly as I used to’; behavioural regulation, ‘e.g. My friends consider me to be a careful person’; physical fitness, ‘e.g. I am comfortable with my physical condition’; sense of purpose, ‘e.g. I find satisfaction in achieving my purpose’; and life satisfaction ‘I find satisfaction in life’s small pleasures’ (Nolty et al., 2018). The development of the HIRI and the identification of these factors of resilience among humanitarian workers represents a noteworthy advancement among humanitarian psychologists, such that the factors represent target areas for the promotion of resilience, which in turn, buffers against the development of mental health disorders.

Many researchers in this field use the terms ‘protective’ and ‘resilience’ factors interchangeably (e.g., Brooks et al., 2015). A form of human capital, the literature differentiates resilience from ‘social support’ or ‘organisational support’, both of which are essential assets in strengthening resilience among humanitarians. Blanchetiere (2006) argues that the work environment including managers, colleagues, social network, organisation, sector culture and the border society all influence the resilience of humanitarian workers. Specifically, these aspects feed into one’s individual developmental, cognitive, emotional, spiritual, behavioural, and relational factors. In other words, the resilience of humanitarian workers can be influenced by the level of support provided by their surroundings, including their organisations (Blanchetiere, 2006).
Actively seeking social support from family and friends has also been found to predict resilience among humanitarians (Comoretto, Crichton, & Albery, 2015). Whereas mental disengagement techniques (i.e. avoidance coping) was associated with a decrease in resilience of humanitarian workers over time, the availability of social support was highlighted as a meaningful way for humanitarians to deal with the demands of their work (Comoretto et al., 2015). Leaving education at an older age also predicted greater resilience over time (ibid). Such findings may propose the dynamic process of strengthening resilience through gaining new skills and building wider social networks (ibid).

Montaiuti (2013) used a phenomenological approach to discover meaning-making effects on humanitarians’ resilience. Helping others and being close to beneficiaries as well as social support were identified as essential assets for humanitarians to become more resilient (ibid). A more recent qualitative study conducted with humanitarian workers in Iran (Ghodsi, Jazani, Sohrabizadeh, & Kavousi, 2019) identified six main categories that influence humanitarian worker resilience: Two negative categories related to the challenges encountered in the field and work-related stress, and four positive ones related to supportive networks, self-care, organisational support, and competency (ibid).

The above evidences the resilience of humanitarian workers as a complex, dynamic ability to deal with adverse situations, capable of being enhanced throughout supportive social and work environments. Furthermore, as argued by Silva-Villanueva (2019), resilience cannot be seen as a neutral concept, but as one with important social and cultural dimensions. As such, ignoring the complexities of resilience pathways may lead to the pathologising of natural responses to trauma, shifting the onus upon individuals, rather than systems (e.g. organisations), to overcome adversity. Considering the broader construct of resilience therefore helps in building culturally-sensitive and gender-sensitive models of care for individuals exposed to adversity (ibid).
2.1.5.5 Gender issues in humanitarian work

Gender-based discrimination and sexism are also listed as part of the stressors faced by humanitarian workers (see section 2.1.2 above), with a number of noted sex differences predicting mental health outcomes across humanitarians (see Table 2.2). Female humanitarians, for example, report more home and family related-stressors (Curling & Simmons, 2010), and more stressors related to living conditions (Young et al., 2018). Gritti (2015) also highlighted that female humanitarian workers are more likely to encounter sexual harassment and gender discrimination both in and outside of work.

More recently, and consistent with Gritti’s (2015) results, the risk of sexual exploitation within the humanitarian sector was featured as part of the #MeToo Movement (https://metoomvmt.org), with the hash-tag #AidToo used to categorise incidences of sexual sexual abuse and exploitation across the humanitarian sector.

Gritti’s (2005) findings further point to a gender-discriminate organisational culture within the field of humanitarian work, with discrimination present in both power imbalance and hiring practices within the sector, against female workers. Establishing professional credibility for women humanitarians requires additional effort, with women having to demonstrate their skills more and work harder to gain trust, especially when they are in a leadership role (Gritti, 2015). In terms of security, female humanitarians reported greater concerns and risks compared to men. They also report more difficulty balancing work and family, compared to men (ibid). The issue of gender imbalance power-related problems within the humanitarian sector is well-described by Yves Daccord (2018), the Director-General of ICRC:

*Just as in the wider #MeToo movement, #AidToo reflects a deep-rooted, systemic problem that goes beyond sexual abuse and strikes at the heart of power imbalances in the aid sector: between men and women; between managers and staff; between international and local actors; and – crucially – between humanitarian workers and people caught up in crisis (Daccord, 2018).*

Like resilience, gender can therefore be seen as an important determinant of the well-being of humanitarians. Given that females tend to be exposed to additional
stressors, and that many humanitarian organisations have yet to address some of the systemic gender issues inherent to aid work, enhancing worker resilience within the humanitarian sector, as an organisational responsibility, depends, at least in part, on organisations addressing issues of power dynamic, protection, and gender-specific stressors, including the broader, contextual ones (Silva-Villanueva, 2019).

2.1.6 Guidelines to promote well-being among humanitarians

Building on the above sections highlighting a number of important determinants of well-being for humanitarian workers, the following section describes current organisational guidelines for promoting the well-being and mitigating the adverse mental health consequences of working for humanitarian organisations. These guidelines reflect a growing interest in humanitarian workers’ mental health, as part of a ‘duty of care’ of humanitarian agencies towards their staff. Duty of care is defined as an “…employer's legal and moral obligation to take reasonable care to protect staff from foreseeable harm in the workplace” (Breslin, 2017, p. 1). Several guidelines, therefore, have been developed to ensure the well-being of humanitarian workers.

2.1.6.1 The Inter-Agency Standing Committee guidelines

The inter-agency standing committee (IASC) is a coordination platform among various humanitarian organisations, including UN agencies, INGOs, and the RCRC movement. In 2007, the IASC published their guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergencies. These guidelines contain a “set of minimum multi-sectoral responses to protect and improve people’s mental health and psychosocial well-being in the midst of an emergency” (IASC, 2007, p. 5). As part of these guidelines, recommendations to prevent and manage problems of mental health and well-being among staff and volunteers were developed. According to the IASC, and corresponding to the ‘Duty of Care’ principle, many humanitarian workers receive inadequate organisational and managerial support, and inadequate organisational and managerial support is often reported as their ‘biggest stressor’. Thus,

*The provision of support to mitigate the possible psychosocial consequences of work in crisis situations is a moral obligation and a responsibility of*
organisations exposing staff [and volunteers] to extremes. For organisations to be effective, managers need to keep their staff [and volunteers] healthy. A systemic and integrated approach to staff care is required at all phases of employment – including in emergencies – and at all levels of the organisation to maintain staff [and volunteers] well-being and organisational efficiency. (IASC, 2007, p. 87).

The key actions of these guidelines are summarised in Table 2.3. According to these, organisations should have a plan (i.e. policy and budget) for staff care; adequately prepare their staff for work; establish a healthy working environment; address work-related stressors; ensure access to health care; provide support to those who experience traumatic events in work; and offer support after the mission.

Table 2.3: The IASC key actions to protect and promote well-being among humanitarians

<table>
<thead>
<tr>
<th>Key actions</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- A plan to protect and promote the humanitarians’ well-being</td>
<td>§ A concrete plan for emergency nested within a staff welfare policy.</td>
</tr>
<tr>
<td></td>
<td>§ Budget for the activities.</td>
</tr>
<tr>
<td>2- Adequate preparation of work in the emergency context</td>
<td>§ Knowledge about the crisis, the culture and accepted behaviours.</td>
</tr>
<tr>
<td></td>
<td>§ Adequate training in safety and security.</td>
</tr>
<tr>
<td></td>
<td>§ Briefing on stress identification, stress management, and the available psychosocial support policy.</td>
</tr>
<tr>
<td>3- Healthy working environment</td>
<td>§ Implementing staff support policy.</td>
</tr>
<tr>
<td></td>
<td>§ Appropriate food and hygiene.</td>
</tr>
<tr>
<td></td>
<td>§ Addressing unhealthy living practices (e.g. heavy alcohol use).</td>
</tr>
<tr>
<td></td>
<td>§ Privacy in accommodation.</td>
</tr>
<tr>
<td></td>
<td>§ Defining and monitoring working hours.</td>
</tr>
<tr>
<td></td>
<td>§ Arranging communication with families.</td>
</tr>
<tr>
<td>4- Addressing work-related stressors</td>
<td>§ Clear job descriptions and roles.</td>
</tr>
<tr>
<td></td>
<td>§ Regular security evaluation.</td>
</tr>
<tr>
<td></td>
<td>§ Providing sufficient suppliers for security.</td>
</tr>
<tr>
<td></td>
<td>§ Appropriate logistic supply.</td>
</tr>
<tr>
<td></td>
<td>§ Ensuring the equality between staff (e.g. national and expats) in the personal decision to accept security risks.</td>
</tr>
<tr>
<td></td>
<td>§ Regular team meeting and briefing</td>
</tr>
<tr>
<td></td>
<td>§ Providing culturally-sensitive technical supervision on MHPSS</td>
</tr>
<tr>
<td></td>
<td>§ Team-building, facilitate integration and addressing team conflicts.</td>
</tr>
<tr>
<td></td>
<td>§ Regular field visits of senior.</td>
</tr>
<tr>
<td>5- Access to health care and psychosocial support</td>
<td>§ Trained peer supporters.</td>
</tr>
<tr>
<td></td>
<td>§ Access to culturally appropriate MHPSS.</td>
</tr>
<tr>
<td></td>
<td>§ Referral pathway of urgent psychiatrist cases.</td>
</tr>
<tr>
<td></td>
<td>§ Prophylactics and vaccinations.</td>
</tr>
<tr>
<td></td>
<td>§ Health evacuations when needed (including mental health).</td>
</tr>
<tr>
<td>6- After critical and traumatic events support</td>
<td>§ Psychological First Aid is immediately available.</td>
</tr>
</tbody>
</table>
Available self-care materials.
- Making specialised mental health services available for severely stressed humanitarians.
- Contacting everyone who experiences a critical event by a mental health professional.

<table>
<thead>
<tr>
<th>7- After the mission support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical debriefing and job evaluation are available.</td>
</tr>
<tr>
<td>Overall health check-up, including mental health.</td>
</tr>
<tr>
<td>Available support mechanisms upon request.</td>
</tr>
<tr>
<td>Information materials on how to manage stress.</td>
</tr>
</tbody>
</table>

Source: Summarised from IASC (2007, pp. 87-91)

IASC guidelines are generic, however, and may not be applicable for all humanitarian workers. Moreover, there is an explicit focus on the well-being of staff, with a noted absence of specific actions for volunteers. As such, these actions are largely thought to be more geared towards expatriate staff, rather than volunteers.

2.1.6.2 Sphere guidelines

The Sphere project, a collaboration between INGOs and the RCRC movement, was established in 1997 to improve the quality and accountability of humanitarian actions. In their latest version of recommendations, the Sphere Association (2018) included nine commitments be followed as part of achieving adequate levels of aid-delivery quality. Relevant to staff management, including staff well-being, is the eighth commitment. According to the eight commitment, “communities and people affected by the crisis [should] receive the assistance they require from competent and well-managed staff and volunteers” (p.76). This commitment further includes a quality criterion stating that “staff are supported to do their job effectively and are treated fairly and equitably” (Sphere Association, 2018, p. 76). Based on this commitment, there are key actions that humanitarians should take in order to fulfil the quality criterion regarding humanitarian worker performance. Attached to these actions are a list of organisational responsibilities. In this way, and compared to the IASC guidelines, the Sphere standards emphasise the development of competencies for staff, the organisational responsibilities regarding the fair treatment of staff within the organisation, and staff security and well-being as key factors contributing to the good management of the humanitarian workforce. Table 2.4 synthesises these key actions and organisational responsibilities.
### Table 2.4: The Sphere standards of managing humanitarians, including ensuring their well-being.

<table>
<thead>
<tr>
<th>Key actions</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Humanitarians work according to the mandate and value of the humanitarian organisation</strong></td>
<td>All staff must be aware of their legal and organisational status whereby the status of employment, if any, must be respected accordingly.</td>
</tr>
<tr>
<td><strong>Humanitarians adhere to the organisational policies and understand the consequences of not adhering to them</strong></td>
<td>The need for induction and training on the organisation’s mandate. Code of conduct applies in all situations.</td>
</tr>
<tr>
<td><strong>Humanitarians develop the personal, technical and management competencies to fulfil their role and understand how the organisation can support them to do this</strong></td>
<td>When the opportunities for formal staff development is limited, managers should provide induction and on the job training as a minimum.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisational responsibilities</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisations have the management and staff capacity and capability to run programmes</strong></td>
<td>Hiring people who increase the accessibility of services and avoid any perception of discrimination.  &lt;br&gt; Considering how to address peaks in demand for qualified staff. Clarifying roles and responsibilities and internal decision-making responsibilities and communication.  &lt;br&gt; Avoiding deploying personnel for short periods, which leads to high turnover.  &lt;br&gt; Adapting ethical recruitment practices.  &lt;br&gt; Developing locally recruited staff and training them for emergency response.</td>
</tr>
<tr>
<td><strong>Staff policies and procedures are fair, transparent, non-discriminatory and aligned with local employment law</strong></td>
<td>Promoting the role of national staff at the management and leadership level to ensure the continuity, institutional memory and more contextually appropriate response.</td>
</tr>
<tr>
<td><strong>Job description, work objective and feedback processes are in place for humanitarians to be able to understand what is required from them</strong></td>
<td>Accurate and up-to-date job descriptions.  &lt;br&gt; Documenting the Individual objectives for work aspiration in the development plan.</td>
</tr>
<tr>
<td><strong>A code of conduct is in place that established at a minimum, the obligation for staff not to exploit, abuse or otherwise discriminate against people</strong></td>
<td>Humanitarians understand and sign the code of conduct.  &lt;br&gt; Clarifying the standard of behaviour and what the consequences of breaching the code of conduct.</td>
</tr>
<tr>
<td><strong>Policies are in place to support staff to improve their skills and competencies</strong></td>
<td>Mechanisms to review performance, assess capacity gaps, and development are in place.</td>
</tr>
<tr>
<td><strong>Policies are in place for the security and the well-being of staff</strong></td>
<td>Exercising the ‘Duty of Care’ for humanitarians.  &lt;br&gt; Raising the awareness of the risks among humanitarians and protecting them from exposure to unnecessary threats to their physical and mental health.  &lt;br&gt; Adoptable measures are in place including effective security management, preventive health advice, working reasonable hours and access to psychological support.  &lt;br&gt; A zero-tolerance policy for harassment and abuse, including sexual, is in place.  &lt;br&gt; A holistic strategy to prevent and respond to sexual harassment and violence, if...</td>
</tr>
</tbody>
</table>
Sphere standards therefore act to integrate staff care with the organisational context, staff competencies and performance. Despite this important contribution however, there is no mention of psychological support to ensure the well-being of humanitarian staff and volunteers.

2.1.6.3 Antares Foundation guidelines

The Antares Foundation is a non-profit organisation that supports humanitarian, development and human rights organisations in the field of staff care and psychosocial support (https://www.antaresfoundation.org/). The Antares Foundation, in collaboration with the Centre for Disease Control and Prevention (CDC), has conducted research and engaged with numerous humanitarian organisations as part of developing evidence-based guidelines for good practice to manages stress among humanitarian workers (Antares Foundation, 2012). Much of this evidence is drawn from the same literature on mental health outcomes among humanitarians reviewed above (e.g. Ager et al., 2012; B. L. Cardozo et al., 2012; B. L. Cardozo et al., 2013; Eriksson, Lopes Cardozo, Foy, et al., 2013; Eriksson, Lopes Cardozo, Ghitis, et al., 2013).

The Antares guidelines are meant to tackle stress-related health outcomes among humanitarians by helping organisations to define their own needs in relation to stress management and staff care systems. These are built on eight principles, with different indicators set for each principle, which humanitarian organisations can use to develop their comprehensive staff-care approach. These eight principles correspond to the organisational factors that affect humanitarians’ mental health and are categorised across pre-deployment (i.e. staff care policy, screening and addressing, preparation and training); during mission (i.e. monitoring, ongoing support, crisis management); and after mission principles (i.e. end of assignment support, post-assignment support) (Antares Foundation, 2012). These are presented in Table 2.5, algonside examples of their respective indicators.
Table 2.5: Antares guidelines for managing stress in humanitarian workers

<table>
<thead>
<tr>
<th>The principles</th>
<th>Examples of indicators</th>
</tr>
</thead>
</table>
| **The humanitarian organisation has a written and active policy to prevent or mitigate the effects of stress** | ▪ An operational framework of staff support is in place.  
▪ Stress management policy is contextualised and culturally appropriate.  
▪ Agency recognises the support needs of various types of humanitarians (expats, nationals, volunteers; males and females), and the policy is designed to meet the explicit needs of all these.  
▪ The organisation has a strategy for reducing risks including safety and security, physical health, exposure to trauma and the routine sources of stress. |
| **The humanitarian organisation screens and assesses the capacity of staff to respond to and cope with the anticipated stressors of a particular job** | ▪ Managers understand the minimum health and resiliency requirement for highly stressful assignments.  
▪ Staff are screened/ assessed concerning their strengths and to their likelihood of negative responses to the risks and stressors by professional interviewers.  
▪ The screening results are used to match the staff to a suitable assignment and to ensure they have the support they need.  
▪ Organisations are responsible for maintaining the confidentiality or screening or assessment results. |
| **Organisations ensure that all staff have appropriate pre-assignment preparation and training in managing stress** | ▪ Staff receive training on: sources of stress, how to recognise stress singes and effects, how to work in a team, and how to cope with stress.  
▪ Managers are trained and evaluated in stress management skills on how to recognise the single of stress, promote activities to reduce stress and arrange support for individual staff when needed.  
▪ Ensuring that managers receive training in managerial and leadership skills and available mentoring and a system of peer support. |
| **Organisations ensure that staff response to stress is monitored on an ongoing basis** | ▪ Individual staff members monitor signs of stress in themselves.  
▪ Managers monitor the staff member for signs of stress regularly.  
▪ Team managers monitor the functioning of their team for signs of conflicts or any other stress-related.  
▪ Managers report back to organisations concerning the stress-related issues. |
| **Humanitarian organisations provide training and ongoing support to help staff on how to deal with their daily stressors** | ▪ Staff are encouraged to engage in good practices for self-care and collegial support. Staff also encouraged to use the available community and family sources of support.  
▪ I am providing ongoing training for staff with respect to safety and security, and to physical and emotional self-care.  
▪ Organisations management practices are reviewed with respect to their impact on staff stress, including their likelihood of reducing stress and strengthening team cohesion, with a feedback mechanism on the satisfaction of these practices. |
Organisations provide staff with specific and culturally appropriate support after critical or traumatic events and other unusual, unexpected sources of severe stress

- All staff are provided with explicit guidelines as to the kind of traumatic events or any other relevant events that must be reported to the management.
- All managers are trained in appropriate immediate responses to traumatic incidents.
- Training in psychological first aid is arranged and available as needed.
- Evacuation plans are in place, including the obligation of national staff if evacuations are required.

Organisations provide practical, emotional and culturally appropriate support for staff and the end of assignment or contract

- All staff are offered with an exit operational debriefing after assignments.
- All staff have access to a personal stress assessment and review at the end of the assignment.
- The organisations have standing arrangements to make psychosocial serveries available for staff if evacuation or other similar situations happen.

Organisations have clear written policies with respect to the ongoing support they offer to staff who have been adversely impacted by exposure to stress during the assignment

- A clear policy to support staff who have stress-related disabilities like burn-out severe stress, depression, anxiety...etc.
- A clear policy on how to deal with staff who are unable to continue working due to job-related stress.
- A policy to follow-up with respect to ongoing adjustment or family or emotional problems several weeks after the end of the assignment, with the possibility of referrals when needed.

Source: Antares Foundation (2012)

The Antares principles however, were primarily derived from research conducted with paid humanitarian staff. While there is an assumption that these same principles also apply to volunteers, a dearth of research conducted among humanitarian volunteers implies that these principles have yet to be fully tested within this unique sub-population of humanitarian workers, and may not be appropriate for volunteer-based workers.

2.1.6.4 Caring for Volunteers Toolkit

The Caring for Volunteers toolkit is a psychosocial manual developed by the IFRC’s Psychosocial Support (IFRC PS) Centre to help RCRC national societies in setting up volunteer care systems (IFRC PS Centre, 2012). This toolkit was followed-up with a training manual in 2015, which aims to equip managers with the basic knowledge and skills to set up volunteer care systems (www.pscentre.org/resource-centre).

The first part of the toolkit explores the risks of humanitarian work on volunteer well-being and the required aspects of managerial support to address these risks, including
ensuring reasonable working conditions for volunteers; providing managerial and peer support and guidance to volunteers; creating a supportive organisational culture where volunteers can talk openly about their problems; ensuring regular meetings with volunteers to enhance their sense of belonging to a team; making organisational plans on how to jointly process critical events; and showing appreciation for the volunteers’ work (IFRC PS Centre, 2012, p. 10).

The second part includes the response cycle of psychosocial support for volunteers before, during, and after a mission. According to this tool, ‘before’ refers to the aspects of informing and preparing the volunteers, including the recruitment and screening process, induction and orienting volunteers to work, briefing and training them and developing contingency plans. The ‘during’ refers to establishing a supportive atmosphere for volunteers and monitoring them along with their work during a crisis. Such ‘during’ practices include how to conduct regular team meetings, the importance of monitoring the stress of individuals and teams, the importance of providing supervision and on the job training, and setting up a peer support system and referrals.

Lastly, the ‘after’ practices refer to supporting volunteers after finishing a task and witnessing stressful events, by reflecting on their experience and providing referrals, when needed. This happens via providing a reflection of the experiences and letting volunteers share feelings and feedback of their job; providing an appreciation of the volunteers’ efforts after a mission and activating peer support and referral mechanisms after a crisis (IFRC PS Centre, 2012, pp. 34-43).

The tool also accommodates practical worksheets for each item above, explaining in details how to accomplish each task. Moreover, it goes into detail on how to set up peer support systems, how to provide PFA for volunteers, and how to monitor and evaluate (M&E) the volunteer care systems. The tool’s approach is designed to align with the RCRC context, considering that volunteers work in teams and that there is a lack of specialised mental health services in the settings where they operate (IFRC PS Centre, 2012). The emphasis is largely on peer support to address distress due to work. An
example of peer support approach, which contains tips for volunteer peer supporters, is presented in Table 2.6.

Table 2.6: Examples of instructions for volunteer peer supporters

<table>
<thead>
<tr>
<th>Tips</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Be available:</strong></td>
<td>▪ Be available for people who want to talk after stressful experiences without being intrusive. People appreciate knowing someone is available.</td>
</tr>
<tr>
<td><strong>Manage the situation and locate resources:</strong></td>
<td>▪ When needed, help persons to be safe, protected, and have access to the help they need (e.g. medical care).</td>
</tr>
<tr>
<td><strong>Provide information</strong></td>
<td>▪ Provide accurate information about the situation in an objective and manageable perspective.</td>
</tr>
<tr>
<td><strong>Assist the person to establish personal control</strong></td>
<td>▪ Appreciate their capabilities of making decisions.</td>
</tr>
<tr>
<td></td>
<td>▪ Listen and support them as an equal colleague.</td>
</tr>
<tr>
<td></td>
<td>▪ Allow them to express feelings without judgement.</td>
</tr>
<tr>
<td><strong>Give encouragement</strong></td>
<td>▪ Encourage them to hold a positive view by offering alternative explanations in the face of the guilt, self-blaming, losing self-esteem in stressful situations, when happen.</td>
</tr>
<tr>
<td><strong>Maintain confidentiality</strong></td>
<td>▪ That is essential for the integrity of the peer support process.</td>
</tr>
<tr>
<td></td>
<td>▪ Don’t share the colleagues’ stories.</td>
</tr>
<tr>
<td></td>
<td>▪ When others ask you about colleagues, refer them to speak directly with them.</td>
</tr>
<tr>
<td><strong>Provide follow-up</strong></td>
<td>▪ Give them a call later or checking them in person.</td>
</tr>
<tr>
<td></td>
<td>▪ Be non-intrusive.</td>
</tr>
<tr>
<td></td>
<td>▪ Keep and promised to be in touch.</td>
</tr>
</tbody>
</table>

*Source: Summarised from IFRC PS Centre (2012, p. 48)*

Whereas the *Caring for Volunteer* toolkit consists of explicit guidelines for volunteering contexts, it further requires adequate knowledge of the psychosocial support principles and that these are mainstreamed into organisational practices - both of which present a challenge for humanitarian organisations, as working in emergency contexts usually occurs with fewer opportunities for organisational development plans.

### 2.1.7 Volunteers as humanitarian workers: Well-being counterbalance

The above section offers a review of the extant literature of mental health outcomes among all cadres of humanitarian workers, which is primarily focused on expatriate and national staff. The shortage of research specifically focused on the mental health of volunteer humanitarian workers, however, represents an important gap in the literature. This gap is particularly important to address given that volunteers make up the vast majority of humanitarian workers. Taking into consideration what has been discussed above (in section 2.1.5); whereby the context of work and the available support mechanisms, rather than the type of workers (national vs expat) or organisations,
emerge as the most important determinants of humanitarians’ mental health, the phenomenon of volunteering, as well as the evidence for types of support offered within volunteer organisations should be elaborated. In terms of the work context (e.g. preparedness, role, protection, exposure) and the support mechanisms in place (e.g. organisational support, supervision, access to psychological help), fewer resources are available to volunteers compared to other humanitarians (Griffiths et al., 2018). This, may, in part, explain why volunteers report worse mental health outcomes than their paid counterparts (Thormar et al., 2010).

Apart from humanitarian work, the action of volunteering itself is recommended for improving mental health (Jenkinson et al., 2013). Even within humanitarian work, some research suggests that volunteers report higher PTG compared to paid humanitarians (Anderson et al., 2016). Similarly, higher well-being has been reported among volunteer emergency workers compared to paid ones (Cicognani et al., 2009). Following an initial general conclusion that volunteering may be beneficial for mental health, a plausible explanation that could be drawn from the humanitarian work literature is that the experience of humanitarian contexts can work to reverse the proposed positive relationship between volunteering and mental health through both intra and extra organisational factors (e.g. exposure to people’s horrible stories and losing relatives, respectively). Organisational support may therefore also play a role in mitigating the impact of these factors on volunteer mental health.
2.2 The Mental Health of Volunteers

2.2.1 The concept of volunteering

According to the UN (UNV, 2017), about 970 million people volunteer their time worldwide. Volunteering is therefore, a universal human behaviour which happens across countries and cultures (Butcher & Einolf, 2017). Considered a type of prosocial behaviour, volunteering has its own set of unique characteristics that discriminate it from other types of prosocial behaviours (Penner, 2002).

2.2.1.1 Prosocial behaviours and helping behaviours

In general, prosocial behaviours are those valued positively by society for their social consequences and contribution to the well-being of others. Helping behaviours, specifically, are those prosocial behaviours that are intended to benefit the other rather than the individual themselves. These intentions are an essential determinant of helping behaviours. In this sense, unintended behaviours are not considered as helping acts, even if they benefit others (Hogg & Vaughan, 2018, p. 518). Helping behaviours, as an overarching umbrella of volunteering, are guided and shaped by the standards of actions that describe what is considered proper within a society, or social norms. Two identified norms play a key role in helping behaviours: a) the norm of reciprocity (Gouldner, 1960) and b) the social responsibility norm (Berkowitz & Daniels, 1964). According to the principle of reciprocity, we help the people who helped us or the people who we think might help us in the future. In contrast, the social responsibility norm posits that we help people who are in need (i.e. dependent and vulnerable) without regard for future potential exchanges (Hogg & Vaughan, 2018, pp. 547-548).

Social norms do not only determine helping behaviours, but they also determine personal motivations. Four overarching motivations have been identified among people engaged in helping others: egoism, altruism, collectivism, and principlism (Batson, Ahmad, & Tsang, 2002). These are summarised in Table 2.7, with examples given for how these motives are related to volunteering.
Table 2.7: The overarching motivations for helping others, with examples.

<table>
<thead>
<tr>
<th>Motives</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Egoism:</strong></td>
<td>Helping others benefits the helper him/herself. People help to ensure gaining materials, having social rewards or escape punishment. Medical students volunteer in the Red Cross first aid programme in order to build practical skills to help them in their future career.</td>
</tr>
<tr>
<td><strong>Altruism:</strong></td>
<td>Helping others is selfless with the goal to increase the welfare of one or other individuals other than oneself. People volunteer in working with refugees who escaped a war situation because they feel sympathetic to their suffering.</td>
</tr>
<tr>
<td><strong>Collectivism:</strong></td>
<td>Helping aims to contribute to the welfare of a group or collective (i.e. ethnic group, country), even without a need to be part of such collective. High school students volunteer in regular awareness-raising campaigns on climate change in their town in order to promote healthier and better life conditions.</td>
</tr>
<tr>
<td><strong>Principlism:</strong></td>
<td>Helping behaviour is for the purpose of upholding moral principles (e.g. justice). Young people volunteer to teach immigrant children who do not have formal education because they believe in the ultimate children’s right to education.</td>
</tr>
</tbody>
</table>

Source: Batson et al. (2002). The examples are proposed by the researcher.

2.2.1.2 Volunteering

According to Penner (2002), volunteerism is long-term (i.e. people who volunteer usually do on a regular basis rather than a one-time bases); planned (i.e. happens after thoughtful considerations of its costs and benefits); prosocial (i.e. aims to contribute to the other’s well-being); non-obligatory (i.e. happens with a free will) behaviour that benefits strangers (i.e. not family members) and occurs within organisational settings (i.e. it is usually framed as a non-one-to-one help). In this sense, volunteering is a free and proactive, rather than a reactive behaviour, which entails the commitment of time and effort and also differs from the caring behaviour that a person generally provides to his her or loved ones (e.g. spouse) (Wilson, 2000). Volunteers also deal with people, not structures, and in doing so, differ from civil activists (Musick & Wilson, 2007, p. 18).
In a search to conceptualise volunteering, Cnaan et al. (1996) identified four dimensions of the phenomenon, all of which vary among different practices: These include the nature of the volunteer work, the nature of tangible rewards, being part of an organisation, and the type of beneficiaries that benefit from the volunteering (Figure 2.2). In this conceptualisation, great variability exists across these dimensions and there is no one definition that suits all practices of volunteering across institutions and cultures.

The technical expert group in the International Labour Organisation (ILO) proposes the following definition of voluntary work: "Unpaid non-compulsory work; that is, time individuals give without pay to activities performed either through an organization or directly for others outside their own household" (ILO, 2011, p. 13). Therefore, according to this definition, being in an organisation is not a core component of defining voluntarism. This reflects a current recognition of informal volunteering activities, which make up about 70% of the global estimate of volunteerism (UNV, 2018). Despite the high rates of
informal volunteering however, the current thesis focuses on formal volunteering within humanitarian organisations.

2.2.1.3 Volunteering, a multi-disciplinary interest.

The concept and definitions of volunteerism varies across researchers, highlighting the different theoretical paradigms involved in volunteering. Voluntarism, as a phenomenon, has been studied across the fields of Sociology, Economics, Psychology and Management. Hustinx, Cnaan, and Handy (2010) reviewed the volunteering literature and synthesised ‘a hybrid map’ through these different disciplines. Three of these perspectives are briefly explained below, exemplifying the complexity of conceptualising volunteering across disciplines.

From an economics perspective, volunteering has mostly been studied from a ‘cost’ perspective, whereby different models demonstrate its personal, cost-effective effect. The ‘private benefits model’ is built on the assumption that volunteers receive private benefits for their acts. Such benefits can be attributed to the a) ‘investment model’, whereby volunteers benefit from training and gain skills, or to the b) ‘consumption model’ by which volunteers enjoy the benefits of their work as a feeling of joy or ‘warm glow’ (Hustinx et al., 2010), where both are linked to egoist goals. On the other hand, consistent with altruistic goals, the ‘public goods model’ assumes that people volunteer their time and efforts to increase the provision of public goods and services that they value. Both models alone, however, cannot explain the phenomenon of volunteering as a complex phenomenon. Accordingly, there is increasing recognition among economists that volunteers benefit from both public and private models (Hustinx et al., 2010).

On an organisational level, organisations assume that the investment of volunteer labour ensures maximal benefits with a minimum wage rate (Hustinx et al., 2010). Despite this, however, volunteers are not ‘free goods’, and there are organisational ‘costs’ to recruiting them. Accordingly, organisations should allocate resources to recruiting, training and managing volunteers (Handy & Mook, 2011). One way developed by economists to analyse the ‘costs-benefits’ of volunteering is called the ‘Volunteer Investment and Value Audit (VIVA)’. The VIVA calculates the ratio between
how much money was invested in volunteers and its return impact. For example, *The Value of Volunteers* was a series of studies conducted by the IFRC to measure the economic impact of volunteering (IFRC, 2019b). The VIVA ratio in the White Nile in Sudan for instances was estimated to be around 1:14. Such methods are recommended by economists to account for volunteering as valuable human capital and to advocate for adequately allocating resources to them (Handy & Mook, 2011).

From a sociological perspective, volunteering includes complex levels of interaction between individuals and between individuals and their organisations. Volunteerism as an unpaid and collective behaviour represents a layer of social connection and networking opportunities and provides a space of solidarity among humans. A volunteering act, in this sense, expresses the values of compassion, social responsibility, empathy, and community spirit, which, in their turn, contribute to formulating a collective identity and belonging (Hustinx et al., 2010). It is further argued that volunteering serves certain purposes and meets different needs, whereby volunteers represent a pool of human capital and expertise to help tackle numerous social obstacles. This perspective considers volunteers as a valuable asset for social change and to raise social justice and social equality (ibid). Correspondingly, the United Nations Volunteers programme (UNV) considers implementing volunteering initiatives as particularity important for vulnerable and marginalised groups, whereby it creates empowering opportunities for them to integrate and formulate new social relationships across communities (UNV, 2018, p. 82).

Finally, from a psychological perspective, the study of volunteering focused on the nature of volunteering acts, and how it differs from the other prosocial behaviours (i.e. bystanders reaction). While volunteering from social perspectives is guided by social norms, psychologists distinguish the dispositional attributes of volunteering (e.g., personality traits) which determine volunteers from non-volunteers (Hustinx et al., 2010). For instance, agreeableness and extraversion are more strongly related to volunteering behaviours (Carlo, Okun, Knight, & de Guzman, 2005). Similarly, helpfulness and empathy were suggested as the two essential characteristics of ‘the
prosocial personality’ which characterise volunteers (Penner, 2002). It is, however, argued that the effect of these personality traits cannot be isolated from the broader social norms and contextual factors, which might play the bigger role in determining volunteering behaviour (Hustinx et al., 2010).

2.2.1.4 Volunteering: A Summary

In sum, volunteering is a universal prosocial behaviour that involves individuals, of their own volition, working to help other persons outside his or her household without expecting any material compensation. Volunteering usually happens in a planned and long-term way, rather than a spontaneous reaction. Volunteering is a topic that has been studied across multiple disciplines including sociology, psychology, economics, management, and political science, reflecting the significance as well as the complexity of the phenomenon of volunteerism. While helping behaviours, in general, can be driven by variations in egoism, altruism, collectivism or principlism motives, and shaped by social norms, the motivations behind organised volunteerism can also differ.

2.2.2 Motivation to volunteer

While the literature on motivation to work among paid staff focuses on the status of being employed, including job retention, absenteeism and efforts in work, exploring motivations to volunteer also includes the decision to take part in voluntary acts (Hustinx et al., 2010). Two overarching schools of thought have investigated human motivations to volunteer using macro and microstructural approaches. Whereas the former emphasises the social and political roots of the occurrence of volunteering, the latter emphasises the psychological motives of volunteers (Hustinx et al., 2010). It has however, been shown that both these aspects interact with each other. Sustainable volunteering is thus thought to result from the interplay between dispositional (micro) and organisational (macro) factors (Penner, 2002).

2.2.2.4 A social, macro-structural factors pathway

Illustrating the influence of macro-structural factors on volunteering, Salamon and Sokolowski (2003) sought to explain patterns of volunteering in 24 countries
through testing four theoretical hypotheses related to i) Crowding-Out Thesis, whereby a smaller scale of volunteering (i.e. less volunteering) is accompanied by greater government provision of social welfare; ii) Interdependency Theory, whereby a greater scale of volunteering is accompanied by a greater governmental support of social welfare; iii) the Resource Mobilisation theory, whereby there is greater social and organisational capacity to mobilise volunteers for a greater scale of volunteering; and iv) the Social Origins explanation, whereby volunteering is high in social democratic and liberal cases, moderate in corporatist, and low in statist cases. The results of their investigation supported (ii) the interdependence theory; (iii) the resource mobilisation theory; and partially supported (iv) the social origin theory. Accordingly, they concluded that “volunteering is not just an individual choice or a spontaneous outburst of altruism. Rather, it is affected by larger social and institutional forces” (Salamon & Sokolowski, 2003, p. 88). This perspective is consistent with the wider social norms determinants of helping behaviours (Hogg & Vaughan, 2018), whereby acts of volunteering increase when the norms (as in section 2.2.1.1) in society encourage it, and vice versa. In other words, volunteering behaviour can be learned and reinforced within communities. For instance, when “[volunteer] parents teach their children volunteer motivations when they teach them about social responsibility, reciprocity, and justice” (Wilson, 2000, p. 218).

2.2.2.5 A Psychological, micro-structural factors pathway

The psychological, functional approach in studying volunteerism is more widely examined in the literature compared to the macro-structural approach (Hustinx et al., 2010). Here, “functional analysis is concerned with the reasons and purposes, the needs and goals, the plans and motives that underline and generate psychological phenomena” (Snyder, 1993, p. 253). According to the functional method, people can do the same actions in order to serve different psychological functions. In this sense, even though the act, or behaviour, of volunteering may appear similar, it can also reflect different underlying motivational processes across volunteers (Clary et al., 1998). From the functional perspective, embarking and maintaining volunteer activities depends on adequately matching the
motivations of volunteers (Clary & Snyder, 1999). In line with this perspective, Clary et al. (1998) and Clary and Snyder (1999) uncovered six functions related to volunteer motivations. These functions are related to values, understanding, enhancement, career, social, and protective motivations. Table 2.8 summarises the conceptual definition of each of these six functions, and accompanying examples relevant to the topic of this thesis.

Table 2.8: Functions served by volunteering according to the functional approach of motivation.

<table>
<thead>
<tr>
<th>The functions</th>
<th>What is it about</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
<td>Volunteering is an expression of important values like humanitarianism</td>
<td>A person volunteers for an HIV awareness programme because she believes in the right to health.</td>
</tr>
<tr>
<td>Understanding</td>
<td>Learning about the world or exercising unused skills</td>
<td>A person volunteers in a programme targets children with disabilities in order to better understand their needs.</td>
</tr>
<tr>
<td>Enhancement</td>
<td>Seeking psychological growth through volunteer activities</td>
<td>A student volunteers in social services institution because volunteering gives her the feeling of being an important and a likeable person.</td>
</tr>
<tr>
<td>Career</td>
<td>Gaining career-related experience through volunteering</td>
<td>A junior journalist volunteers to cover a school summer club activity in order to add this experience to his resume.</td>
</tr>
<tr>
<td>Social</td>
<td>Volunteering allows people to strengthen social relationships</td>
<td>A person volunteers for a sports club where all his friends volunteer.</td>
</tr>
<tr>
<td>Protective</td>
<td>Volunteering to reduce negative feeling or to address the personal problems</td>
<td>A person volunteers in the Red Cross after losing his family in a typhoon because volunteering helps him to feel better.</td>
</tr>
</tbody>
</table>

Source: Clary and Snyder (1999), examples are prepared by the researcher.

According to a functional approach, the fulfilment of a function is what determines whether one continues volunteering and whether one feels satisfied with volunteering (Clary & Snyder, 1999). Therefore, volunteerism is not simply a matter of being influenced by the dispositional or situational, but it is jointly determined. Volunteering can simultaneously serve multiple functions for the same individual (Snyder, Clary, & Stukas, 2000).

The Volunteer Functions Inventory (VFI) was developed according to these motivations and subsequently validated as a tool to measure the motivation of volunteers from a functional approach. The VFI is widely used universally, across different languages and volunteering contexts (Chacón, Gutiérrez, Sauto, Vecina, & Pérez, 2017). In their review of studies using the VFI among 67 independent samples, Chacón et al. (2017) concluded that the value factor obtained the highest mean score.
compared to the other functions, indicating the importance of values function in volunteering.

Linking the functional approach with the other broader motives for helping behaviour discussed above (i.e. altruism and egoism), it has been shown that the values function corresponds mainly with the altruistic-oriented motives while the all others functions are more egoistic or self-oriented (Briggs, Peterson, & Gregory, 2010). This distinction is further supported by factor analytic techniques (McDougle, Greenspan, & Handy, 2011). While the values dimension of the VFI was the most highly rated among volunteers across different studies (Chacón et al., 2017; Stukas, Snyder, & Clary, 2016), grouping all other functions as a single ego-oriented factor was critiqued to be too simplistic and fails to reflect the complexity of volunteer motivations, especially in terms of the impact of volunteering on volunteers themselves (Güntert, Strubel, Kals, & Wehner, 2016). In this regards, it is argued that self-oriented motivations may be associated with smaller effect or poorer outcomes in volunteers, when they exist alone without the other-oriented ones (Stukas, Hoye, Nicholson, Brown, & Aisbett, 2014; Stukas et al., 2016). It is suggested, therefore, that in addition to the matching hypothesis between motivations and volunteering activities, the quality (in terms of autonomous or controlled), and the process of motivation also play a significant role in predicting volunteering outcomes (Güntert et al., 2016). This resonates with elements of Self-Determination Theory (SDT) (Deci & Ryan, 2000; Ryan & Deci, 2000), as a widely recognised theory of human motivation.

2.2.2.6 Self-Determination Theory: Perspective on volunteer motivations

SDT does not treat human motivation as a simple unitary concept. Instead, SDT differentiates between types of motivations according to whether they are perceived as being autonomous or controlled. According to SDT, autonomous motivation includes behaving with a complete feeling of volition and choice (i.e. for interest, or enjoyment); whereas controlled motivation consists of acting with pressure and requirement toward specific outcomes that arise from external, rather than self, forces. SDT therefore discriminates between extrinsic and intrinsic motivations, based on their level of
autonomy (Ryan & Deci, 2000). Based on this classification, the type of motivation is more important than the amount in predicting life’s outcomes (Deci & Ryan, 2008).

SDT further links human motivation with the satisfaction of three innate psychological needs of competence, autonomy, and relatedness (Ryan & Deci, 2000). Here, autonomy reflects the personal volition and choice whereby one feels like the initiator of his/her own actions; competence involves overcoming challenging duties and being able to accomplish aspired outcomes; and, lastly, relatedness concerns building a sense of mutual respect and connection with others (Baard, Deci, & Ryan, 2004). Fulfilling these needs is the ultimate goal of all behaviours, which is necessary to thrive and maintain well-being, and health. Moreover, in order to contribute to psychological health, fulfilment should happen across all the three needs, not just for one or two of them (Ryan & Deci, 2000).

The satisfaction of these psychological needs, according to SDT, is accompanied by intrinsic motivations, rather than extrinsic ones, because of their autonomous nature (Ryan & Deci, 2000). Even though extrinsic motivation can undermine intrinsic motivation because they are experienced as controlling, SDT recognises that people can feel autonomous while being extrinsically motivated by utilising the concept of organismic integration (Deci & Ryan, 2008). Accordingly, humans are inclined to internalise and integrate activities that were regulated by external factors when they experience the satisfaction of their basic psychological needs. Conversely, when the satisfaction of these needs is thwarted, the internalisation process happens less effectively (Deci & Ryan, 2008). The type of motivation therefore results from the interaction between people’s inherent active nature and their social environment (Deci & Ryan, 2008).

According to this model, four different forms of extrinsic motivation are identified, based on the level integration of the regularity of behaviours. The first one is the least autonomous motivation, which is entirely performed under the demand or contingency of external factors (i.e. externally regulated), such as doing homework to avoid the teacher’s punishment. The second one arises when taking in regulation without fully
accepting it on one’s own (i.e. *introjected regulation*), such as to avoid guilt or to enhance the ego or maintain the feeling of worth (e.g. learning to play a musical instrument only to get attention from others). The third extrinsic motivation happens when a behaviour is consciously identified and regulated by the self for its importance/value (i.e. *identified regulation*), such as exercising because you believe it makes you healthier. Lastly, the most autonomous form of extrinsic motivation is when an action is considered as part of one’s identity or personality, but it is still considered a sort extrinsic motivation for its goal is considered separate from that of one’s enjoyment (i.e. *integrated regulated*), such as many religious practices (Ryan & Deci, 2000). A visual representation of SDT, adapted to make more specific to volunteering, and with examples of corresponding volunteering motivations is displayed in Figure 2.3.

<table>
<thead>
<tr>
<th>BEHAVIOUR</th>
<th>NON-SELF-DETERMINED</th>
<th>SELF-DETERMINED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTIVATION</td>
<td>Amotivation</td>
<td>Extrinsic Motivation</td>
</tr>
<tr>
<td>REGULATORY STYLES</td>
<td>None</td>
<td>External</td>
</tr>
<tr>
<td>EXAMPLES</td>
<td>No intentions to volunteer</td>
<td>Volunteering for monetary incentives</td>
</tr>
</tbody>
</table>

Figure 2.3: The Self-Determination Theory Topography, including a manifestation of types of motivation (extrinsic to intrinsic), regulation styles, regulatory processes, and proposed examples of volunteer motivation. Contextual factors either promote or hinder the internalisation of regulation for behaviour. Adapted from Ryan and Deci (2000).

According to SDT, extrinsically motivated activities are therefore not inherently interesting, but people perform them because they are either valued by a significant other to whom they feel connected to (i.e. *relatedness*); adopted as activities which give
them the feeling of efficacy in front of others (i.e. competence); and, where they experience a level of autonomy support, whereby the context promotes a sense of choice and freedom to people (i.e. autonomy), this allows them to transform values into their own. Put differently, the context which includes the fulfilment of the psychological needs facilitates the process of internalisation, making motivation more sustainable (Deci & Ryan, 2000; Ryan & Deci, 2000).

SDT considers the needs of autonomy, competency, and relatedness as universal human needs, present across cultures. As such, only the fulfilment of all psychological needs can lead to improved mental health. However, SDT accounts for a possible variation in the need-satisfaction among different cultures (Deci & Ryan, 2000). People, therefore, may experience need satisfaction differently, depending on their social and environmental background. An example of how the social environment influences need satisfaction was proposed by Deci and Ryan (2000), whereby among an Asian sample (recognised for their more collectivist culture), accepting decisions made by a trusted group was accompanied with higher levels of intrinsic motivation, compared to those made by one’s own choice. The same action however was accompanied by lower intrinsic motivation among Americans, who are recognised for their more individualistic culture. Therefore, the expression of autonomy differs across cultures, depending on the extent to which people integrate cultural values into their inner selves.

2.2.2.7 Summary of motivations to Volunteer

In sum, volunteer motivation is a core component of the study of volunteerism. Current evidence proposes that the macro social and cultural contexts play an important role in determining volunteer behaviour (Salamon & Sokolowski, 2003). The majority of research, however, focuses on studying motivation at the individual level. The functional approach (Clary & Snyder, 1999) attributes volunteering motivation to a matching mechanism between different functions of volunteering and the fulfilment of these functions. SDT (Ryan & Deci, 2000) attributes sustainable motivation to how volunteering contributes to satisfying the basic psychological needs of autonomy, competence and relatedness. Both the functional approach and SDT are similar in that they
treat motivation as a complex construct. Volunteering, therefore, might serve different functions (self and others oriented) at the same time, and volunteers might have both self-determined and controlled motivation (Güntert et al., 2016). Volunteer motivation, however, has been found to have a significant influence on volunteer mental health and well-being.

2.2.3 Volunteer Management

The focus of this thesis is on formal volunteering, or volunteering that occurs in an organisational setting. As explored in greater detail in section 2.2, organisational contexts have a critical influence on the motivation to volunteer. Organisational support therefore tends to emerge as a cross-cutting concept within research on humanitarian worker mental health and well-being (see section 2.1). This section explores the current literature on volunteer management and its relationship with volunteerism outcomes as a ‘meso-level’ analysis, in addition to the micro-level (e.g. motivation, personality traits) and the macro-level (e.g. social norms, government policies) presented so far (Studer & Von Schnurbein, 2013).

2.2.3.4 The concept of volunteer management

The concept of volunteer management is highly influenced by the Human Resource Management (HRM) literature, whereby the underlying assumption behind what influences both volunteer and paid staff are components of organisational resources (Studer & Von Schnurbein, 2013). The transition to HRM exhibits a commitment to human capital development as a central ‘business’ function, by fitting human resources to the organisation’s objectives (Cuskelley, Taylor, Hoye, & Darcy, 2006). The general framework of HRM has been widely applied to the study of volunteer management (depicted in Figure 2.4), whereby a linear process begins with the recruitment of volunteers, crosses into the retention of volunteers and their performance assurance, and ends with separation of the volunteers (Studer & Von Schnurbein, 2013).
HRM practices are generally linked with good organisational outcomes with regards to volunteers (e.g. retention), discussed further in the following section.

2.2.3.5 HRM approach in volunteering

In an earlier attempt to formalise the use of HRM practices within the voluntary sector, Cuskelly et al. (2006) identified seven relevant constructs for managing volunteers. These include planning (e.g. prepare job descriptions), recruitment (e.g. advertising for volunteers), screening (e.g. vetting), orientation (e.g. induction sessions), training and support (e.g. managing workloads), performance management (e.g. providing feedback), and recognition (e.g. thanks volunteers for their efforts). Accordingly, a measurement model was developed, comprised of 36 items across these seven constructs. The scale showed good predictive validity for volunteer retention in the context of club sports (Cuskelly et al., 2006).

Later, on a wider scale, Alfes, Antunes, and Shantz (2017) reviewed the literature and identified 59 studies that reported a relationship between HRM for volunteers and volunteering/organisational outcomes, not including the mental health ones. Using the ability-motivation-opportunity (AMO) framework (Lepak, Liao, Chung, & Harden, 2006) from the paid-staff HRM literature, they categorised the management practices for volunteers. The AMO model has been widely used "to observe employees’ attitudes and behaviors as a result of applied HR practices […] The AMO model provides a useful way of categorizing HR practices according to the mechanisms they induce in employees" (Alfes et al., 2017, p. 3). According to the AMO model, organisations perform better when they have a management system which allows the employees’ ‘ability’ to carry out tasks (i.e. recruitment, selection, and training); increases their ‘motivation’ to engage in work
activities (i.e. formal and informal rewards), and by creating ‘opportunities’ for them to contribute to the job (i.e. job design, teamwork, and positive social interaction at work).

Similar to SDT, their results stressed the importance of **skills** and **competencies**, in terms of the ‘**ability**’ of volunteers to perform tasks and to support the organisation’s missions and values. In terms of recruitment and selection, and consistent with a functional approach, they found that attracting volunteers based on matching them to what they most would like to volunteer for, tends to yield better organisational outcomes. The **training** component, however, was found to be more strongly related to **retention**, rather than performance. Training was seen as a facilitator to commitment and retention of volunteers across studies and contexts. In addition, training volunteers was related to fulfilling the volunteers’ role by giving them a sense of role mastery. Lastly, training was recognised as a platform for volunteers to share experiences and to feel part of the community (Alfes et al., 2017).

Results in the **motivation** category suggest that the most substantial reward of volunteering is when volunteers feel the ability to help others, fulfilling their personal needs. It is also argued that **extrinsic** rewards, like **recognition** and **social interaction opportunities**, can be seen positively, helping volunteers to build new friendships and increasing their sense of relatedness. Support from the **supervisor** and recognition were also strong predictors of satisfaction and retention of volunteers, compared to paid staff. It was proposed that this is due to a sort of ‘**symbolic payment**’ volunteers receive for their engagement. It is also argued that **tangible** extrinsic motivators might lead to some positive outcomes. Specifically, not covering the expenses of volunteers (e.g. transportation, meals) predicted higher dropout, whereas providing free meals and health service to volunteers was accompanied by increased voluntary hours. Therefore, the review concludes that **extrinsic** rewards can also lead to positive outcomes and point out a lack of understanding for the conditions that determine whether these extrinsic rewards will have positive or negative outcomes (Alfes et al., 2017).

Finally, results from the **opportunities** category emphasises the role of organisations to provide the proper space for volunteers to use their skills (**abilities** and
fulfil their motivation. Opportunities, in this sense, mean providing the right and supportive environment. The identified opportunities for volunteering were related to social interactions, which foster a stronger identification among volunteers and between volunteers and their organisation. Another opportunities-enhancing practice was related to fostering the volunteers’ perception of competence by enabling them to feel ownership of the tasks they are assigned to, consistent with SDT. Volunteer involvement and participation in decision-making signal that organisations care about volunteers and respect them. Volunteers then reciprocate this with favourable organisational behaviours, such as commitment and satisfaction.

Finally, a job characteristic that allows for the autonomy and flexibility of tasks, supervisor support and the opportunity to build contact with beneficiaries of the service were all associated with positive volunteering outcomes. Another potential desirable opportunity was the teamwork, which was found to strengthen social cohesion among volunteers and foster volunteer satisfaction. Such team cohesion was also shown to facilitate optimal use of volunteers’ skills and led to higher organisational effectiveness. On the other hand, a negative atmosphere among volunteers led to greater dropout. A supportive relationship among volunteers and their supervisors, whereby volunteers felt they were guided by others, facilitated feelings of mastery over the tasks (Alfes et al., 2017).

With respect to utilising the HRM approach in studying volunteering outcomes, it should be highlighted that the vast majority of these studies were carried out in Western contexts. Alfes et al. (2017) therefore highlight the need to validate this approach within other cultures. Others argue against the apparent simplicity of transferring employee HRM to volunteer contexts, calling for more innovative approaches to respond to the difference between volunteers and paid employees. In their review of the literature, Studer and Von Schnurbein (2013) demonstrate that volunteers constitute a unique resource compared to paid staff in terms of motivation, needs satisfaction, the value of reward, dependency, time investment, their relationship with the ‘authority’ in the organisation (i.e. decision-making), role ambiguity, and uniqueness
of volunteering. They further argue that within organisations, it is not just HRM that affect volunteering outcomes, but also other essential organisational factors including (i) the attitudes toward volunteers and their related social processes, which are related to the relationship with paid staff, socialisation and how the volunteers are identified within the organisation and (ii) the organisational features, which are related to goals and mission, area of actions, bureaucracy, and size and overall capacity of an organisation (Studer & Von Schnurbein, 2013). Accordingly, Studer and Von Schnurbein (2013) call on organisations to make strategic arrangements specifying how to relate to volunteers and developing them to serve organisations and society.

2.2.3.6 The wider organisational context

Applying the paid staff HRM is common in volunteer management, but it is not the only way of managing volunteers. The question now is how organisations should go about managing volunteers across different contexts and whether effective volunteer management systems are consistent across contexts. According to the universalistic approach to volunteer management, a one-size-fits-all approach is appropriate and what works in one context, should translate to others. Based on this perspective:

_The skills of volunteer administration are generic and apply to all settings. They are also amazingly universal. We have presented sessions in twenty-six countries on six continents; the context varies from culture to culture, but the principles always apply_ (Ellis, 2010, p. viii)

Here, using the same comprehensive best-practices will universally lead to positive outcomes across different volunteering contexts (Brudney & Meijs, 2014). Best practices include planning and administration, work design, recruitment, screening, orientation and training, supervision and support, ongoing motivation and recognition, evaluation, and record-keeping (Brudney & Meijs, 2014; Ellis, 2010). There is no place for any contingency, and management practices are applicable to all organisations irrespective of their capacities or circumstances.

In contrast, others, recognising the influence of other organisational aspects in volunteer management practices (e.g. organisational culture), maintain that
organisations should adapt their management practices to fit the organisation’s circumstances. Here, preference is for a *conditional* volunteer management approach (Brudney & Meijs, 2014). As described by Meijs and Ten Hoorn (2008):

> There is simply no best way of organizing volunteers, neither in volunteer run organizations, in government organizations, in non-profit organizations with mostly paid staff, nor in businesses. Volunteering, volunteers and the way they are organized and managed differs from context to context (p.29)

Identifying the most common contingent factors under conditional volunteer management, Brudney and Meijs (2014) categorise factors as either volunteer-focused or programme-focused. As an example of the former, Rochester (1999) proposes four models of volunteer involvement within organisations, based on the roles of volunteers compared to paid staff and the extent to which they are represented in the governing body of organisations. Programme-focused contingent factors, by contrast, suppose that the common culture and worldview within an organisation and its programmes affect volunteer management.

Macduff, Netting, and O’Connor (2009) identified two different continua of programming within organisations that influence volunteer managerial style. The first ranges between flexibility and stability with regards to the norms of programming, whereby the more stable style accompanies clearer job descriptions and a more systematic way of volunteer management. Conversely, the flexible style is constructed by people, rather than by external sources. The organisational norms here value volunteer differences, and therefore, volunteer management is expected to be more subjective. The second continuum ranges between seeking radical or integrated changes in terms of the organisation’s programmes’ goals. The more integrated goals mean that volunteer coordination is regulated within what is expected and what is known about such work. By contrast, more radical goals will be accompanied by a more advocacy-based-change management style. Where an organisation stands in terms of these two aspects is thought to determine the different volunteer management styles and practices (Macduff et al., 2009).
There does, however, appear to be consistency across the literature as to the fundamental role of volunteer management and the role it plays in determining positive outcomes. This is best illustrated by a recent review of the literature conducted by Einolf (2018) examining the impact of volunteer management practices. They found evidence of the effectiveness of 11 common practices, summarised in Table 2.9. In addition to the summary, possible implications for humanitarian volunteers are given, in light of the previously discussed literature. A conclusion was proposed that the too structured HRM may lead volunteers to feel the organisation’s bureaucracy, leading to more negative outcomes. Therefore, Einolf (2018) points out that the effect of a ‘caring’ position within an organisation (e.g. peer support, supportive supervisors, social support) might be more important than the structured practices, with respect to how managing volunteers can lead to positive outcomes.

Table 2.9: Summary of evidence-based effective volunteer management practices

<table>
<thead>
<tr>
<th>Supported best practices</th>
<th>Outcomes</th>
<th>Possible implications for humanitarian volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liability insurance for volunteers</td>
<td>Positively on volunteer retention</td>
<td>Challenging to fulfil in a legally-fragile emergency context. However, the concern about the insurance of volunteers (not just a liability one) might influence volunteers</td>
</tr>
<tr>
<td>Clarified roles of volunteers</td>
<td>Longer volunteering, commitment prevent from burnout.</td>
<td>A lack of clarified roles negatively influences the mental health of volunteers.</td>
</tr>
<tr>
<td>Good job design (e.g. autonomy, provide feedback, variety of work, conducting complete tasks, significance, corporation with others)</td>
<td>Satisfaction, giving meaning of the voluntary work, retention, work engagement</td>
<td>Supportive environments accompanied by better mental health for volunteers in emergencies</td>
</tr>
<tr>
<td>Recruitment strategies (considering diversity, involving volunteers in the decision making, sending recruitment messages that raise the anticipation of respect, matching recruitment message to the potential volunteers’ motives)</td>
<td>Successful recruitment, a sense of ownership of the organisation, current volunteers recruiting others.</td>
<td>As recruitment sometimes happens from among affected populations, the humanitarian message (i.e. being able to provide humanitarian help for people) is a potentially important factor. Considerations for the diversity in recruiting volunteers, ensuring better representation of the people they are recruited to serve.</td>
</tr>
<tr>
<td>Screening and matching (efforts in screening, person-task fit)</td>
<td>Retention of volunteers, better quality of work.</td>
<td>Psychological screening is a potentially important component of ensuring the mental health of volunteers in emergencies.</td>
</tr>
<tr>
<td>Orientation and training</td>
<td>Retention, more hours volunteered, higher quality of work.</td>
<td>Lack of training and preparedness is one of the most important factors</td>
</tr>
<tr>
<td>The provision of supportive supervision and communication with volunteers</td>
<td>More volunteer work (potentially, some studies found that the more communication between managers and volunteers, the more retaining and recruitment problems, attributed to different expectation between managers and volunteers)</td>
<td>A lack of supportive supervision is a potential contributor to psychomorbidity for humanitarian workers, and for volunteers specifically.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Recognising the volunteers’ contribution (e.g. recognition letters, certification prized, recognised trips, parties)</td>
<td>Satisfaction, stronger intention to continue volunteering.</td>
<td>Recognition is a potentially positive contributor to volunteer mental health in emergencies.</td>
</tr>
<tr>
<td>Satisfying the volunteer’s motivation (Mixed evidence in terms of VFI, the fulfilment of needs of autonomy, relatedness and competence is related to:)</td>
<td>Work engagement, retention, higher contribution in the activities.</td>
<td>Volunteers in emergencies might see volunteering as an opportunity to fulfil the needs of autonomy, relatedness and competency, especially given the unpredictable nature of emergencies.</td>
</tr>
<tr>
<td>Encouraging reflections (a way to help volunteers make sense of their experience and to integrate it into their knowledge and attitudes)</td>
<td>Volunteer retention</td>
<td>Reflection on experience after critical events is a potentially protective factor against developing PTSD.</td>
</tr>
<tr>
<td>Encouraging a supportive environment (good peer relationship, social support, peer support, organisational support)</td>
<td>Retention, a better job, happiness, developing shared values, pride of organisation, satisfaction (in one study peer relation was more effective then HRM practices)</td>
<td>Social support, peer support, and organisational support are potential contributors to better mental health in emergencies</td>
</tr>
</tbody>
</table>

Source: Einolf (2018). The reflection is made by the researcher according to the previous section.

2.2.3.7 Volunteer management in humanitarian contexts

In humanitarian contexts, good management of volunteers is essential for organisations to deliver humanitarian aid, as well as for volunteers to stay safe and to fulfil their motivation (IFRC, 2007). Under the ‘establishment of a volunteer-friendly national society’, the IFRC recognises the role of diversity in recruitment, retention, recognition, training volunteers and their managers, ensuring health and safety of volunteers including mental health, involving volunteers in programme management.
and decision-making, and the importance of networking and peer support among volunteers as components of better volunteering practices, including volunteering in emergencies (IFRC, 2007, pp. 13-28). Especially in humanitarian contexts, volunteer management is considered crucial to maintain volunteer mental health, whereby a lack of managerial components (e.g. training, preparedness, orientation, equipment, safety and protection measures, supervision) is accompanied by adverse mental health outcomes (see Table 2.2). Similarly, and as previously discussed in 2.1.5.4, good management can mitigate adverse mental health outcomes and contribute to volunteer resilience. Guidelines to promote well-being among humanitarians are also built on the assumption of strong management (i.e. screening and ongoing support, managing stressors; as in Antares, IASC in 2.1.6). A version of a volunteer management model is displayed in Figure 2.5, reproduced from IFRC (2004). This model represents a general, dynamic framework for volunteer managers and organisations to manage volunteers. With respect to the organisational climate and the emergency itself, this model is therefore expected to vary across contexts and the principles of ongoing evaluation and the loop of support and communication should persist across changing circumstances (IFRC, 2004).

Figure 2.5: The volunteer management cycle for volunteer managers according to the IFRC. Reproduced from IFRC (2004).
2.2.3.8 Summary of volunteer management

In sum, the importance of volunteer management is emphasised across both the grey and peer-reviewed literature. Moreover, the application of HRM is common in volunteering contexts. There is, however, limited evidence for the validity or practicality of HRM within non-Western contexts. There is also the question of the validity of applying paid staff practices to volunteers. Finally, there is debate in the literature as to the heterogeneity of volunteering contexts and how it affects volunteer management practices. A general approach to the pathway of volunteering is linked to the steps of planning (e.g. job description), recruitment (e.g. screening), performance assurance (e.g. training), retention (e.g. recognition) and separation (e.g. contact). Within organisations however, important determinants of volunteer well-being include the attitudes toward volunteers, the role of volunteers, the organisation’s way of implementing programmes and its overall capacity. In addition to the specific organisational HRM, the caring position from an organisation towards its volunteers, and the social support and peer support offered through volunteering are also considered important aspects of volunteering. Whereas the above section is related to the management of volunteers and volunteers within an organisational setting, the next section explores the specific impact of volunteering on the mental health of volunteers.

2.2.4 Volunteering and mental health

While much of the literature examines volunteering from the perspective of how to boost the organisational benefits of volunteers (e.g. retention and performance), or why people volunteer (e.g. motivation to volunteer), there is growing recognition of the positive health effects, including on mental health, of volunteering (e.g. Casiday, Kinsman, Fisher, & Bambra, 2008; Jenkinson et al., 2013). Jenkinson et al. (2013) systematically reviewed the literature looking at health benefits of volunteering interventions in experimental-like and longitudinal contexts (i.e. trials and cohort studies). With the inclusion of 40 papers, results from cohort studies showed a favourable effect of volunteering on depression, well-being, and life satisfaction. The experiments however, did not confirm the causal effects of volunteering on mental
health outcomes, with the authors attributing this to “small samples that were likely to be underpowered to detect important between-group differences […] exacerbated by sample attrition” (Jenkinson et al., 2013, p. 7). A further limitation of these results was that all studies were mainly based in the United States and among a sample of older-aged volunteers.

Another systematic review conducted by Casiday et al. (2008) concluded that engaging in health auxiliary roles within health care settings can improve volunteer depression symptoms, reduce psychological distress, increase life satisfaction, and strengthen volunteer coping abilities, foster a sense of purpose in life, and increase volunteer self-efficacy, and levels of social support. Similarly to Jenkinson et al. however, samples were drawn predominantly from older volunteers, limiting the generalisability of results to humanitarian volunteers, who tend to be younger in age.

A longitudinal investigation using the British Household Panel Survey looked specifically at the association between volunteering and age with regards to mental health (Tabassum, Mohan, & Smith, 2016). They analysed data from 66,343 observations and found that those who did not volunteer had poorer mental health, as assessed by the general health questionnaire (GHQ-12), compared to those who did. However, when examining the role of age, they found that this positive relationship only began around the age of 40. Those who never volunteered seemed to have lower well-being beginning around midlife and remaining in old age, compared to those who did voluntary work.

The positive mental health associated with volunteering was attributed to the nature of the voluntary work itself. Volunteering helps people to become integrated into their community and to establish social, supportive networks (Wilson, 2000). It is also argued that volunteering enhances self-efficacy and gives people a sense of control over their life and environment (Wilson & Musick, 1999), buffering against stress (Wilson, 2012). The effects of volunteering on mental health has also been linked to the context of volunteering. A volunteering environment that ensures good quality of social interaction, gives meaning to work, and provides support and guidance to volunteers is associated with higher satisfaction (Wilson, 2012).
2.2.4.4 Volunteer motivation and well-being

The fulfilment of motivation has been linked to well-being components, whereby from a functional theory perspective, motive fulfilment should predict greater volunteer satisfaction. The support for this hypothesis, however, is mixed. The larger body of the literature suggests that matching VFI motivation, with the exception of the career motive, is linked to greater satisfaction, trust and positive emotions (Stukas, Snyder, & Clary, 2015). More altruistic motivation may be related to more satisfaction, therefore.

In a more detailed approach linking motivation and well-being, and aligned with SDT, intrinsic motivation should lead to greater well-being and growth because of the fulfilment of basic psychological needs of autonomy, relatedness and competence (Ryan & Deci, 2000). From an SDT perspective, therefore, helping behaviour yields benefits for the helper’s well-being when it is autonomous, rather than controlled, via the fulfilment of psychological needs. Weinstein and Ryan (2010) offer evidence in support of this hypothesis, whereby prosocial behaviours predicted higher well-being among helpers, mediated by need satisfaction. This impact, furthermore, was greater with autonomous actions compared with the controlled ones. Moreover, volunteers with autonomous motivation reported lower levels of burnout and stress, compared to those who viewed their volunteering as controlled; the latter of which showed similar levels of burnout and stress to non-volunteers (Ramos et al., 2016). Similarly, extrinsic motivation (social and career) predicted burnout among volunteers in Spain (Moreno-Jiménez & Villodres, 2010). Need fulfilment is, therefore, the proposed mechanism through which intrinsic motivation is associated with life satisfaction and well-being (Kwok, Chui, & Wong, 2013). It is noted that, volunteer well-being therefore results from the fulfilment of psychological needs of autonomy, competence, and relatedness when motivation is autonomous and when it carries benefits to others more so than to the self (Stukas et al., 2014; Stukas et al., 2015).

2.2.4.5 Organisational context and volunteer well-being

As discussed when exploring volunteer management (in section 2.2.3), being in an organisation is critical for volunteer well-being. HRM is related to satisfaction,
engagement, and retention of volunteers (Einolf, 2018) and a number of pathways are put forward to describe how belonging to an organisation contributes to volunteer well-being. These include building a supportive social network, receiving supervision and organisational support, all of which contribute to positive mental health outcomes, as in Table 2.9 above. Additionally, volunteer training is related to retention, role mastery and also allows volunteers to share experiences and to feel part of the community (Alfes et al., 2017). In humanitarian work, training volunteers holds particular importance to build volunteer capacity for how to deal with humanitarian work challenges and was highlighted as an important determinant of volunteer mental health (see Table 2.2). Clarifying one’s volunteer role is also related to better mental health and prevents volunteers form emotional exhaustion (Einolf, 2018).

The caring position from an organisation towards volunteers is also an important pathway to volunteer well-being (Einolf, 2018) and organisational support has been linked to the mental health of volunteers (Tang, Choi, & Morrow-Howell, 2010). Especially in humanitarian contexts, the lack of organisational support was associated with greater psycho-morbidity among volunteers (Thormar et al., 2013). Moreover, providing a supportive environment by involving volunteers in decision-making, fostering social interaction, raising their competence, recognising their efforts, and providing supportive supervision were all related to enhancing opportunities for volunteers and were linked to better volunteering outcomes (Alfes et al., 2017).

A supportive organisational context which facilitates autonomy has also been shown to lead to higher well-being among volunteers, including greater happiness, pride, and satisfaction among volunteers (Einolf, 2018). The role of managers is specifically important whereby the more supportive they are, the more autonomy-enhancing they are. Accordingly, this contributes to the fulfilment of basic psychological needs and promotes well-being (Deci & Ryan, 2008). Similarly, the absence of supportiveness from managers is accompanied by worse mental health outcomes of volunteers (Thormar et al., 2013). The organisational context, in this sense, contributes to the effect of motivation on volunteer well-being. One study looking at volunteer motivation in Uganda also
found this relationship; whereby good management and capacity-building of volunteers facilitated their performance and contributed to well-being through fulfilling the three basic psychological needs (Vareilles, Marchal, et al., 2015).

Another pathway through which belonging to an organisation enhances volunteer well-being is related to volunteers being part of teams and building social networks. Being in a team contributes to bringing a sense of mastery of voluntary tasks (Alfes et al., 2017), which buffer against workload and work challenges. Also, the effect of social support from peers was highlighted as a buffer against mental health consequences in humanitarian work (Table 2.2) and relationship with peers was related to better volunteering outcomes (Einolf, 2018). Finally, the feeling of community had a positive effect on volunteer mental health (Wilson, 2000), corresponding to developing a sense of community and collective efficacy, and leading to better mental health of humanitarians (Table 2.2). Support within the organisation was also highlighted as leading to better resilience and coping with work-related stressors among volunteers who work in mental health services (Lamb & Cogan, 2016).

2.2.4.6 Summary, volunteering and mental health

As argued in 2.1.7, volunteering itself tends to promote positive mental health outcomes over negative ones. The evidence supporting the idea that volunteering prevents adverse mental health outcomes, however, stems predominantly from research with older volunteers. That said, it is recognised that volunteering could promote positive aspects of mental health (i.e. satisfaction, happiness, optimal functioning) when volunteering actions fulfil the basic psychological needs of autonomy, competence and relatedness. Volunteer motivation, in this sense, is related to a better experience of well-being, that is an experience perceived as autonomous rather than controlled.

The role of organisations in promoting better mental health is argued to not only be related to applying the best HRM practices to manage volunteers, but also to facilitate supportive working environments which prioritise promoting social support and networking between volunteers, providing adequate training, and ongoing supportive supervision. Involving volunteers in the decision-making processes within their
organisation also yields the benefits of facilitating a feeling of being able to make a choice and to feel ownership over one’s work (i.e. autonomy), which can potentially lead to positive mental health outcome. Furthermore, when the context of volunteering is stressful and overwhelming, the risk of adverse mental health outcomes among volunteers is greater. Organisational factors (e.g. training, supervision, team support) could play a buffering role in these contexts.

There is, however, a dearth of research investigating the relationship between these factors among humanitarian workers, resulting in the majority of the theoretical frameworks and approaches being taken from the paid worker literature. Theories and frameworks that reflect the unique context of volunteering within a humanitarian emergency are therefore required. These should account for the unique context of humanitarian emergencies and consider how contextual factors influence volunteers and their mental health, while also taking into account the broader theoretical perspectives when studying volunteering (e.g. on the macro, meso, and micro levels), the broader range of volunteering contexts (charity, development, humanitarian, sport, corporation-related), volunteer characteristics (e.g. in regards to their motivation, abilities, dispositions, gender, personality traits), and the variety of volunteering management/ organisational practices (e.g. flexibility vs. stability styles).

2.2.5 The Volunteer Process Model

Depicting the complexity of volunteering, the volunteer process model, proposed by Omoto and Snyder (Omoto & Snyder, 1993, 1995), is a conceptual structure which classifies the psychological and behavioural characteristics associated with antecedents, experiences and consequences of volunteering at the levels of individual volunteers, their organisations, and the border society in order to depict the life cycle of volunteers. The authors later added a fourth level of analysis, namely interpersonal, or social group (Snyder & Omoto, 2008), with the resulting model representing a comprehensive summary of volunteering studies. Table 2.10 summarises the volunteer process model, including its most important variables, presented each level of analysis.
Table 2.10: Schematic of the volunteer process model

<table>
<thead>
<tr>
<th>Level of analysis</th>
<th>Antecedents</th>
<th>Experiences</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual volunteers</td>
<td>Personality, previous experience, resources/skills, identity concerns, existing social support, demographics, motivation, functions.</td>
<td>Volunteer choice role, performance, relationship with service recipients, support from the organisation and other volunteers, integration with the organisation, satisfaction, stigmatisation,</td>
<td>Changes in knowledge, attitudes and behaviour, motivation, identity development, commitment to volunteering, evaluation of volunteerism, Organisational commitment, recruiting other volunteers, length of volunteering, health and well-being.</td>
</tr>
<tr>
<td>Interpersonal/group</td>
<td>Group memberships, norms</td>
<td>helping relationship, collective esteem</td>
<td>Creation of a social network, relationships development</td>
</tr>
<tr>
<td>Organisation</td>
<td>Identifying, recruitment, training</td>
<td>Organisational culture, volunteer placement, assign volunteers, track volunteers, delivery of services</td>
<td>Quality and quantity of services, retention and length of service, fulfilment of mission.</td>
</tr>
<tr>
<td>Social and Cultural Context</td>
<td>Ideology, social climate cultural context, community resources</td>
<td>Recipients of services, Volunteers social network</td>
<td>Social capital, economic saving, public education, Systems of service delivery</td>
</tr>
</tbody>
</table>

Source: Omoto and Snyder work (Omoto & Snyder, 1993, 2002; Snyder & Omoto, 2008).

While this model is meant to explore the volunteering life cycle in general, and not necessarily how these affect the mental health of volunteers explicitly, it effectively demonstrates the complexity of the phenomenon of volunteering, the interaction between these different layers, and the different levels of analyses that are required to understand the volunteer process (Snyder & Omoto, 2008). An example of how the volunteer process model could be adapted as an explanatory framework to predict the well-being of volunteers within a humanitarian contexts is as follows. Firstly, individuals are driven to volunteer by a desire to help their war or other disaster affected community (motive, life circumstances), within a collectivist society which values one’s contribution to the group (social context). Throughout their work, the volunteer is exposed to traumatic events (experience). After being well-trained (organisational antecedent), supported through their adversities (organisational experience), and
networking with other volunteers (*interpersonal experience*), they develop skills, knowledge and resilience instead of PTSD (*individual consequence*). This group therefore continues to serve within this organisation (*organisational consequence*), after an overall positive experience.

### 2.3 Mental health in the workplace, an organisational perspective

Whereas the previous sections discuss the mental health and well-being of volunteer humanitarian workers, and explores the phenomenon of volunteering and its links to mental health, this section explores the broader organisational frameworks for health and well-being in the workplace. Even though the majority of these frameworks are taken from the paid, non-humanitarian literature, there are a number of reasons why their application is useful here. First, and as previously stated, there is a lack of volunteer-specific studies, with the majority of our current understanding of determinants of humanitarian volunteer mental health being driven from paid-staff investigations. A more specific theoretical exploration is therefore necessary. Second, with respect to the link between volunteering and mental health, current evidence is largely related to how organisations impact on volunteer motivation, failing to take into account a number of other factors inherent to being part of an organisation. Moreover, the study of volunteering is predominantly concerned with the relationship between the volunteer context and volunteer retention or attrition, as the primary outcome variable of interest. In humanitarian work however, volunteers also tend to serve their communities, including their families. Under the obligation of serving their families, retention is perhaps not the best indicator of volunteer well-being. Humanitarian volunteer workers are also exposed to the same organisational strains and trauma exposure of paid staff, making them unique from other forms of volunteering. Lastly, we currently lack a theoretical explanation of the factors that predict humanitarian workers’ mental health and well-being. An exploration of relevant organisational theories was therefore sought to offer a stronger theoretical foundation for the research.
2.3.1 The scope of the topic

Mental health in the workplace is a topic of increased attention. In 2017, WHO advocated for the mental health in the workplace as their heading for annual mental health day (WHO, 2017). The recognition of work-related mental health outcomes is also highlighted among academics, across numerous publications, reviews, and a systematic meta-review (Harvey et al., 2017). Poor psychosocial working conditions (e.g. work stressors) are the leading cause of developing clinical and subclinical mental disorders including anxiety, depression, burnout and general distress (Memish, Martin, Bartlett, Dawkins, & Sanderson, 2017).

In an earlier conceptualisation of health and well-being in workplace, Danna and Griffin (1999) reviewed the literature and identified three groups of antecedents that could affect the health and well-being of workers: i) the work settings (e.g. health and safety hazards), ii) personality traits (e.g. personality type and locus of control) and iii) occupational stress (e.g. relationships at work, organisational structure). They further pointed out how the consequences of health and well-being affect both organisations (e.g. absenteeism, productivity) and individuals (e.g. mentally and behaviourally). The occupational stressors were the most prevalent reported factors in their review.

A number of other studies have identified a number of other occupational stressors, and also several overlapping aspects among them. For instance, Harvey et al. (2017) identified broad categories of organisational stressors related to imbalanced job design (high demands, long working hours), lack of values and respect (bulling, relational justice), and occupational uncertainty (role stress, job insecurity). Procedural organisational justice, the extent to which employees perceive fairness in the processes of making decisions that impact them, was identified as an overlapping aspect across the three categories. With respect to the nature of stressors, it appears that the same pattern of occupational stressors identified among humanitarians (role-related and non-role-related, see Table 2.1) parallel the wider organisational literature (Harvey et al., 2017). As such, the concepts of stress, mental health, and well-being are explored below.
2.3.1.4 Concept of stress

The concept of stress tends to be ambiguous across different conceptualisations (Sonnentag & Frese, 2003). The concept was first introduced by the medical student Hans Selye to describe the physiological response to stimuli (Selye, 1956). It is, however, argued that the term stress was adapted from Physics to describe the stimuli itself (Everly & Lating, 2019). The transactional model of stress was introduced by Lazarus (1966), emphasising the importance of the cognitive appraisal processes of stressors between the individual and the environment. According to Lazarus’ (1984) model, the stress process happens via primary and secondary appraisal processes with respect to one’s well-being (R. S. Lazarus & Folkman, 1984). During primary appraisal, the event is classified as either being irrelevant, positive, or stressful. Events that are classified as stressful are then processed with secondary appraisals, evaluating what can be done to address them. Put differently, these processes represent the coping options available with stressful events. The construct of perceived psychological stress was later introduced by Cohen, Kamarck, and Mermelstein (1983) who developed a widely used tool for both clinical and organisational settings, to measure the life events that are appraised as stressful. The term ‘strain’ is also widely used in organisational psychology to express the impact of occupational stressors on psychological health (e.g. Bhagat et al., 2010; Karasek, 1979; Sonnentag & Frese, 2003)

2.3.1.5 The concept of mental health and well-being

According to the WHO, mental health is not only the absence of mental disorders (WHO, 2004), but also reflects “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2004, p. 12). Mental health, accordingly, is widely represented as a dual-continua model, summarised in Figure 2.6 (Tudor & Morrall, 1996). The first continuum represents mental illness (i.e. negative mental health, symptomologies), with the second continuum representing positive mental health (i.e. hedonic and eudemonic well-being). Current evidence strongly supports the distinction between these continua as two separate, but correlated
constructs (Schönfeld, Brailovskaia, & Margraf, 2017; Westerhof & Keyes, 2010). The importance placed on the theoretical distinction between the components of positive mental health (i.e. well-being) is best described by Ryff (1989), one of the most influential authors in the well-being literature, who identified six components of psychological well-being including self-acceptance (a positive attitude toward aspects of self), purpose in life (a meaning and direction in life), autonomy (directing the self according to their own internal standards), positive relations with others, environmental mastery (manage situations based on their own needs), and personal growth (self-development). Keyes (2007), further, expands on this conceptualisation of positive mental health to cover what he calls emotional well-being (i.e. hedonia: happiness and satisfaction) and social well-being (e.g. integration, belonging, contribution). While it is beyond the scope of this thesis to explore different theoretical components of well-being (i.e. positive mental health), the current thesis acknowledges mental health as a complex construct that goes beyond the absence of mental disorders. This is also consistent with the understanding of well-being and health within organisational psychology, where employee well-being, for example, is defined as the state of health in addition to satisfaction in the job and outside the job, happiness, intention to remain within the organisation, a sense of purpose and affective well-being (Danna & Griffin, 1999; Nielsen et al., 2017).

**Figure 2.6: The dual continua model of mental health. Adapted from Tudor and Morrall (1996)**
In sum, mental health in the workplace is linked to both the absence of psychological symptoms (i.e. strains) and to positive feelings with regards of satisfaction, happiness, intention to stay in the organisation and good social relationships, all of which are potential indicators of good mental health.

2.3.2 Between occupational stress and well-being, theoretical models

Several theories have been developed and are widely used in organisational psychology to explain health and well-being in the workplace. Person-environment (P-E) fit theory (Edwards, Caplan, & Van Harrison, 1998), the job demands-control (-support) (JDR-S) model (Johnson & Hall, 1988; Karasek, 1979), the effort-reward imbalance (ERI) model (Siegrist, 1996), the job demands-resources (JD-R) model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001), and the conservation of resources (COR) theory (Hobfoll, 1989) are all explored below.

2.3.2.4 Person-environment fit theory

Person-environment (P-E) fit theory (Edwards et al., 1998) holds the assumption that strain occurs because of the discrepancy between individuals and the environment. Hence, one’s adjustment to their work setting is crucial for one’s overall well-being (Sonnentag & Frese, 2003). In the P-E expression, the ‘fit’ happens between i) the demands of work and the ability to meet these demands, and ii) the person needs and the resources available in the workplace to meet these needs. In order to avoid strain and improve well-being at work, a ‘match’ between what is preferred and what is received must occur. Should a misfit happen between what is expected and what is available, high strain is expected (Dewe, O’Driscoll, & Cooper, 2012). When using the P-E fit model for volunteers, Englert, Thaler, and Helmig (2019) identified eight themes of P-E fits, presented in Table 2.11, that could be seen, at least theoretically, as configurations of enhancing volunteers well-being. Further, even after controlling for volunteer motivation, the personality P-E fit was related to volunteer satisfaction, affective commitment, and retention (Van Vianen, Nijstad, & Voskuijl, 2008). This theory, however, has been criticised for the relativity of the ‘fit’ concept. In some cases, the objective importance of an element may exceed how people subjectively perceive that
element’s worth (Dewe et al., 2012). The importance of receiving psychological help after a suicide attempt and its perceived ‘fit’ might be a trustworthy example of this, whereby the person who attempted suicide might underestimate the need for help.

Table 2.11: Thematic examples of person-environment (P-E) fit among volunteers

<table>
<thead>
<tr>
<th>Theme</th>
<th>Person</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission harmony</td>
<td>Personal value</td>
<td>Organisational mission and goal</td>
</tr>
<tr>
<td>Organisational support</td>
<td>Need for performance improvement</td>
<td>Practices and instruments (e.g. training)</td>
</tr>
<tr>
<td>Collegial commonalities</td>
<td>Personal beliefs, ethos</td>
<td>Shared values, togetherness</td>
</tr>
<tr>
<td>Supervision</td>
<td>Need for guidance</td>
<td>Situational supervision behaviour (e.g. supportive, hierarchical in emergencies)</td>
</tr>
<tr>
<td>Competence-service</td>
<td>Personal knowledge and skills</td>
<td>Service quality claims</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Need for personal freedom</td>
<td>Autonomous structures</td>
</tr>
<tr>
<td>Recognition</td>
<td>Desire for external awareness of the contribution</td>
<td>Recognition by teammates, organisation, or beneficiaries</td>
</tr>
<tr>
<td>Consistency with life</td>
<td>Life restrictions (e.g. time)</td>
<td>Flexibility</td>
</tr>
</tbody>
</table>

*Source: Reproduced from Englert et al. (2019)*

2.3.2.5 Job demands-control (-support) model

The Job demands-control (JDC) model (Karasek, 1979) proposes that it is not only the physical and psychosocial work demands which determine the level of strain at work, but also whether or not these demands are controllable. Accordingly, a job is considered high-strain when it includes high demands but with low control over them. Conversely, when the demands are low with higher control, a low-strain job occurs. Put differently, perceived control might buffer, or moderate, the negative impact of demands on well-being.

This model was later expanded to cover social support at work (Johnson & Hall, 1988). The resulting Job demands control-support (JDCS) model holds a further assumption of an ‘iso-strain’ at work, which consist of high demands, low control over them and low social support (i.e. isolation). According to the JDCS, iso-strain work therefore leads to the worst mental health outcomes. As part of this model, the social support received at work from supervisors and workmates could play a buffering role in the face of high work demands, protecting against strain. Even though there is good
evidence of the worst effect of iso-strain job on mental health, evidence for the support of a buffering (i.e. moderating) hypothesis is less consistent (Van der Doef & Maes, 1999).

An alternative explanation to the buffering effect is that of facilitated coping. Daniels, Beesley, Cheyne, and Wimalasiri (2008) showed that control and support at work facilitated the processes of problem-solving and emotional coping, which lead to better outcomes. Accordingly, effective coping is often discussed as a second mechanism through which control and support can impact on well-being (Dewe et al., 2012). Even with its popularity however, and with the exception of one study on volunteer firefighters (Lourel, Abdellaoui, Chevaleyre, Paltrier, & Gana, 2008), to the best of my knowledge, the JDC model has yet to be applied to the study of humanitarian volunteers. Consistent with expectations however, an association between job control and lower emotional exhaustion, and positive relationships between job demands and emotional exhaustion and depersonalisation were found among volunteer firefighters.

2.3.2.6 Effort-reward imbalance model

The effort-reward imbalance (ERI) model (Siegrist, 1996) proposes how a lack of reciprocity between costs and rewards in work results in a stressful experience, leading to strain. Hence, the degree to which a person’s efforts are rewarded is vital to their well-being. Efforts in the ERI model can be extrinsic (e.g. demands, obligations) or intrinsic (the need for control). The rewards, on the other hand, are related to tangible monetary, esteem, and status control (e.g. job stability, career advancement). The more unrewarded the efforts, the more emotional distress development. ERI has been particularly linked with sympathetic hyperactivity (e.g. ischemic heart diseases) as well as to poor mental health (e.g. Kuper, Singh-Manoux, Siegrist, & Marmot, 2002). The ERI model was recently used among humanitarians, but not volunteers, and has been shown to be related to emotional exhaustion (Jachens et al., 2019), and heavy alcohol consumption (Jachens et al., 2016).

2.3.2.7 Job demands-resources model

The Job demands-resources (JD-R) model (Demerouti et al., 2001) expands the assumptions of JDC and JDCS. The JD-R model posits that buffering effects on work
demands should not only be limited to control or social support, but to also cover other work resources. These job resources belong to the physical, psychological, social and organisational aspects of a job that have functions in performing tasks, decreasing the demands of a job or their physical and psychological harm, or promoting self-growth and development. Contrastingly, the demands refer to aspects that require sustained physical or psychological efforts. Examples of resources include career opportunities, supervisor support, team cohesion, role clarity, or feedback. On the other hand, examples of demands include work pressure, work overload, or poor environment (Bakker, Demerouti, De Boer, & Schaufeli, 2003). The second assumption that JD-R holds is that of dual underlying psychological processes, which lead to the development of strain and motivation. In the first process, a poorly designed or highly demanding work leads to strain after activation of the autonomic nervous system and the subsequent draining of energy. Conversely, in the second process, job resources play a motivational role, both intrinsically or extrinsically, leading to engagement and performance (i.e. well-being) (Bakker & Demerouti, 2007). The latter assumption, which explicitly differentiates JD-R from JDC and ERI, is the interaction between the two processes.

According to JD-R, job resources, and not only the control as in JDC, can buffer against developing strain from high job demands. More importantly, job resources can notably and positively influence the motivational process in a highly demanding job (Bakker & Demerouti, 2007). The JD-R model is now considered one of the leading models in health and well-being in the workplace, with excellent empirical and theoretical support (Nielsen et al., 2017).

The current direction of JD-C theory further suggests an interaction between personal and work resources in the production of work-related positive outcomes (Bakker & Demerouti, 2017). With respect to volunteering, Lewig, Xanthopoulou, Bakker, Dollard, and Metzer (2007) successfully utilised the JD-R model among Australian ambulance volunteers to confirm the relationship between demands and resources and health problems and turnover intentions, as mediated by connectedness and burnout. Their findings point to the validity of the JD-R model among volunteers and bring to the fore
the specific resources available to volunteers which might differ from paid staff. Ramos et al. (2016) point out that volunteering itself could be an added resource, and by that explained why volunteers enjoyed higher well-being compared to the non-volunteers when applying the JD-R principles. Finally, JD-R has been recently used as a theoretical model to explain the risk and resilience factors among humanitarians in terms of the demands of humanitarian work and available organisational resources (e.g. Brooks et al., 2016; as explored earlier in this chapter).

2.3.2.8 Conservation of resources theory

The last theory proposed is based on the conservation of resources (COR) theory (Hobfoll, 2001). Like the P-E model, the conservation of resources (COR) theory (Hobfoll, 1989) examines the interaction between people and environments with regards to the demands of the environment and the availability of people’s resources to deal with them. It differs however, in the way it understands the concept of ‘fit’. P-E is more concerned about the perceptions of fit, whereas COR incorporates more objective approach of the actual fit (Hobfoll, 2001). A core principle, resource loss is fundamental in the process of stress. According to COR, “resource loss is disproportionally more salient than resource gain” (Hobfoll, 2001, p. 343) and when given similar quantities of gain and loss of resources, the loss will have a more significant impact, and in the context of resource loss, gaining resources becomes more critical (Hobfoll, 2001). A simple example of this is when a person, after ending a relationship (resource loss), starts to engage in lunch conversations with workmates (gain). Such gain is more important to that person in the context of loss. By this, COR differs from reinforcement theory (Skinner, 1965), which does not weigh ‘rewards’ and ‘punishment’. COR also differs from Lazarusian’s appraisal theory (R. S. Lazarus & Folkman, 1984), which put the emphasis on individual levels and does not account for the shared culture nature of loss and gain (Hobfoll, 2001).

In COR, the “individuals strive to obtain, retain, protect and foster those things that they value” (Hobfoll, 2001, p. 341). The resources, according to COR, are a translation of these valuable ‘things’. They can be objects (e.g. adequate financial credit), conditions (e.g. good marriage), personal characteristics (e.g. sense of optimism), or energy (e.g.
endurance). Hobfoll (2001), for instance, counts 74 resources in Western contexts, including intangible resources (e.g. feeling independence, peace, intimacy). COR, however, accounts for cultural differences in terms of ranking and valuing resources. Because resources loss can threaten one's ability to survive and grow, it is given primacy over their gain. Good support to the primacy of loss principle is drawn, especially from the disaster literature, whereby the impact of resource loss is greater than the impact of negative events on distress (Hobfoll, 2001).

A second principle of COR is related to resource investment. People must invest resources in order to protect against resource loss, recover from losses and gain resources (Hobfoll, 2001). The theory has, accordingly, two relevant phenomenon related to resource caravans and resource spirals. Resource caravans are related to the aggregate effect between resources, whereby resources can accumulate and build upon each other. An example of such caravans is when an optimistic person performs well at work. Job performance promotes self-efficacy, which raises optimism again. In the same way, social support increases self-esteem, leading people to feel more comfortable about seeking social support. The spirals action is related to the further vulnerability that a resource loss produces in the face of future resource losses. Spirals can also happen when gaining resources. However, because of the primacy of losses, the impact of the resource loss spirals is worse for people’s well-being. (Hobfoll, 2001).

When applying COR principles to work contexts, autonomy, feedback on performance, rewards for achievements, organisational support, and social support from team and supervisors can all be seen as environmental resources, which are all linked with positive well-being. Likewise, unfavourable conditions such as conflicts in teams drains energy, leading to a deficit in task performance, a representation of resource loss (Dewe et al., 2012). Using COR logic, we can explain how supportiveness components (resource gain) can notably mitigate highly demanding work conditions (require losses). We can also refer to the caravans’ action to explain how personal resources, and not only the job-related resources, also contribute to the JD-R model (Bakker & Demerouti, 2017). COR also has implication for the humanitarian literature.
With humanitarian volunteers explicitly, the loss of personal resources due to a natural disaster (i.e. earthquake) is related to higher morbidity (Thormar et al., 2014).

2.3.3 Complementary background

The emphasis of mental health consequences in the workplace has led to the development of multiple, different theoretical explanations. Indeed, no theory alone offers a whole explanation for the consequences of work on mental health. As a result, and with variations existing across organisations, employment styles, cultures, countries, and individuals, it is difficult to generalise assumptions. Most of the literature, however, acknowledges the dynamic interaction of individuals within their work environments. The components of perceived fit (P-E), actual fit (COR), the equilibrium (ERI, JDC(S)), appraisal processes (transactional model), and dynamic relationship (JD-R) all reflect this idea to some extent. Moreover, the availability of resources is central to a number of theories. On the other hand, organisational stressors are all related to a sort of reversing of these resources. For instance, Harvey et al. (2017) in their meta-review identified the following workplace psychological risk factors: High job demands (reversing favourable environments), low job control (reversing autonomy), low workplace social support (reversing team and supervisor support), ERI (reversing gains), low organisational procedural and relational justice (reversing organisational justice), organisational change (reversing stability), job insecurity and temporary employment (reversing job security), atypical working hours (reversing flexibility and work-family balance), workplace conflict/bullying (reversing cohesion) and role stress (reversing mastery), all of which are related to organisational support. These links are also reflected as part of organisational support theory (OST) (Eisenberger, Huntington, & Hutchison, 1986).

2.3.3.4 Organisational support theory

Organisational support theory (OST) (Eisenberger et al., 1986) assumes that employees develop a common belief of the extent to which their organisation cares about them and values their contribution. Termed Perceived Organisational Support (POS), Eisenberger et al. (1986) posit that POS increases when an organisation provides tangible
and intangible benefits itself, rather than through external forces (e.g. law or labour union). Following the reciprocity norm, employees then trade their personal efforts and commitment towards achieving the organisation’s goals, in exchange for both tangible benefits (e.g. incentives, salary) and intangible benefits (e.g. esteem and caring), leading to better performance and a stronger belief in the organisation’s goals (Baran, Shanock, & Miller, 2012).

The expected outcomes of higher POS are related to commitment and performance. Specifically, the caring position from organisation to employees leads to increased satisfaction by fulfilling the socio-emotional needs of affiliation, emotional support and esteem, leading to strengthening self-efficacy, autonomy and positive mood (Kurtessis et al., 2015; Rhoades & Eisenberger, 2002). POS antecedents are also shown to be related to various aspects, including treatment by organisation members (supervisor support and co-worker support), psychological contract and mutual obligation, fairness (i.e. distributive, procedural, and interactional organisational justice), job security, flexibility, training and developmental opportunities, and job enrichment practices (e.g. health benefits) (Kurtessis et al., 2015). Taken together with the results of Harvey et al. (2017) meta-review, OST serves as a useful framework for workplace-related mental health outcomes. However, and though the positive relationship between POS and mental health outcomes has been consistently highlighted (Kurtessis et al., 2015), it is yet to be noted among volunteers. OST can therefore act as a plausible explanatory model for volunteering outcomes.

2.4 Chapter Conclusions

Section 2.1 presents an extensive literature review of humanitarian workers’ mental health, presenting how context, stressors, and protective factors, all impact on humanitarian workers’ mental health. A synthesis of all these factors is presented in Table 2.1, whereby supportive organisational measures emerge as core elements of preventing adverse mental health outcomes and promoting well-being among humanitarian workers. A dearth of research related to humanitarian volunteers is made apparent, leading to a reliance on the paid staff literature to lay the foundations of this
thesis. While volunteers are in a unique position as humanitarians in terms of experience, motivation, resources, benefits, and exposure to adversities, how volunteering within a humanitarian context influences mental health is less well understood.

Section 2.2 thus reviewed the literature on volunteering, volunteer management, and volunteer’s mental health, offering a larger understanding of how volunteer motivation and organisational contexts may impact on volunteer mental health. The complexity of volunteering, as influenced by both the organisational context and volunteer motivations, is evidenced. This complexity however, is further exacerbated within humanitarian contexts. How volunteering in humanitarian contexts, the motivation to volunteer, and supportive organisational measures work together to determine the mental health outcomes of volunteers however, is less understood. Finally, and given the dearth of theoretical explanations for volunteer mental health in emergencies, section 2.3 explored paid-staff organisational theories on mental health and well-being in the workplace, as a starting point for the development of more humanitarian-context-specific theories. Among the different models explained, an overarching organisational model, namely OST, was proposed as a framework that includes organisational resources and opposing the organisational stressors. Taken together, the literature highlights a need to investigate how organisational support for volunteers in humanitarian emergencies is related to volunteer well-being. Answering the research questions put forward in Chapter 1.6 will therefore work to uncover the black box between volunteering and mental health in humanitarian settings.
Chapter 3: Philosophical and Methodological Foundations

3.1 Chapter overview

Chapter 2 provided a justification for the current study within the context of the broad literature on humanitarian work, volunteer work, mental health and organisational psychology theories. I further put forward an argument for why, in humanitarian contexts, volunteering is complicated by additional stressors inherent to the nature of emergency settings. This articulated complexity of volunteering in humanitarian contexts creates a backdrop to the philosophical stance of this thesis: Realism. This chapter explores the state of this complexity and articulates how my own ontological and epistemological positions, align with the paradigm of Scientific Realism (Pawson & Tilley, 1997) in the study of this phenomena. First, the principles of philosophy of Realism are explained, followed by a description of the Realist Evaluation methodology that is used to answer the research questions. This chapter, therefore, serves as a foundational explanation of the assumptions and worldview that underpins the methodological decisions of this study, which are presented in the upcoming chapters of this thesis.

3.2 The complexity of social phenomena

In my medical training, I primarily studied human physiology and biochemistry. My first two years in university focused on the importance of ‘controlling’ for extraneous factors in the search for truth. For example, explaining the effect of a chemical element on the body required that we control for the other factors, testing everything in vitro. It was only after I started working with patients, in my role as Psychiatrist, that I realised the impracticalities of this reductionistic approach: Understanding symptoms would require more in-depth insight into the dynamic interactions between organs and their environment. That it is impossible to account for human health in vitro alone.
Similarly, complexity is apparent in the study of social systems in the real world. Social reality is complex because it is stratified, whereby actors are embedded in their wider contexts. On the account of embeddedness, it is hard to attribute a given output of a social intervention simply to that intervention’s inputs (Stame, 2004). Different approaches to complexity however, are utilised in research. Whilst some of these approaches are built on the traditional mainstreams of research, namely trials (Craig et al., 2008), other approaches argue against the usefulness of trials in tackling social complexities (Pawson & Tilley, 1997). The argument against traditional trials was originally formulated, not only based on the practical limitations of trial designs, but also based on different philosophical understandings, departing from traditional philosophies of research (presented in the next section). The general conclusion is that social interventions (e.g. managing volunteers) require that one take into account the complexity of social phenomena (Stame, 2004). When inputs (i.e. management practices) are introduced to individuals (e.g. volunteers), they are embedded into the broader contexts (e.g. infrastructures, organisations, interpersonal relations) (Pawson, 2006, p. 31). The product(s), or outcome(s) of those inputs, is or are, therefore, the product of these interactions. Dealing with this complexity requires an understanding that interventions are carried by human activity, interpreted by the human realisation and, accordingly, that the context actively shapes their implementation (Pawson, 2013).

This above is illustrated by way of an example of the effects of a simple intervention (condom use) for the prevention of HIV. Condom use is widely proven to be effective in preventing virus transmission during sexual intercourse (Padian, Buvé, Balkus, Serwada, & Cates Jr, 2008). However, a simple intervention which seeks to freely distribute condoms to prevent HIV can expect different outcomes depending numerous factors, such as the beliefs and culture of the target population. Conspiracy theories about HIV, for instance, could prohibit the population from using the intervention (Bogart & Thorburn, 2005), leading to ineffective, and life-threatening results. The level of complexity of such a seemingly simple programme is further complicated when one considers: Who teaches about using condoms? Who distributes
them and under which agenda? What is the culture of contraception use among the targeted population? Who makes decisions around birth control in a household? Varying responses to these questions can differentially influence patterns in outcomes. Research designs should therefore seek to address the complexity of social phenomena in order to provide more thorough responses and to maximise the efficiency of interventions that are known to be effective.

3.3 Philosophical Foundation: Realism

Realism stands as a separate model of scientific explanation, distinguished from the traditional poles of positivism and relativism (Sayer, 2000). Positivism considers the world only through what can be observed, holding the assumption of universal closed systems — a flat ontology, unstratified, which encourages researchers to look at empirical regulation as theory-neutral observations (Sayer, 2004). Relativism however, argues that there are radically multiple conceptions of the truth according to subjective perceptions, which might differ due to people’s beliefs and expressions (Bilgrami, 2002). The ‘third way’, Realism, considers that the world exists independently of our knowledge (i.e. mind-independent reality); however, realism accepts that our knowledge of the world is shaped according to available descriptions (Sayer, 2004). Therefore, according to the philosophy of realism, what we know about reality is entirely under the principle of fallibility: What we know is limited, partial, and could be mistaken (Jagosh, 2019). Accordingly, the world cannot be a product of mind, whether privately or socially constructed because, if so, our knowledge will be infallible. By accepting the fact that we might have the experience of getting things wrong, or confounded expectations, realism opposes relativism (Sayer, 2000, 2004). Realism considers knowledge as something deeper than can be fully captured in empirical observations. In contrast to positivism, the reality is stratified and has ontological depth, and events and empirical actions are generated by mechanisms which exist in a deeper, non-empirical layer of the reality (Sayer, 2000, 2004). Indeed this distinguished philosophical stance of Realism must originate differences in ontology, epistemology, and methodology, all of which are presented in Table 3.1.
### Table 3.1: Realism compared to other research paradigms

<table>
<thead>
<tr>
<th></th>
<th>Positivism</th>
<th>Realism</th>
<th>Relativism</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ontology:</strong></td>
<td>The world exists independent of the researcher</td>
<td>Mind-independent reality. However, knowledge is</td>
<td>There is no one reality, what exists is the</td>
</tr>
<tr>
<td></td>
<td>without order or levels, flat ontology</td>
<td>shaped according to available descriptions.</td>
<td>expression of mind</td>
</tr>
<tr>
<td><strong>Epistemology:</strong></td>
<td>What we observe is real, but what we can’t</td>
<td>The fallibility of knowledge, generative</td>
<td>Infallibility, search for meaning, unique</td>
</tr>
<tr>
<td></td>
<td>observe is doubtful, knowledge is related to</td>
<td>mechanisms are responsible for social change</td>
<td>properties of social experience, ideographic</td>
</tr>
<tr>
<td></td>
<td>observations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Methodology:</strong></td>
<td>Finding universal laws, generalisability,</td>
<td>Retroduction, uncover mechanisms, theory</td>
<td>Induction, theory development to explain the</td>
</tr>
<tr>
<td></td>
<td>deduction, theory testing</td>
<td>refinement, accumulating theories and evidence</td>
<td>perspectives of subjects</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td>RCTs, quantitative surveys, quasi-experiments</td>
<td>Multi-methods: quantitative and qualitative,</td>
<td>Qualitative: interviews, observations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>incorporating all data sources in order to refine theories</td>
<td></td>
</tr>
</tbody>
</table>

Summarised from: (Ackroyd & Fleetwood, 2005; Gilmore, 2018; Pawson, 2006; Sayer, 2000, 2004).

### 3.4 Principles of Realism in-depth

#### 3.4.1 Embeddedness

From the Realist perspective, all human actions are embedded in the broader social context. Realists therefore stress the stratified nature of social reality. A reflection on this point related to volunteering, and as was described in Chapter 2.2.1, volunteering behaviour is shaped by broader social norms, culture, as well as the political situation, in addition to the internal motivation of a volunteer. Volunteering is a prosocial behaviour valued by society, nested in the social tradition of helping others. Think of a programme to recruit volunteers in an emergency setting by disseminating a post on Facebook, requesting people to call a number if they are interested in volunteering. Thinking of how this straightforward advertisement might work one might consider:
Who has access to the internet? How do people react to such an advertisement? How is the voluntary organisation perceived in this locality? If and how do people share this advertisement via their social networks? Are there are cultural differences for men and women with regard to phone use? How does this affect the access of females to volunteer programmes? With regards to the potential volunteers themselves, how much does culture drive their response to the advertisement? If the same advertisement is used in Europe and Africa, to which extent will response patterns replicate? Thinking through the answers to similar questions exemplify how social programmes are stratified. Or as explained by Pawson and Tilley (1997, p. 89) “a program is its personnel, its place, its past and its prospects”, and not just its components. All programmes are, therefore, built on pre-existing assumptions (Pawson & Tilley, 1997). Figure 3.1 depicts how human actions (e.g. interventions) are embedded within this stratified social system, reproduced from Pawson (2006, p. 32).

![Figure 3.1: The embeddedness of interventions in the stratified social systems, reproduced from Pawson (2006, p. 32)](image)

3.4.2 Generative Causality

In the natural sciences, regularities of events are not discovered through direct observations alone. Why the sun rises every day from the East cannot be attributed to the observation that it does not come from the West. Instead, scientists attribute this to how Earth spins around its axis toward the east, offering a deeper level of explanation over and above direct observation. But why does the Earth spin? The answer is
attributed to the force of gravity, which adds a deeper level of explanation. In the natural sciences, therefore, such uniformities occur because of an underlying order discovered at the level of generative mechanisms (Pawson, 2013).

Bringing the same logic to the social sciences, Realism attributes causation to a *generative* theory of explanation instead of the *successionist* one (Bhaskar, 1975; Pawson & Tilley, 1997). The successionist model of causation follows the perspective of Hume (1739), who considered causation as an unobservable element, whereby the only way to infer causation is through observational data. According to Hume, controlled sequences of observations are necessary to discriminate causation from spurious association. Earliest applications of this approach to the experiment logic can be traced to the work of John Stuart Mill (Mill, 1884), which led to the popularisation of the quasi-experimental design (Cook & Campbell, 1979). Specifically, experimental designs incorporate control groups to understand the effects of a cause, ‘X’, on the outcome effect, ‘O’. Should the outcome differ between the control and intervention groups, the successionist approach attributes the cause of this effect to ‘X’. Causation, in this understanding, is *external* and researchers should apply rigorous measures and controls in order to uncover the constant difference(s) in effects between subjects and non-subjects (Pawson & Tilley, 1997).

The generative theory, however, argues against this traditional understanding of causality. Specifically, and while it acknowledges the necessity to recognise the regular patterns between inputs and outputs, it further seeks to understand the *real* connection between events. In other words, generative theory further views cause as related to *internal* features of the ‘subjects’. With reference to the previous example of condom use to prevent HIV transmission, as an example, the cause of condom use might be related to the responsibility toward one’s partner and/or because of an internal propensity for self-care. The external programme itself (i.e. the free distribution of condoms) does not alone cause the outcome (i.e. condom use), but the cause is also related to the internal decisions of the participants. It is these internal *liabilities, powers, and potentialities* that allow us to make sense of the events, rather than attributing the change to the
programme itself. Ignoring this, as with the successionist model, results in us missing the actual process of causality. In sum, within a realist paradigm, causality operates both *internally* and *externally* (Pawson & Tilley, 1997).

### 3.4.3 Retroduction

Retroduction is the realist mode of inference by which generative causality is uncovered. The concept of *retroduction*, referring to *the idea of going back from, below, or behind observed patterns or regularities to discover what produces them* (Lewis-Beck, Bryman, & Liao, 2003). Retroduction stands as a different research strategy from the more traditional *induction* and *deduction*. According to Sayer (2000, p. 207), “merely knowing that ‘c’[an event] has generally been followed by ‘e’ [another event] is not enough: we want to understand the continuous process by which ‘c’ produced ‘e’, if it did. This mode of inference in which events are explained by postulating (and identifying) mechanisms which are capable of producing them is called ‘retroduction’”. Retroduction is, therefore, linked with uncovering the underlying mechanisms of social reality. Likewise, in physics, Archimedes’s Eureka (i.e. I have found it!) expression manifests how retroduction helps to discover the causality of a phenomenon. Archimedes made many efforts thinking of a way to assess the impurity of gold by trying different things. His insight, finally, came from realising that the volume of displaced water from a filled bathtub precisely equals the volume of the added objects (e.g. his body!) to this bathtub regardless of their weight. This retroductive process led to discovering the *density* as a discriminatory indicator of different objects¹. Whereas inductive reasoning assumes there is no relationship between empirical data and pre-determined theory (i.e. the data are not theory-laden), and deductive reasoning assumes that theories could exist without facts yet theories are falsifiable through facts (Sæther, 1998), retrophic theorising utilises *both* approaches, dynamically, in order to provide plausible explanations and then underpin the theoretical scope (Trish Greenhalgh et al., 2017e; Sæther, 1998).

---

¹ The example is drawn from common knowledge.
An explanation inspired by Sæther (1998) and Jagosh (2017)² of the retroductive logic, compared to deductive and inductive reasoning is depicted in Figure 3.2. Here, the question ‘why’ leads to theorising about potential mechanisms, and testing these mechanisms leads to uncovering the generative causation. This dynamic relationship between data and theory via retroduction serves as the core of Realist inquiries.

![Diagram showing the comparison between Deduction, Induction, and Retroduction] (Figure 3.2: Retroduction compared to traditional research reasoning. Inspired by Sæther (1998) and Jagosh (2017))

### 3.4.4 Scientific Realism and Critical Realism

While the principles explained above are agreed among all realist schools, there are some differences between Scientific Realism (Pawson, 2013; Pawson & Tilley, 1997), which is utilised in this research, and Critical Realism (mainly: Bhaskar, 1975, 1979). Bhaskar was the first to propose the generative mechanisms as an alternative approach to the successionist theory of causation for social phenomena (Bhaskar, 1975). Scientific Realists applied his approach to the science of evaluating programmes (Pawson & Tilley, 1997), where Realism acts as the “…place at the centre of things where it steers a path between

---

² Presented by Dr Justin Jagosh in the 4th annual CARES realist methodology summer school. The University of Liverpool. London campus. August 2017
Scientific Realism has been influenced by work of philosophers such as Campbell (1988), who highlighted the relationship between theory and evidence with respect to objectivity; Rossi (1987) in the theory-driven approach and the importance of programme theories; and Merton (1967), with his perspective on accumulating theories and middle-range theorising (Pawson, 2013). Despite the commonalities between Bhaskar’s and Pawson’s (including Pawson & Tilley’s) work however, there remain some differences between these approaches.

Both ‘Bhaskarian’ and ‘Pawsonian’ approaches agree on the infinite complexity of both social and physical systems, whereby observations and measurement alone are insufficient to unpack these complexities. Theories, therefore, are needed to guide inquiries. Mechanisms, furthermore, hold the explanatory and causal power in both the social and physical sciences. Generative causation, not the successionist model, is therefore what explains the emergence of both social and natural phenomena (Bhaskar, 1975; Pawson, 2013). Despite similarities between social and natural structures, only in social science are systems transformational, or in Bhaskar’s own words, humans “both create and are created by the society” (Bhaskar, 1979, p. 45). Therefore, while natural science is imperative, human volition matters in social science (Pawson, 2013).

Accordingly, Pawson and Bhaskar both agree that social systems are ‘opened systems’, with the impossibility of controlling for all their elements. However, in regards to the natural sciences, Pawson opposes Bhaskar’s view of the possibility to achieve closed laboratory systems. While Bhaskar considers closed systems as exclusively possible in the laboratory (Bhaskar, 1979), Pawson argues against the prospect of such closed systems in both social and natural sciences. Pawson’s point here is that “laboratory systems only ever achieve partial closure and they do so gradually, building and rebuilding experiments over long periods of time. It is this collective, iterative, synthetic process of investigation to which the science of evaluation can aspire, with its enormous repertoire of methods to follow systems through time and to compare and contrast their evolution in different contexts” (Pawson, 2013, p. 62). In other words, what makes the laboratory experiments
work to produce knowledge, according to Pawson, is not the closure of the laboratory system, but the collective iteration processes that investigators carry out in experiments. Departing from the positivist position of copying the natural science laboratory setting into the social science, Pawson’s attributes discovery in the natural sciences to the traditions of iteration, accumulating evidence over time and in different contexts, not to the laboratory setting itself (i.e. the unachievable closed system). Thus, Pawson is inspired by these traditions in the development of his methodology in evaluating social programmes, instead of the traditional position of positivism, which considers social systems as controllable as in-vitro.

The last cleft between Pawson and Bhaskar is that Critical Realism tends towards the totality and abstraction. Bhaskar operates within a more philosophical sphere, with his work on meta-reality (Bhaskar, 2002), and less of a possibility to test and falsify his theories. In contrast, Pawson argues against the Bhaskarian approach where “indisputable experiments are replaced by indisputable theories” (Pawson, 2013, p. 71) which Pawson claims has resulted in “realism evaporate[ing] into doctrinaire idealism” (Pawson, 2006, p. 16). Instead, Pawson adopts the principle of falsifiability whereby the knowledge, experiments and theories are testable and could be fallible. In Pawson’s approach, Realist theories however are more granulated, middle-ranged, and correspond to the practicality of evaluating interventions within contexts (Pawson, 2013)

Lastly, it is noted that despite the cleft between Pawson and Bhaskar’s approaches, this cleft exclusively exists within the Realist community. Externally, Pawson is still cited as being more closely aligned to Critical Realism (e.g. Ackroyd & Fleetwood, 2005) with his methodology finding its way to critical realists (e.g. Harrison & Easton, 2005). In this thesis, I consider Bhaskar’s approach being more so philosophic (Pawson, 2016), and Pawson’s as more methodological in nature (Tilley, 2018).

3.4.5 Scientific Realism: Analysis of Complexity

Whilst the complexity of social phenomena is acknowledged in section 3.2, the paradigm of Scientific Realism has its own explicit understanding of social complexity. In his book, the Science of Evaluation, a Realist Manifesto (2013), Ray Pawson uses the
acronym VICTORE, referring to “Volitions, Implementations, Contexts, Time, Outcomes, Rivalry, and Emergence” (Pawson, 2013, p. 33) as key characteristics of the complexities of social programmes:

- **Volitions**: Programmes do not work by themselves, but rather it is their interpretation by their ‘subjects’ that produces results. Programme recipients are active, not passive, factors in determining the programme outcomes. Programmes offer new choices to people. However, people’s motives and volitions to use these choices vary and depend on pre-existing mindsets and on the processes by which these mindsets get changed. In order to make changes, programmes should accommodate the volitions of the ‘subjects’. Whilst choices vary, the complexity is represented in the way programmes correspond to these volitions.

- **Implementation**: From the mind of programme designers, throughout different layers of managerial systems, to practitioners and sometimes across different locations, implementation chains mean that programmes are shaped and reshaped differently. Each section of these chains adds specificity to programmes. Implementation chains are also prone to inconsistencies and reinterpretation, blockages, and so on. Complexity, therefore, goes hand in hand with implementation.

- **Contexts**: Context is essential in the Realist understanding of social contingencies. Contexts are not variables to control for, locations of implementation, nor disturbances to a programmes’ implementation. Instead, programmes are embedded into broader social systems which carry variations in their context on each level. Only in the right contexts can a programme’s inputs activate the generative mechanisms.

- **Time**: The programmes’ history, as well as timing, contribute to how programmes work, and act as a source of additional complexity. The enthusiasm towards taking part in a programme and or running it might decrease over time. Likewise, time also matters in how people respond to
new interventions, whereby willingness to take part in programmes can grow over time.

- **Outcomes:** Programmes do not produce only simple outcomes. Measuring the impact of a programme is therefore more complex. Programme inputs can produce outcomes on different levels, unwanted outcomes, as well as unintended outcomes. More importantly, outcomes are not always apparent and measuring their impact is challenging in many places. Measuring change is therefore challenging, and the act of measuring outcomes might change the context and behaviour under evaluation.

- **Rivalry:** Social programmes are implemented in social systems that are likely to contain other competing programmes. Attribution of outcomes to a single programme, when this programme is likely interacting with others is therefore an added source of complexity. It is impossible to get a single isolated programme in the social world. It is, further, hard to discriminate between the start of a programme and the end of another. These rivalries are another manifestation of the complexities that exist in social reality.

- **Emergence:** The products of social programmes are also part of the complexity. The outcomes themselves can change the conditions in which these programme work, and not only the ‘subjects’ behaviour. This emergence changes the nature of the context as it existed before the programme and results in a new context under which the same programme operates.

In sum, complexity is, according to Scientific Realism, an original part of the social phenomena. According to Pawson’s approach, implementation alone does not cause the complexity, but all these aspects together (Pawson, 2013). In studying social programmes, therefore, Scientific Realism accounts for all the characteristics mentioned above.

The above outlines the principles of the Scientific Realism paradigm in terms of its philosophy, ontology, epistemology, and how complexity is understood within this
paradigm. There are two methodological applications of the aforementioned principles, namely the Realist Evaluation (RE) (Pawson, 2013; Pawson & Tilley, 1997) and the Realist Synthesis (Pawson, 2006). Whereas the former stands as an alternative methodology to traditional experimental and quasi-experimental designs in evaluating social programmes, the latter stands as an alternative methodology to systematic reviews in generating evidence from the literature. RE is utilised in this research, and the following sections provide a detailed explanation of this methodology.

3.5 Realist Evaluation Methodology

Realist Evaluation (RE), a theory-driven application of Scientific Realism, was developed by Pawson and Tilley (1997) as a new way to evaluate social programmes and produce policy-relevant recommendations. Rooted in the Realism philosophy, RE attributes the changes associated with social interventions to the underlying mechanisms that generate outcomes when these mechanisms are activated. In this way, the generative explanation for social contingencies replaces the traditional successionist model. Accordingly, using RCTs or quasi-experiments to investigate or attribute the effects of social programmes is considered inadequate. Instead, RE aims to uncover the generative causation by which change occurs. Outcomes are generated from the interaction between contexts and mechanisms. Whilst mechanisms are the ones responsible for the outcome generation. Aligned with the generative theory of causation however, outcomes only get triggered or activated in the right contexts. Pawson and Tilly summarise the relationship between contexts, mechanisms and outcomes using the simple representative formula:

\[ C + M = O \]

Whereby ‘C’ is context, ‘M’ is the mechanism and ‘O’ is the outcome. Context alone is not enough to generate outcomes. Mechanisms cannot be triggered alone, and the generative process only happens when both context and mechanisms are ‘configured’ together. Figure 3.3 illustrates this configuration. In the case of boiling eggs, it is the hot water in the presence of protein in eggs (C), which triggers the process of protein coagulation (M), leading to the hardening of the egg (O). In this configuration, the
mechanism (i.e. protein coagulation) not only explains the relationship between the context and the outcome (i.e. exists epistemologically), it also describes the real process that occurs when the chemical bonds between the protein molecules get changed (i.e. exists ontologically) (Williams, 2018).

According to RE, programmes themselves do not create changes; people do by responding to the resources offered to them by programmes when those resources correspond to their context (Pawson, 2013). Social regularities are explained by these configurations of contexts (Cs), mechanisms (Ms), and outcomes (Os), whereby each configuration is represented with the acronym CMO. For example, Chapter 2.2.4 describes the phenomenon of how volunteering is associated with better mental health. A CMO translation of Jenkinson et al. (2013) meta-analysis on the health impact of volunteering is that (i) when older people, often facing less social connections after their retirement, get engaged in volunteer activities (C), they have the opportunity to interact with others and make social bonds (M) which helps them to maintain their mental health (O). Likewise, when these volunteers are asked to commit long hours (C), this may lead to emotional pressure (M) which causes burnout and adverse mental health (O). Changing the context here triggers a different mechanism, leading to a different outcome.

As such, instead of being satisfied with the traditional experimental question of, ‘Does it work?’, Realist Evaluation is an applied research methodology which aims to answer the questions of ‘what works, for whom, in what circumstances, and how?’.
this way, RE research findings are considered particularly policy-relevant because they manifest how programmes work in a given context, represent the process by which a programme works, and generate a level of transferable findings across similar programmes that can help in the planning and re-implementing of new programmes. Moreover, RE has an explanatory focus not just for academics, but also for programme stakeholders (Emmel, Greenhalgh, Manzano, Monaghan, & Dalkin, 2018a; Pawson, 2013; Pawson & Tilley, 1997; Wong et al., 2017).

To provide the answers to ‘what works, for whom under what circumstances’, the realist evaluator often starts from one or more initial theory(ies) on how the programme is expected to work. These theories are, simply put, a CMO configuration. Throughout the evaluation process, these theories are then refined systematically. Building on the evaluation process to further refine and iterate these theories results in refined theories of middle-range (MRT) (Merton, 1968). MRTs represent the fact that “from a small core of ideas, it is possible to develop a wide range of testable propositions” (Pawson & Tilley, 1997, p. 123). A higher level of abstraction, MRT therefore allows for greater transferability. The components of Cs, Ms, Os, and theories in RE are explained in greater details in the subsections below.

3.5.1 Context

In the Realist explanation of social phenomena, the causal power of mechanisms is not fixed but related to social contingencies (Emmel, Greenhalgh, Manzano, Monaghan, & Dalkin, 2018b). Therefore, the right conditions are those that activate the underlying mechanisms that lead to social change. Thus, mechanisms do not determine outcomes alone, as mechanisms are activated within certain social contexts (Pawson & Tilley, 1997). As scientific realism considers natural sciences generative in nature, an example of how contexts activate mechanisms from chemistry includes water formation, whereby uniting hydrogen and oxygen happens only under the condition of a spark or heat. Without the right context (i.e. a spark), the chemical interaction (i.e. the mechanism) does not occur, even in the case where the correct relative quantities of hydrogen and oxygen molecules exist. Similarly, interventions or social programmes are embedded
within wider structures and are therefore subject to pre-existing contextual factors. These factors determine the success or failure of programmes by enabling or disabling the occurrence of mechanisms (Pawson & Tilley, 1997).

Returning to the previous example of volunteer recruitment (presented in 3.2 above), the likelihood of a potential volunteer phoning in therefore depends on the broader culture (i.e. context), which will impact on the enrolment of volunteers into the programme. Here, if a potential female volunteer receives the advertisement within a culture that prevents females from using the phone (C), this potential volunteer is less likely to phone-in, leading to unsuccessful recruitment (O), even when the desire to volunteer existed (inactivated M). The context therefore not only refers to the location or organisations but also includes the social norms, culture, values and interrelationship among programme stakeholders (Pawson & Tilley, 1997). Referring back to the boiled egg example, “the same boiling water that softens the potato also hardens the egg”\(^3\). Even with the same wider context (i.e. hot water), the difference in context at the subject level (i.e. the starch in potatoes and protein in eggs) result in different outcomes. Contexts are, therefore, the pre-existing conditions prior to programme implantation. These are not only limited to the geographical area of the implementation but also include culture, norms, gender, demographics, infrastructure, education, interpersonal relationship, power dynamics, economic situations, which might impact on the outcomes. Contexts are also prone to variations by which programmes may produce different outcomes (i.e. work differently) (Jagosh, 2019; Jagosh et al., 2015; Pawson & Tilley, 1997).

### 3.5.2 Mechanisms

Akin to generative causality, *mechanisms* are the foremost tools of Scientific Realism and they are responsible for explaining the relationships of social processes. According to Pawson and Tilley (1997), mechanisms are hidden and underlying. Scientific Realists argue that natural sciences are generative by nature and embrace the same realist logic. In physics, for example, gravitational force is the generative

---

\(^3\) Unknown source, the example was resented by Dr Sonia Dalkin in the 4th annual CARES realist methodology summer school. The University of Liverpool. London campus. August 2017
mechanism by which Newton’s apple falls, whereby gravity is the potentiality of mass. In understanding social causality, these potentialities are attributed to macro and micro social mechanisms. The social generative mechanisms represent people’s choices towards what a social programme offers. They include the resources provided by intervention for people (i.e. external causality) as well as the individual’s responses toward a programme (i.e. internal causality). The difference between realist generative mechanisms and successionist mediation is therefore that mechanisms are not variables that can be accounted and controlled for. In this way, the control of variables in multivariate successionist models does not hold explanatory power, as each regression path will require an explanation (Pawson & Tilley, 1997). Mechanisms are therefore part of the nature of social reality (i.e. exist ontologically), hold the explanations of outcomes, and are therefore important epistemologically (Williams, 2018).

Mechanisms are unobservable and work at different levels of social systems and at different timescales. Even though mechanisms exist, they might not always be activated, and their activation depends on whether the right elements are present in their environment (i.e. contexts) (Westhorp, 2018). Again using the example of Newton’s apple, though gravity exists prior to the fall of the apple, the apple’s movement towards the ground happens only in the deactivation of another mechanism: the holding power of the tree. At a particular moment, deactivating the holding power of the tree causes activation of the apple’s movement toward the earth, resulting in the outcome of this mechanism (i.e. the apple’s fall) happening only when certain conditions are met. Similarly, in humanitarian contexts, the outcome of a volunteer asking for psychological help when needed is attributable, in part, to the trust one has in the organisation. Even though the ability to ask for help (i.e. the mechanism) exists independently of the trust, using this ability requires the right environment within the organisation. Therefore, if the referral to mental health is available and trust in the organisation exists (C) a volunteer with psychological distress is more likely to make a decision and use the ability to ask for this help (M), leading to accessing psychological help (O). In sum,
mechanisms are hidden but have the potential to generate outcomes, depending on variations in contexts (Astbury & Leeuw, 2010; Pawson & Tilley, 1997).

A mechanism, in the realist explanation is therefore, a ‘weaving process’ between the resources offered to the programme’s stakeholders and their reasoning to those resources (Pawson & Tilley, 1997). These resources, however, are not always intended or known. The mechanisms are often hidden (i.e. ontological depth), operating on a different level of the system, and sensitive to the variations in contexts (Astbury & Leeuw, 2010). Mechanisms can also work in different timescales from the outcomes they generate (Westhorp, 2018). Importantly, mechanisms differ from the programme strategies or the planned activities through which resources are introduced to actors (Jagosh, 2019).

Often, researchers face difficulties in distinguishing between Ms and Cs. A useful distinction between them is offered by disaggregating the resources from the reasoning (Dalkin, Greenhalgh, Jones, Cunningham, & Lhuissier, 2015). A resource mechanism (Res.M) is the new contingent aspect that is related to the programme (e.g. information, knowledge, assets) which is offered by the programme to actors. Res.Ms can also be unwanted or unforeseen. For example, an NGO offers a programme to financially support women who survived sexual and gender-based violence (SGBV). While the obvious resources are related to providing small grants, monetary incentives, and vocational training to women, in a context of high stigma among SGBV survivors, the title of the intervention (i.e. ‘sexual and gender’) represents an unwanted resource offered to everyone who gets involved. In the context of stigma against these women, the unplanned, unwanted, unforeseen Res.M acts as a significant threat to the programme’s actors.

The other component of the mechanism is the reasoning (Rea.M). Rea.M represents the actors’ responses to the programmes. These can be cognitive, emotional or motivational, which lead to the outcomes. According to this mechanistic thinking, the programme introduces Res.M to the programme actors within their context. The interaction between C and Res.M leads to activating the Rea.M. Together, these elements

127
generate outcomes in the RE explanation (Astbury & Leeuw, 2010; Dalkin et al., 2015; Jagosh, 2019; Jagosh et al., 2015; Pawson & Tilley, 1997; Westhorp, 2018)

3.5.3 Outcomes

Outcomes can be intended or unintended, apparent or obscure. Outcomes are the generative products of the context triggering mechanisms. Programmes do not work in a single or straightforward way. Instead, they trigger different mechanisms for different actors in different contexts. This leads to a diverse pattern of outcomes. RE looks at this pattern from a theory perspective, whereby the analysis brings about the real causes of outcomes. RE, therefore, aims to discover if the conjectured Ms/Cs are responsible for the Os (Jagosh et al., 2015; Pawson & Tilley, 1997).

3.5.4 CMO Configuration

The CMO configurations are the explanatory units in RE. Therefore, CMO configurations are the realist formula through which outcomes are generated. Configurations mean that the three components are together and related to each other. For example, C1M1O1 configuration holds the process of generating the outcome O1 in the context C1 and via the mechanism M1. C2, for instance, will not trigger M1, leading to O1, and if so, it leads to O2, not to O1. In this sense, the interaction between a context and a mechanism is unique. The initial CMO is the idea through which a realist evaluation thinks about how a programme is expected to work. The refined CMO is thus the product of the evaluation, which answers how the programme actually works. Configuring of Cs, Ms and Os is not however, a simple cataloguing exercise. Instead, it should hold the explanatory relationship between specific context with its specific outcome (Pawson & Manzano-Santaella, 2012; Pawson & Tilley, 1997).

3.5.5 The role of theory in Realist Evaluation

Whilst the use of theories in social science differs according to different ontological perspectives, scientific realists use theories at multiple levels in order to dig deeper into our social reality and reveal the causal mechanisms. As manifested by Bhaskar (1979, p. 191) and cited by (Pawson, 2013), “Theory without experiment is empty.
Experiment without theory is blind”. For realists, therefore, a dynamic relationship between ‘theory’ and ‘evidence’ should be in place in order to explain the social contingencies of the real world. Methodologically, according to this position, Realist Evaluation is considered a theory-driven approach (Pawson, 2013). As human observations are always selective, theories serve as the eyes, the hands, and the minds of scientific investigations.

Different types of theories are used in RE: (i) ‘folk’ theories describe the logic of a programme as per how the designers think it works; (ii) programme evaluations therefore start with initial programme theories, which represent the way a programme is expected to work, applying the principle of generative causality; (iii) the programme evaluation then serves to derive refined programme theories, representing how a programme works given a specific set of circumstances; (iv) and these programme theories then help frame, and contribute to, a higher level of abstracted theories, namely the middle range theories, which describe similar patterns of regularity that are expected when implementing the programme in similar contexts, or when implementing different programmes with similar resources within the same context. Finally, formal theories are used in support of the Realist claim, as well as to link findings with the literature, and to explain how these are related to each other (Trish Greenhalgh et al., 2017f; Marchal, Kegels, & Van Belle, 2018; Pawson, 2013; Pawson & Tilley, 1997). The point here is that ‘Realist’ theories contain the laws and conditions through which social change occurs, whereby the match between the contexts and mechanisms leads to the outcomes. Throughout realist enquiry, theories are tested and refined to provide an explanation of the social change (Wong et al., 2017).

3.5.6 Initial Programme Theory

While a folk theory explains the idea about a programme as thought of by programme designers, the initial programme theory (IPT) is an explicit theory or theories on how and why a programme is expected to work and serves as the initial starting point for any RE. The product of the evaluation is then a refined programme theory which manifests how, why, for whom and in which contexts the programme works. IPTs should be
written in the realist way, showing the explicit pathways between context, mechanisms and outcomes (CMOs). In other words, IPTs are the realist way of expressing the assumptions through which the programme planners and other involved stakeholders anticipate a programme will reach its aims. Typically, programmes have more than one IPT, each corresponding to different components of the programme. It might not be possible however to test all IPTs within a single RE. The tendency is therefore for evaluators to focus on a set of theories as part of one evaluation (Trish Greenhalgh et al., 2017f; Marchal et al., 2018).

3.5.7 Abstraction and Middle-Range Theories

Abstraction affords the use of common language to pick similarities between different programmes and to provide a way to link their evaluations. Unlike formal and grand theories which are considered a high level of abstraction, RE utilises a middle-range abstraction to generate transferable knowledge and lessons across programmes. Therefore, instead of jumping between the specifics of programme results to the generalisability of these findings, RE instead argues for the use of middle-range abstraction, or middle-range theories (MRTs), to accumulate evidence across programmes (Pawson, 2013; Pawson & Tilley, 1997).

The concept of MRTs was proposed by Robert K. Merton (1968) as the theories that “lie between the minor but necessary working hypotheses that evolve in abundance during day-to-day research and the all-inclusive systematic efforts to develop a unified theory that will explain all the observed uniformities of social behavior, social organization, and social change” (Merton, 1968, p. 39). RE utilises this concept by acknowledging that programme ideas are repetitive and transferable across different programmes and by steering the rudder towards this form of thinking, instead of specifying interventions results (i.e. this programme works only for certain people), or generalising facts (i.e. that a programme is effective for everyone, everywhere). MRTs are not however, another type of theory. Instead, they are a higher abstracted form of CMOs which, while still connected, are not specific to a particular programme (Trish Greenhalgh et al., 2017f; Jagosh, 2019; Pawson & Tilley, 1997).
One example, as given by Astbury (2018), is related to the use of support groups. The mechanism of social comparison may lead to improving the well-being of kinship carers when attending support groups. This is the same mechanism through which different types of interventions that aim to help people who struggle with alcohol addiction, terminal cancer, gambling, etc. work. Though each support group is unique, they all share a similar type of mechanisms: social support, and social comparison. MRTs thus help to generate transferable knowledge and accumulate the evidence on how and why programmes work across different contexts. Therefore, RE applies the use of multidisciplinary theories to generate and transfer learning via a middle-range way of thinking. The following section (3.6) discusses RE in comparison with other theory-based methods.

3.6 Realist Evaluation and other Theory-Based Approaches

The above exploration of complexity serves in support of the argument that there are a number of limitations to experimental methods within the social sciences. Notably, experimental methods fall short in their explanation of how complex interventions influence outcomes, real linkages between cause and effect(s), in what contexts complex interventions work (or do not work), and under what conditions. To address these limitations, and to allow for complexities in the face of scientific rigour (Chen & Rossi, 1980, 1983; Pawson & Tilley, 1997; Weiss, 1995, 1997), social scientists have increasingly started incorporating theories into the evaluation sciences.

In 1980, (Chen & Rossi, p. 106) pointed out that “in evaluation research it appears that nothing succeeds like failure […] researchers find that the programs in place or contemplated have few or no effects of the sort intended by their designers” (Chen & Rossi, 1980, p. 106). They raised the point that the ‘failure’ in proving effectiveness might be attributed to the traditional paradigms of evaluation, whereby traditional randomisation experiments might, only under specific conditions, account for internal validity alone (Chen & Rossi, 1987). Instead, they argue for a ‘theory-driven, multi-goal’ approach to evaluation, whereby the theory provides a general framework to deal with various types of validity threats (i.e. internal, external, construct, statistical). In later work, Chen (2005)
further distinguishes between two types of theories within a programme: (i) the action model which holds the justification of the programme and describes its included activities (i.e. implementation); (ii) the change model which holds the causal explanation of the programme outcomes against its contextual factors. The result of a theory-driven evaluation, accordingly, helps to improve stakeholders’ programme theory, leading to better implementation as well as contributing to theoretical knowledge (S. B. Van Belle, Marchal, Dubourg, & Kegels, 2010). In sum, Chen and Rossi’s thesis is related to the lack of theories of experiments leading to the potential failure in tracking their outcomes or proving their effectiveness.

Another theory-based approach, the Theory of Change approach, emerged from Weiss (1995, 1997) work. According to this approach, and distinguishable from Chen and Rossi’s stance, programmes do have theories, but these theories are blurred in the context of implementation and levels of stakeholders involvement (Stame, 2004). Within the Theory of Change model, the change processes that programme produce are implicit, unclear. Therefore, the concatenation of assumptions and sub-assumptions between programme activities and programme aims is lost. As such, within a Theory of Change, “The evaluation should surface those theories and lay them out in as fine detail as possible, identifying all the assumptions” (Weiss, 1995, p. 67). Applying a Theory of Change approach therefore requires that the evaluator engage with stakeholders and collaboratively elicit the underlying programme theory. The evaluator facilitates articulating the programme theory on the bases of plausibility, doability and testability, by mapping out the programme activities and their potential contexts (Blamey & Mackenzie, 2007). The main focus is therefore to identify the implementation theories (Stame, 2004). When a programme is well-mapped, and the sequences of anticipated changes are built among stakeholders, the outcomes are considered attributable to the programme itself (Blamey & Mackenzie, 2007). Put differently, uncovering causality happens throughout identifying the small steps between the programmes short-term, intermediate and long term outcomes (Leeuw & Donaldson, 2015).
3.6.1 Comparison with Realist Evaluation

The advantages of using theory-based approaches are their applications to unpack the ‘black box’ between programme inputs and outputs and, therefore, they are more convenient than the traditional data-driven methodologies (Stame, 2004). However, these theory-based approaches hold different perspectives and applications. Rossi and Chen’s stance was initially built on the debate surrounding the internal and external validity of social interventions; their main argument being that theory will ensure the validity of interventions by identifying the programme’s action (i.e. implementation) and change (i.e. causation) models (Chen & Rossi, 1987; S. B. Van Belle et al., 2010). While this approach influenced the development of Realist Evaluation (Pawson, 2013), it is still considered as adhering to the traditions of successionist causation.

According to Stame (2004), Theory of Change approach works best with community-based programmes in which various stakeholders are involved. Clarifying programme maps and processes is helpful to rigorously monitor implementation (Stame, 2004). Alas, in terms of unpacking the causation processes, Theories of Changes are less explicit and aligned more with a successionist-like model of causality (Blamey & Mackenzie, 2007).

Despite the differences between Realist Evaluations, Theory of Change, and Chen & Rossi’s theory-driven evaluation, they are often used exchangeably in the literature (Marchal, Van Belle, Van Olmen, Hoerée, & Kegels, 2012). This reflects a lack of clarity around these concepts, likely due to their relative recency, despite their longstanding influence within the field of programme evaluation. More recently, Rolfe (2019) suggested that combining Theory of Change with Realist Evaluations could offer a way to overcome the descriptive nature of the former. Table 3.2 offers a brief summary of the differences and similarities across these different theory-based approaches.
Table 3.2: Comparison between theory-based approaches

<table>
<thead>
<tr>
<th>What kind of theory?</th>
<th>Chen and Rossi</th>
<th>Weiss</th>
<th>Pawson and Tilley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation theory AND explanation theory (action, and change models)</td>
<td>Processes of steps between programme inputs, outputs, short-term, intermediate and long term outcomes</td>
<td>Explicit configurations between contexts, mechanisms, and outcomes.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Causation theory</th>
<th>Successionist</th>
<th>Successionist</th>
<th>Generative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory-driven models increase the external validity, and by that the generalisability of results</td>
<td>Cumulative knowledge around the programme and mapping with stakeholders increase the generalisability</td>
<td>Accumulating evaluations and uncovering mechanisms, and middle-range theorising ensure transferability of programmes and results when considering contexts</td>
<td></td>
</tr>
</tbody>
</table>

| Generalisability/transferability | Can work in specific situations to increase internal validity. However, they are helpless in the matter of external validity. | The focus is on the implementation processes. Therefore, experiments are powerless in providing these details | The focus is on uncovering the underlying mechanisms which experiments are helpless to provide. A strong position against using RCTs, and against considering the generated evidence from RCTs as top of evidence hierarchies |

| Position from RCT/quasi-experiments | It is empty due to the lack of theories which should guide traditional experiments. | It is full of implicit small processes and assumptions between programmes and their outcomes. | People’s choices are responsible for the change, not the interventions themselves. Black boxes are inhabited by stakeholders. |

Position from the black box between interventions and outcomes

Source: Synthesised from: (Blamey & Mackenzie, 2007; Chen & Rossi, 1987; Pawson & Tilley, 1997; Stame, 2004; S. B. Van Belle et al., 2010).

3.7 Realist Evaluation Cycle

RE starts with a theory and ends with a theory. In this way, RE is similar to traditional research methods, in that RE starts with hypotheses that theorise how and why the programme is expected to work. In contrast to the classical research design however, these are written in the context-mechanism-outcomes configurations (CMOs) in order to articulate the underlying pathways of change, when activating the mechanisms. The realist inquiry then follows these theories, tests and refines them. These hypotheses steer the data collection design, and the analysis of the data leads to
refining these hypotheses. Again, and in contrast to traditional research designs however, results from data analysis are related to specification rather than generalisation. Specifically, and according to RE, the ‘product’ theories are transferable only to similar contexts. Further, MRTs are transferable to different programmes with similar logic. RE uses an accumulation of the evidence to produce relevant policy and practice findings, departing from the one-off approach of evaluation (Pawson & Tilley, 1997). Cumulation with different cycles and different evaluations is therefore the RE way to bridge the gap between generalisation and specification. Accordingly, one RE Cycle does not end the realist discovery but acts as the start of another discovery (Pawson & Tilley, 1997). The realist evaluation cycle is summarised in Figure 3.4 whereby it is utilised in this thesis as a reference for the different phases of the study.

Figure 3.4: The realist evaluation cycle. Adapted from Pawson and Tilley (1997) and Vareilles, Pommier, Kane, Pictet, and Marchal (2015)
3.7.1 Data in Realist Evaluation

RE is a multi-method approach, whereby all forms of data can be used to test and refine the IPTs. For instance, while quantitative data are useful in observing outcomes patterns, qualitative data are considered useful for discovering the underlying mechanisms and comparisons that explain context variations (Pawson, 2013). In this way, and as argued by Pawson and Tilley, “it is quite possible to carry out realistic evaluation using: strategies, quantitative and qualitative; timescales, contemporaneous or historical; viewpoints, cross-sectional or longitudinal; samples, large or small; goals, action-oriented or audit-centred; and so on and so forth” (Pawson & Tilley, 1997, p. 85). Choosing methods is, therefore, a matter for the theory and as far as the method helps in developing the realist theories (CMOs), testing them, and refining them.

3.7.1.1 Eliciting the Initial Programme Theories

As previously described, formulation of the IPT starts with how programme designers think the programme works. As such, IPTs should correspond to the programme architect and activities. Therefore, in order to develop IPTs, researchers typically review the programme documents, meet with the designers and stake-holders (key-informants) in order to allow the researcher to move from the folk theories to the realist IPTs. Retroduction theorising is useful here as researchers are permitted to use personal hunches, experiences, and get engaged with the literature and programme designers to articulate the IPTs in terms of CMOs (Trish Greenhalgh et al., 2017a, 2017e; Pawson & Tilley, 1997). Marchal et al. (2018) further highlight the importance of looking at formal theories to provide a wider explanatory framework for the evaluation and to act as a pillar for MRTs, as part of the methods that realist researchers should use to elicit IPTs.

In sum, IPT development is the process by which realist evaluators use programme documents, programme designers, brainstorm and employ hunches, and search the literature in order to articulate realist hypotheses on how and why and in what context a programme is expected to achieve its outcomes. The process of developing IPTs for the purpose of this thesis’ inquiry are detailed further in the early sections of Chapters 4 and
5, reflecting the realist understanding and the utilisation of a multi-method approach to inform theory development.

3.7.1.2 Realist Evaluation interviewing technique

Interviews are the most widely used data collection tools within REs (Manzano, 2016). In terms of interviewing techniques, however, RE departs from the traditional structured/unstructured approaches common within qualitative interviewing. The difference in the RE tactic reflects the epistemological and methodological position of Scientific Realism, compared to positivism and relativism (Pawson & Tilley, 1997). Within positivism, the structured interviews aim to collect neutral responses on ‘true values’ from interviewees and compare these responses across them. The researcher’s position (i.e. concepts, structure, questions) determines the flow of information entirely. Conversely, the unstructured interviews aim to motivate interviewees to talk about their subjective ideas (i.e. interpretivism position) and to collect these diverse understandings of a phenomenon across interviewees. Interviewees determine the flow of information, not the researcher. In the theory-driven approach, both these positions are combined together. Such a combination, however, does not mean compromising both approaches in a simple data collection matter. Instead, the theory is the matter of the interview and what determines the flow of the information exchange between the researcher and interviewees are the theories, not the interviewer nor the interviewee (Pawson, 1996).
In REs, interviews are therefore a tool to confirm, refine, refute or inspire the development of programme theories. To accomplish this, the researcher and the interviewee engage in cycles of exchanges using a teacher-learner approach. In this approach, theories and theoretical thinking are introduced to the interviewee. This is then followed by a conceptual refinement function through which interviewees feedback their thoughts and refine the researcher’s hypothesis (Pawson & Tilley, 1997). Figure 3.5, offers a simplified version of this interview process. Here, the role of the teacher and learner are not constant but alternate during the thinking process to help understanding the complexities of the programme. Evaluators are expected to ‘teach’ interviewees about their theories and then be ‘be taught’ back by the interviewees own theories. The conceptual refinement process therefore happens in between (Manzano, 2016).

![Figure 3.5: The realist interview, the structure of the teacher-learner and the conceptual refinement cycles. Adapted from Pawson and Tilley (1997)](image)

To ‘teach’ the interviewee about the programme theories under investigation, investigators should have pre-articulated theories and an understanding of the natural setting of the programme. In addition, the interviews are recommended to start with
general questions about the interviewees’ role and work. This is then followed by questions targeting their stories and experiences with the programme in order to test part, or the whole, of programme theory. A threat of allegation may exist when using such technique, and should be addressed by testing multiple contradictory assumptions about the same aspect of the programme (Trish Greenhalgh et al., 2017d).

Finally, the decision of whom to interview and how many interviews to conduct in RE should also be done in a theory-driven matter. Purposive sampling is therefore preferred to test the context variations with respect to programme theories (Manzano, 2016). Furthermore, the fact that different actors differ with respect to how they can contribute to the process of theory refinement should be considered. For instance, programme designers are an essential asset for programme theory (IPT), whereas programme recipients are a rich resource to understand mechanisms (Ms), given that they are the ones who experience the programme and its effects. Likewise, programme practitioners or managers are the ones who know more about the outcomes (Os) and experiences of the success and failure of the programme in different contexts (Cs). In RE, therefore, interviews serve as a dynamic tool to test/refine the IPTs (Pawson & Tilley, 1997).

3.8 Applications of Realist Evaluation

RE is relatively a new methodology. However, recent years have seen REs gain increasing popularity for the study of complex social interventions (Wong et al., 2016). Given the complexities of social programmes and the challenge in unpacking these complexities, RE is seen as providing a trustworthy foundation for recommendations around policy and practice (Pawson, 2018). Accordingly, over the last 20 years, RE approaches have been used to better understand health systems (e.g. Marchal et al., 2012), education (e.g. Deschesnes, Drouin, Tessier, & Couturier, 2014), organisational studies (Biron, Gatrell, & Cooper, 2010; Pedersen, Nielsen, & Kines, 2012) as well as volunteering (e.g. Vareilles, Marchal, et al., 2015). In conjunction with the Realist Syntheses (Pawson, 2006), the Scientific Realist equivalent of traditional systematic reviews, RE generates results that inform policy-makers and practitioners not in terms
of the programme’s universal success, but on the specific circumstances that carry success or failure. As such, REs are useful in generating knowledge and transferring results to different settings and can help in our understanding of the pathways that lead to the success or the failure of programmes (Trish Greenhalgh et al., 2017c).

There exists however a number of challenges with RE. For example, RE as a methodology is challenging in terms of the lack of technical guidance (Marchal et al., 2012), the difficulties in differentiating between Cs and Ms (Pedersen et al., 2012), and the lack of reference to the Realist philosophical underpinnings (T. Greenhalgh et al., 2009). These challenges are ultimately what led the United Kingdom’s National Institute of Health Research’s Health Services and Delivery Research Programme to fund a project called RAMESES (Realist And Meta-narrative Evidence Syntheses: Evolving Standards). RAMESES is charged with developing the quality and reporting standards (Wong et al., 2017) as well as training materials (www.ramesesproject.org) to support researchers and realist evaluators. RAMESES further operates a mailing list for questions and information sharing, which proved a critical support in conducting this research.

3.9 Justifying using Realist Evaluation in this study

RE is a useful methodology in tackling the complex nature of implementing social programmes, of which studying the organisational factors that impact on the mental health of volunteers within humanitarian contexts is one. Furthermore, within organisational psychology, there is a current trend towards more theory-driven, explanatory methods, instead of the traditional RCT-like methods, in order to understand the impact of health and well-being interventions (Nielsen & Miraglia, 2017). Similarly, within the humanitarian work literature, and as detailed in Chapter 2.1.5, many psychological and organisational studies stress the importance of organisational support, team support, supervision, management, as important determinants of volunteer mental health (detailed in Table 2.2). These factors however are near impossible to control for, resulting in sometimes contradictory results, and limited explanations of the relationship between these ‘variables’. Using a theory-driven instead of data-driven approach therefore represents a way to overcome these limitations in our
current knowledge of how organisational factors impact on the mental health of volunteers in humanitarian contexts.

RE has been applied to the study of volunteer motivation and performance within a capacity building programme of community health volunteers in the Ugandan Red Cross (Vareilles, Marchal, et al., 2015). Specifically, and according to the study’s refined programme theory, good management practices, including skills building and supportive supervision, were related to internalised motivations leading to better performance (SDT: Deci & Ryan, 2000). Even though this research was not carried out in an emergency context, it demonstrates the benefits of exploring volunteering phenomena using RE.

Finally, the RE promise of providing both policy and theory relevant findings is of great advantage. Especially for the volunteers within humanitarian contexts, where research is not always a priority. Here, RE findings can be applied to fit the humanitarian organisations’ needs by feeding back on how and why volunteer management impacts on the mental health of volunteers and by helping organisations to overcome difficulties and to develop more relevant systems and interventions.

3.10 Chapter Conclusions

This chapter started by introducing the philosophical foundations of Realism, situating it between the ontological positions of positivism and relativism. The principles of the Scientific Realist paradigm were also explored in-depth and Realist Evaluation methodology, as the application of Scientific Realism, was described. A comparison between RE with other theory-based approaches was also offered, and RE methodology was distinguished from other traditional approaches. The process of conducting a RE, including the RE description of the RE Cycle as the underlying procedure followed throughout the study, and the teacher-learner interviewing technique, were also explained. Finally, a justification for the use of RE in the current thesis is provided. Together, this chapter serves as a foundation for the methodological decisions taken as part of this study, as detailed in the upcoming chapters.
Chapter 4: The Study Setting and Procedures

4.1 Chapter overview

This chapter starts by describing the process of coordinating the research activities, leading to the selection of the Sudanese Red Crescent Society (SRCS) as the case under investigation (4.2), followed by a description of the humanitarian context of Sudan as well as a description of the SRCS (4.3). Section 4.4 then goes on to describe the general design of the study, as per the RE Cycle (Figure 3.4), describing each of the different research phases. This chapter then discusses the ethical considerations of the study (4.5). The chapter ends by exploring both my position as a researcher (4.6), and the risk assessment in the data collection activities (4.7). Details on the research methods and tools specific to each phase are then discussed prior to the presentation of each research phase, in Chapters 5 and 6.

4.2 Research coordination

Site selection was based on a number of key steps, facilitated by the Psychosocial Reference Centre of the International Federation of the Red Cross and Red Crescent Societies (IFRC PS Centre), hosted by the Danish Red Cross (DRC), where I was seconded for the majority of my time on the CONTEXT programme (detailed in Chapter 1.5). The following inclusion criteria were applied in the selection of the national society (NS), as the case under investigation: (i) the NS had to be operating in emergency settings (e.g. conflicts or post-conflicts), (ii) an ongoing volunteer management or care programme had to be in place to investigate, and (iii) the NS had to be English or Arabic speaking, in order to facilitate the desk review and to interview volunteers in their mother tongue.

The IFRC PS Centre initially proposed the Sudanese Red Crescent Society (SRCS) as it met the above criteria, in addition to being technically supported by the IFRC PS Centre in terms of their volunteer care system (further explained in upcoming Chapter, 5.2.1.3). The SRCS was thus formally invited to host the research activities. After a positive response to the invitation for collaboration, a series of corresponding and Skype
meetings with SRCS focal persons were conducted. These meetings served as an essential step to ascertain the SRCS’ interest in partnering for the study and to assess the feasibility of conducting the research within their NS, including the access, their capacity, and any potential barriers. The research was further clarified and SRCS focal persons were made aware of the aim and procedures of the study, in addition to exploring the volunteering activities and practices within the SRCS. Correspondence also benefited from continuous support from the IFRC PS Centre and the DRC delegation in Sudan. The DRC offered to support the mission logistically, especially with regards to organising the field trips and overseeing security. This process culminated into a detailed terms-of-reference (ToR) for the research activities. A detailed timeline of the data collection process is presented in Figure 4.1 below.

<table>
<thead>
<tr>
<th>Research coordination and data collection chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacting NSs, seeking a partnership in the research.</td>
</tr>
</tbody>
</table>

**Figure 4.1: Timeline of research coordination and data collection process**

### 4.3 Context of Sudan & Sudanese Red Crescent Society

#### 4.3.1 The humanitarian situation in Sudan

Sudan is a lower-middle-income country in Africa, with an estimated population of 42 million people (World Bank, 2019). Sudan has faced numerous years of unstable economic and political status, including a protracted civil war lasting from 1983-2005, which eventually led to the secession of South Sudan in 2011, and the conflict in Darfur (Ryle, 2011). Since 2013, the ongoing civil war in South Sudan has led to large numbers of South Sudanese seeking refuge in Sudan. Seasonal floods and epidemics also regularly affect Sudan. In late 2018, the economic hardship and rising inflation sparked a series of protests, and the eventual end to President Omar al-Bashir’s 30-year rule. Marred by violent clashes in April 2019, Sudan is currently under a three-year power-
sharing agreement between the military, civilian representation, and protesters (BBC, 2019).

At the time of writing, three significant overlapping humanitarian conditions affected the Sudanese population. These were related to (i) the conflict in Darfur driving the displacement of large Sudanese populations internally, (ii) climate-change related environmental conditions which produced crisis levels of food insecurity and malnutrition, as well as natural disasters (i.e. seasonal floods), in addition to (iii) a high rate of refugees entering Sudan from South Sudan, particularly in White Nile State (UNOCHA, 2019, Figure 4.2). In 2018, one in 10 Sudanese were estimated to be experiencing food insecurity. In 2019, a total of 5.7 million were considered in need of humanitarian assistance, including about 2 million refugees and 1.6 million internally displaced persons (IDPs) living in camps (UNOCHA, 2018). The most urgent needs are related to severe food insecurity and the lack of livelihoods present among 5.7 million Sudanese. Other humanitarian needs are related to health (3.7 million), water and sanitation (2.9 million), nutrition (2.9 million children under the age of 5). Shelter-related, protection, education, and recovery assistance are also highlighted as prevalent services needed in Sudan (UNOCHA, 2018, 2019).

Figure 4.2: The Sudan Map
There exists a severe shortage of human resources for mental health in Sudan. According to the latest estimates by WHO (2015), there is less than one psychiatrist per million population, and less than one mental health social worker per 100,000 persons (WHO, 2019b). In 2007, when South Sudan was still part of Sudan, these figures stood at only two psychiatric nurses and two psychologists per million people, with limited mental health inpatient facilities (2 beds per 100,100 persons) (Okasha, Karam, & Okasha, 2012). In addition to a shortage of qualified mental health professionals, several barriers to accessing mental health services are present in Sudan. These include negative stigma around mental health, traditional beliefs around mental health disorders, the preferred practice of seeking traditional healers instead of mental health professionals, access to services limited to the capital and larger urban areas, the cost of medication, the lack of human resources, and insufficient government expenditure as a proportion of health spending (Ali & Agyapong, 2015).

4.3.2 The Sudanese Red Crescent Society: Organisational Structure

SRCS succeeded the Sudanese branch of the British Red Cross, present in the region during the colonial period (Elizabeth, 1988, p. 39). SRCS was formally admitted to the IFRC in 1957, following Sudanese independence. The SRCS engages approximately 80,000 volunteers, of which 60% are female, providing humanitarian aid in disaster-response and development. In 2017, SRCS volunteers directly and indirectly reached 8.5 million persons through their disaster response and early recovery programmes and 5.3 million persons through their long-term development programmes, across all of Sudan’s 18 states (IFRC, 2019c). Examples of the services offered by volunteers include (i) health activities, such as providing primary health care, vaccinations, community-based health and first aid (CBHFA), nutrition, and water and sanitation; (ii) emergency response and preparedness activities, including food and non-food aid distribution and restoring family links (RFL) programmes; and (iii) care and community development, including vocational training, livelihoods and women empowerment activities (SRCS, 2017b).
SRCS is a volunteer-based organisation, whereby volunteers are recruited on local levels to serve their communities. As part of its organisational structure, the SRCS has a branch located within each of Sudan’s 18 states and a headquarters (HQ) in the capital, Khartoum. At the centralised level, the SRCS has three layers of governance, depicted in Figure 4.3.

![Figure 4.3: SRCS governance bodies. Based on: SRCS (2019)](image)

These bodies steer and observe the work of the executive management, which consists of a Secretary-General, Programme Managers, and a volunteer development coordinator. SRCS collaborates with a number of funders, UN agencies, and partners RCRC NSs (PNSs) in order to fund projects and implement activities. PNSs also have delegates - largely expatriate workers - who are based in Sudan to strengthen the partnership and to provide technical support to SRCS’ taskforce. A similar governing structure exists at the branch level, with each branch representing one Sudanese State. The branch governing body, in turn, consists of smaller structures, namely the supervision offices. Supervision offices represent and lead SRCS activities at the localities level. Finally, the smallest structure is the unit. Each unit represents a number of volunteers (at least 50) in a certain district. The unit board is elected from among the volunteers to lead the unit (SRCS, 2014). A summary of the volunteer organisational structure within the SRCR is represented in Figure 4.4, below.
4.4 The general design of the study

Identifying the specific study site, at the level of the branches, was based on the following factors: (i) the branches’ willingness to host the research, (ii) the security status in the field, and (iii) accessibility of the branch, (iv) having active volunteers and (v) being affected by one of the aforementioned humanitarian conditions. Liaising with SRCS HQ, White Nile State was ultimately decided as the location of the research case study. The humanitarian conditions of this branch are detailed further in Chapter 6.

Following the establishment of the partnership with the SRCS, several phases were followed to answer each of the research questions, aligned with RE. Consistent with the RE Cycle (Chapter 3.7), phase 1 of this study aimed to explore the volunteering programme and managerial practices within SRCS to inform the development of the Initial Programme Theories (IPTs), which was carried out in Phase 2. Phase 3 involved the testing and refinement of the IPTs through the field case study conducted within the SRCS’ White Nile branch. The refined theories from Phase 3 are then synthesised in Phase 4 to develop middle-range theory (MRT), at a higher level of abstraction, theorising how, why, and for whom managerial practices influence the well-being of
humanitarian volunteers. Table 4.1 summarises the aim of each phase, each phase’s output or results, and the corresponding chapter for each.

Table 4.1: The study phases with their aims

<table>
<thead>
<tr>
<th>Phase</th>
<th>Aim</th>
<th>Results</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Exploring the ‘programme’ in Sudan</td>
<td>To understand volunteering, volunteer management practices, and come up with ideas for initial programme theories (IPTs)</td>
<td>Rough IPTs themes</td>
<td>Chapter 5</td>
</tr>
<tr>
<td>(2) Initial programme theories development</td>
<td>To develop initial programme theories explaining how managerial practices impact on humanitarian volunteers in Sudan (including answering Research Question 1)</td>
<td>Initial programme theories, written in the CMOs formula</td>
<td>Chapter 5</td>
</tr>
<tr>
<td>(3) Field case study</td>
<td>To test and refine the IPTs resulting from Phase 2. (including answering Research Question 2)</td>
<td>Refined Theories</td>
<td>Chapter 6</td>
</tr>
<tr>
<td>(4) Synthesis</td>
<td>To build a middle range theory (MRT) on how managerial practices influence humanitarian volunteers’ mental health. (continuing answering Research Question 2 at a higher level of abstraction)</td>
<td>Middle Range Theory</td>
<td>Chapter 7</td>
</tr>
</tbody>
</table>

As explained in Chapter 3.7.1, RE is a multi-method approach. Therefore, different methods were employed to elicit the IPTs, including a desk review of SRCS documents, informal meetings and observations, a quantitative survey, key informant interviews, as well as personal hunches. IPTs were then refined in Phase 3 through key informant interviews and Focus Group Discussion (FGDs) methods. Figure 4.5 depicts how each method was used across the different phases of the study. The literature review (Chapter 2) and retroductive reasoning (Chapter 3.4.3) were used alongside each phase to articulate the theories and to demonstrate the explanatory power of RE.
Phase 1 Results: Rough IPTs themes

Phase 2 Results: Initial Programme Theories

Phase 3 Results: Refined Theories

Phase 4 Results: Middle Range Theory

Figure 4.5: Chart of methods used in the different study phases
4.5 Ethical considerations

According to Diener and Crandall (1978), the principal four domains of ethical considerations in research are related to not doing harm to participants, a sufficient level of informed consent, ensuring to not invade the privacy of participants, and the absence of deception. There are also additional considerations specific to conducting research with people in emergencies, including extra measures to ensure no harm to participants; and related to conducting RE, including the researcher’s position to the research organisation, which have also been taken into considerations in this research. Two ethical approvals were obtained. The first was obtained from the Health Policy & Management/ Centre for Global Health Research Ethics Committee, Trinity College Dublin, Ireland (date: 23rd of February 2018; Appendix 1). The second was an in-country ethical approval obtained from the Research Directorate within the Federal Ministry of Health, Sudan (date: 14th of April 2018; Appendix 2). It should be noted that the ethics committee in Sudan require that approval be granted to a Sudanese partner. In this case, the ethical application was submitted in collaboration with the Sudan Medical Specialization Board, with whom the Trinity Centre for Global Health has a long-standing partnership. This second ethical approval further ensured that study procedures were aligned to local ethics and legislation, as part of standard practice in conducting research abroad.

4.5.1 Information and voluntary participation

Participants in all research phases received detailed information about the study and were given at least one week of time to consider their participation. Information leaflets (available in Appendices 3 and 4 in English and Arabic, respectively) included information about the overall aim of the study, the research procedures, what would be required from participants, their right to refuse or to withdraw from the research without providing reason, data privacy and confidentiality, and, crucially, that their decision to participate would in no way impact on their relationship with the SRCS. Additionally, my contact details were provided, and potential participants were encouraged to reach out should they have any questions pertaining to the study. All
information was provided in simple Arabic language. Many volunteers contacted me to ask questions about the aim of the research and what is expected from them to prepare in order to participate, and all their inquiries were answered. Furthermore, considering that some participants, for literacy reasons, may not have had a full understanding of the leaflets, I spent the first part of the interview explaining the study procedures, the potential harms and benefits, their right to confidentiality, and their right to discontinue, prior to obtaining written consent.

4.5.2 Data protection

All data collected for this research, including the recording files and transcripts, were stored securely on password-protected files, on a password-protected computer. Consents forms, the only hardcopy documents, were stored in a locked cabinet with access limited to myself only. All data was then handed over to Trinity College Dublin for storage and eventual destruction in line with the European General Data Protection Regulations (GDPR).

4.5.3 Confidentiality and anonymity

The online survey conducted as part of Phase 2 was entirely anonymous, with no identifying data (i.e. names, phone numbers) collected. Interview and FGD participants were anonymised, and codes were assigned to the participants within the transcription files. The identities of the participants and their corresponding participant identification number were stored in a different electronic, password-protected, document. All files were encrypted and password protected, with access to the data restricted only to myself. All quotes are presented with the removal of any relevant identifiable components (i.e. job descriptions, locations, names). During FGDs, participants committed to respecting the session’s confidentiality, ensuring non-disclosure of information across participants. Data collection activities took place privately whereby no one, apart from participants, was allowed to access the room where the discussions were taking place. For this specific reason, it was impossible to conduct the FGDs and interviews in the camps, where the authorities forbid anyone from to carrying out activities without the presence of a government representative.
Data collection therefore took place within SRCS branch, and all participants were reassured that the branch had no access to their responses.

4.5.4 Informed consent

With respect to giving potential participants sufficient time to consider whether they wished to participate in the research, research information leaflets and invitation letters were made available in advance (at least one week before the potential participation date). All participants signed a written consent form confirming their willingness to participate in the research (available in Appendices 5 and 6, in English and Arabic, respectively). A copy of the signed consent form was also given to the participants, including my contact details. Consent was explained to all participants in lay language, and this was considered particularly important for those with limited educational backgrounds.

4.5.5 Do no harm

The risk that interviews or FGDs might trigger some undesired feelings among participants was considered. It was made clear to potential participants that they could refuse to answer any question that they did not want to answer. Participants were also encouraged to share any negative feelings with me as I was prepared in the event where a participant experienced psychological distress. A referral system for mental health services was ensured via coordination with the International Committee of the Red Cross (ICRC). As for the online survey, my contact details were provided to participants with the instruction that they could contact me in the event that they became distressed. A specific item asking about suicidality was removed from one of the scales on the basis of the anonymity of the survey, which would have made it impossible to track a person who endorsed this item.

At the time of data collection, Sudan was facing a severe fuel crisis as well as very limited transportation opportunities. Participants were therefore reimbursed for their transportation fees incurred as a result of attending the interview or FGD. Their right to withdraw from the study at any time without penalty was reiterated to them after being reimbursed for transportation. In the last week of data collection, demonstrations, strikes
and violent actions occurred across Sudan (December 2018). Therefore, and aligned with the aforementioned extra measures necessary when conducting research within humanitarian settings, we also put in place measures to cancel or ensure additional security for participants, should the situation escalate during the interview process.

4.5.6 Benefits

In addition to the risks, potential participants were also informed of the potential benefits of participating in this study. While there were no direct benefits, it was explained that research findings would be fed back to the RCRC volunteer development and care systems departments in aggregated form. Therefore, any benefits were likely to be indirectly beneficial. However, many of the volunteers who participated in the research considered their participation in the FGDs as a benefit. Especially the new volunteers who expressed that it was their first time in the branch and their first experience attending such a session.

4.5.7 Power-imbalance

Power-imbalance between the researcher and participants were addressed as much as possible in advance. As a researcher coming from Europe to the countryside of Sudan to conduct research on volunteers, I was aware that my presence could act as a coercive force for volunteers in terms of their decision to participate, in terms of their responses, and for the risk of acquiescence. I tried to mitigate this by not only speaking the same language as the volunteers, including all of lay Arabic and the RCRC terminologies, but also by following the same traditions (i.e. reflecting their way of greeting, their way of starting the conversation), showing my background as a previous volunteer and RCRC employee (see Chapter 4.6) and participating in their activities outside of the research setting. The sessions were centred around the volunteers themselves ensuring, especially when practising teacher-learner loops, to communicate to them that their ideas were important and relevant, and that I was learning from them.

The other, significant, foreseen power-related issue was related to recruitment through the branch. In order to overcome any latent unwillingness to participate and the role of organisational power imbalances, it was clearly explained and reiterated to the
participants that the branch had no way of knowing who ultimately chose to take part in the research.

4.5.8 The Realist Evaluator case

The unique position of Realist Evaluators as not being completely external to the evaluation setting (because they introduce their theories into that context), nor being completely internal to the setting (because they are not part of the implementation) considers how organisations perceive the evaluators (Trish Greenhalgh et al., 2017b). In my case, I was new to the SRCS context, but delegated by a SRCS partner (PS Centre). I was therefore clear with everyone I met at all levels that I have no power over funding, partnerships, programmes or training opportunities. Instead, my role was limited to learning more about the experiences of their volunteers and to generating transferable knowledge, while maintaining trust and transparency with the researched organisation (SRCS). The same message was made clear to the study participants that I am an independent researcher conducting a study, not obliged to report to or recruited by the IFRC PS Centre or SRCS.

4.6 Researcher experience and position

I am a licensed psychiatrist with extensive experience as a volunteer. Prior to joining the PhD programme, I was working as the Psychosocial Support Coordinator for the Syrian Arab Red Crescent, where I worked to develop volunteer care and support systems in the midst of the Syrian conflict. I also have a decade of experience training non-specialists in the field of mental health and facilitating group discussions. Therefore, my ‘hunches’ as a Realist researcher, are likely influenced by my experience. Furthermore, my way of interviewing and managing focus groups, including using interactive methods (i.e. vignettes, explained in Chapter 6.3.3) is influenced by my training and clinical background. These are contextual factors that may have influenced the research outcomes. As a realist researcher, I am acknowledging that these potential factors might interfere with the ‘generalisability’ of my research for different research settings.
4.7 Risk assessment

Researching in an emergency setting has its risks. Even though the coordination of this study was planned to be in a relatively stable, post-conflict setting (i.e. White Nile), progressive economic hardship in Sudan happened while I was conducting the research activities (between May and October 2018). Given that visiting the data collection sites requires advance approvals and coordination, as a non-Sudanese researcher, a risk assessment was held in order to prioritise the research activities. Massive currency inflation and lack of basic needs, especially bread and fuel, was considered a reliable indicator for upcoming demonstrations. When this happens, security is an increasing concern and access to research sites is restricted. Therefore, the decision was made to prioritise the collection of data pre-maturely (i.e. prior to having completed the analysis of prior interviews) over the possible risk of not being able to collect the data at all.

I travelled to Sudan in the middle of November 2018 and collected data until the 25th of December 2018. During the last two weeks of my trip, the demonstrations started to get violent and I was placed under the DRC’s security coverage for my trip. While I was conducting the last FGDs, an emergency evacuation was mooted. Thankfully, I managed to complete the data collection and go back to the capital, Khartoum, crossing 75 armoured-cars along the way. With a little negotiation and support from my SRCS driver, I managed to arrive safely to Khartoum and fly back to Denmark. After this, nobody within the IFRC was able to obtain security clearance to visit Sudan until October 2019. I was fortunate to have regular access to regular risk assessment results, and as a result, was able to complete my data collection.

4.8 Chapter conclusions

This chapter explored the process of coordinating the study activities, including identifying the research country, branch location, and detailing the data collection process. A description of the humanitarian situation in Sudan, as well as the organisational context of the SRCS, were explored to give an overall understanding of
the research context. The research phases, aligned to RE methodology, and their respective aims and methods were also detailed, as well as how these phases cumulatively contributed to answering this study’s research questions. Finally, the ethical considerations, with consideration for additional considerations required for conducting research in humanitarian contexts, and how those were followed are described. This chapter ends with acknowledging and reflecting on how my experiences as a physician and researcher might have influenced the design and outcome of the research. This chapter, therefore, serves to link the methodology described in Chapter 3, the procedures and context outlined in this chapter, and the methods and tools specific to each phase presented in Chapters 5 and 6.
Chapter 5: Development of Initial Programme Theories:

Methods and results of Phases 1 and 2

5.1 Chapter overview

As outlined in Chapter 4.4, this chapter presents the methods and results of Phases 1 and 2 of the research, and serves as the first empirical chapter of the thesis. In Phase 1, a desk review of existing documents, guidelines and reports was conducted within the SRCS. Results of this desk review were complemented by a series of informal interviews, site visits and observations, resulting in the identification of rough themes for further IPT development. Phase 2 then uses the results of Phase 1, together with the literature review presented in Chapter 2, to inform the development of a quantitative survey as well as the key informant interview guides. Results from the quantitative survey completed by 409 SRCS volunteers and five key informant interviews are then used to formulate the IPTs, which are subsequently taken forward for testing in the field case study of SRCS’ White Nile branch, the methods and results of which are presented in Chapter 6.

5.2 Phase 1: Methods used to explore the programme in Sudan

This first phase aims to understand volunteering and volunteer management practices within the context of the SRCS and to glean the standard programmes and practices in the SRCS that are expected to influence the mental health of the volunteers. To achieve this, knowledge available from within the SRCS was used, starting from the Skype meetings held with SRCS focal persons in the research coordination process (explained in 4.2), by conducting a desk review of relevant SRCS volunteering documents, and ending with informal meetings, interviews, and observation with SRCS staff and volunteers over the course of a site visit to Sudan. In addition to these methods, my personal hunches were also used to combine my knowledge about the SRCS with the literature, using the retroductive approaches detailed in Chapter 3.4.3
5.2.1 Desk review: Managing volunteers within SRCS

Information on SRCS volunteering was acquired by accessing all relevant documents available through the IFRC and the SRCS that made reference volunteer management and care. In order to identify those documents, I contacted all the counterparts in SRCS volunteering including SRCS volunteer coordinator, CBHFA coordinator, SRCS’s head of programmes, Swedish Red Cross (SRC) country representative in Sudan, and IFRC PS Centre advisors who were in charge of supporting SRCS, calling for the sharing of any relevant documents on SRCS volunteering that might help me to understand their situation and their volunteer management approaches. There were no exclusion criteria for these documents. The accessed documents were checked for their content in terms of how SRCS manages the volunteers. The documents that were checked, accordingly, included (i) the SRCS’ volunteer management manual (SRCS, 2014), made available through the SRCS’ Volunteer Development Department (ii) the Caring for Volunteers (SOP) (SRCS & IFRC, 2017), (iii), the latest version of the SRCS’ Volunteer Management Cycle (VMC), (iv) volunteer management training materials, (v) volunteer management tools, and (vi) the report resulting from the SRCS’ volunteering survey (2016). SRCS made these documents available to me exclusively for the purpose of this research, and all documents were read either in Arabic or in English. The following sections describe volunteer management in SRCS, as per the results of this desk review.

5.2.1.1 SRCS’ Volunteer Development Department

Support, including funding for organisational development within the SRCS occurs through partnerships with other PNSs. In 2016, the Swedish Red Cross (SRC) offered to technically support the development of the SRCS’ Volunteer Management Manual, which ultimately led to the establishment of a Volunteer Development Department within the SRCS. As a member of the IFRC, this support helped the SRCS to align themselves with the IFRC 2020 strategy, whereby:

National societies are committed to improve quality standards, capacities and volunteer retention by creating a welcoming and socially inclusive
environment. This environment means providing volunteers with training, supervision, regular evaluation and recognition, development opportunities that include designing and improving the work in which they are involved, insurance protection, equipment, psychosocial support, and a supporting local structure relevant to the tasks that they carry out. (IFRC, 2010, p. 24).

The Volunteer Development Department is responsible for the development of comprehensive tools to implement the Volunteer Management Manual (e.g. volunteers records, supervisory meeting forms, activity evaluation forms). Volunteer leaders at branch level were recruited and trained on the manual such that they were aware of how to implement the Volunteer Management Manual’s policy, structure, and procedures.

5.2.1.2 Volunteer Management Manual

The SRCS’ Volunteer Management Manual (SRCS, 2014) consists of (i) a SRCS volunteering policy, (ii) the volunteering structure, (iii) the standard procedures, and (iv) regulations to organise volunteering in the national society. The SRCS’ volunteering policy was built to achieve three objectives related to the recruitment and retention of volunteers, structuring volunteering, and better mobilising of the volunteers’ capacities for SRCS activities (SRCS, 2014, p. 5). The policy includes the duties of SRCS towards their volunteers. These include the obligation to recruit volunteers without regard for their race, ethnicity, religion, age or disability, but rather based on their motivation and beliefs in the RCRC movement, while also ensuring gender-inclusive participation in volunteering activities. In addition, the duties of the SRCS towards volunteers includes the obligation of the SRCS to train volunteers in advance for the activities asked of them; to prepare them to respond to emergencies; to provide requisite equipment for them to carry out their work; to provide protection for the volunteer and insurance against work-related hazards; to involve volunteers in all phases of programming of the activities; and to collaborate with all stakeholders in order to support volunteering. Further, the policy includes the duties of volunteers toward the SRCS manifested in the following RCRC principles: respecting the legal use of RCRC emblems; signing and being committed to the Code of Conduct of the RCRC Movement; working in disasters according to the
assigned tasks; and responding to the needs of vulnerable population and empower them to overcome these needs (SRCS, 2014, pp. 8-9).

In addition to the policy aspect, the volunteer management manual further outlines the volunteer structure, as explained in the previous chapter (section 4.3.2). At each level of SRCS structure, there is a volunteering focal point who reports to the volunteer coordinator at the next level. Ultimately, the volunteer coordinators at the branch level report to the volunteer development coordinator at the HQ. The volunteer development coordinator, based at the HQ, together with the SRC technical advisor are responsible for adapting the IFRC volunteer management cycle (VMC) (Chapter 2, Figure 2.5) for the SRCS context, as a tool to implement the SRCS’ volunteer policy.

The procedures section of the manual includes a brief explanation on how to best recruit and retain volunteers, including encouraging volunteers to organise social activities, respecting the communities traditions and participation in the community activities, executing regular field and family visits, and supporting the volunteers morally and materially in their social occasions. The next part of the procedures section includes how to conduct a number of logistical procedures (e.g. writing meeting reports, issuing a volunteer ID). According to the volunteer management manual, all volunteer leaders should be trained and committed to using these procedures. Lastly, the regulations part includes a list of standardised definitions and general provisions.
As per the VMC training guide, the purpose of the VMC is to detail the “important steps to be taken in the relationship between volunteer leaders and volunteers to care for volunteer well-being and build a strong volunteer network contributing to attracting and retaining volunteers and thereby strengthening service delivery” (SRCS, 2017a, p. 10). The SRCS VMC, depicted in Figure 5.1, consists of six phases of volunteer management across different volunteering settings: emergencies (i.e. disasters and conflicts) and non-emergency (i.e. normal) settings. The steps outlined in the VMC are expected to happen faster in emergencies. Another component integrated within the VMC is the Caring for Volunteers Standard Operating Procedures (SOP).

5.2.1.3 Integrating Caring for Volunteers into the SRCS’ VMC

In 2017, the IFRC PS Centre supported the development of Caring for Volunteers Standard Operating Procedures (SOP) concerning the volunteers’ well-being. The IFRC PS Centre also trained volunteer leaders in the Caring for Volunteers toolkit as well as in advanced supervision skills for volunteer leaders (see Chapter 2.1.6.4; IFRC PS Centre, 2012). Since 2016, a technical advisor from the IFRC PS Centre has been engaged in a process with SRCS management to identify the stressors specifically affecting their
volunteers. The stressors identified were related to *personal* (e.g. health risks in working, being affected as communities); *interpersonal* (e.g. team conflicts, competitive environment among volunteers); *work conditions* (e.g. logistics, limited time to be mobilised during emergencies); and *organisational* (e.g. lack of clear roles, insurance and information sharing) factors. A list of activities to address these stressors were also proposed, aligned with the SRCS’ programmes, and with regards to recruitment, training, and orientation, ongoing support, and support during crisis events. The recommendations emerging from this process highlighted the importance of budgeting for volunteer care activities across different programming activities (SRCS & IFRC, 2017). The SRC, IFRC PS Centre, and SRCS volunteer development department have since worked closely together to integrate the *Caring for Volunteers* SOP into the SCRC’s VMC. A joint training for SRCS volunteer leaders was conducted in April 2018. Table 5.1 presents some of the practices outlined in the most recently updated VMC, translated from the Arabic, and used in the training materials.

**Table 5.1: Volunteer Management Cycle practices in the Sudanese Red Crescent Society**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Key procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Planning</td>
<td>- Assessing the needs and designing clear tasks</td>
</tr>
<tr>
<td></td>
<td>- Designing recruitment criteria and volunteer profiles</td>
</tr>
<tr>
<td></td>
<td>- and the need to consider diversity among volunteers.</td>
</tr>
<tr>
<td></td>
<td>- Activating a volunteering structure</td>
</tr>
<tr>
<td></td>
<td>- Establishing a complaint system</td>
</tr>
<tr>
<td></td>
<td>- Establishing a referral pathway, psychological support, if needed</td>
</tr>
<tr>
<td>2.Recruitment</td>
<td>- Advertising within communities and making the right connections through community activities</td>
</tr>
<tr>
<td></td>
<td>- Impartial recruitment</td>
</tr>
<tr>
<td></td>
<td>- Considerations for gender and diversity</td>
</tr>
<tr>
<td></td>
<td>- Using application forms and recruitment interviews, which include assessing working under stress/emergency assessment.</td>
</tr>
<tr>
<td></td>
<td>- Fitting volunteer profiles with tasks.</td>
</tr>
<tr>
<td>3.Induction and training</td>
<td>- Induction on RCRC fundamental principles</td>
</tr>
<tr>
<td></td>
<td>- Induction on volunteering and SRCS activities</td>
</tr>
<tr>
<td></td>
<td>- Leadership structure in the branch/district</td>
</tr>
<tr>
<td></td>
<td>- Code of Conduct and safer access</td>
</tr>
<tr>
<td></td>
<td>- Roles and responsibilities</td>
</tr>
<tr>
<td></td>
<td>- Information on the referral system</td>
</tr>
<tr>
<td></td>
<td>- Tasks-specific training (e.g. CBHFA)</td>
</tr>
<tr>
<td>4.Participation</td>
<td>- Providing supervision to volunteer teams</td>
</tr>
<tr>
<td></td>
<td>- Providing supervision to individual volunteers such that they feel comfortable to ask for further help.</td>
</tr>
<tr>
<td></td>
<td>- Regular meetings with teams</td>
</tr>
<tr>
<td></td>
<td>- Ensuring a suitable work environment</td>
</tr>
</tbody>
</table>
Assessing how volunteers cope with stressors and provide them with information
- Psychological First Aid (PFA) when it is needed/Referral in place
- Ensuring that volunteers peer support buddy system are in place
- Discipline control / appropriate compliant follow-up

5. Monitoring and evaluating
- Support meetings in crisis
- Follow up interviews

6. Recognition
- Formal recognition: certificates and celebrations
- Informal recognition: thanking the volunteers and acknowledging their work.

Source: SRCS training materials for volunteers leaders (accessed in Arabic). September 2018

Today, the SRCS’s VMC programme is still ongoing. Volunteer coordinators located on each branch are continuing to roll out VMC’s activities (Table 5.1) across the branch hierarchy. The Volunteer Development Coordinator located at HQ is then responsible for following up this process, ensuring that the volunteer management manual is followed and that the VMC cycle is being implemented.

5.2.1.4 Defining the Programme Under Investigation

As outlined in Chapter 3.6.5, RE starts from theorising the programme strategies into IPTs. At the time of Phases 1 and 2 of the research, the identified programme strategies in the SRCS included adapting the IFRC VMC (IFRC, 2004) for the Sudanese context and training volunteer leaders to implement its activities. The desk review therefore helped to understand the SRCS’ approach to volunteer management, with Table 5.1 describing the activities that the SRCS volunteer leaders should aim to incorporate into their daily practices. During the desk review however, it emerged that volunteer management practices were being implemented on an ad hoc basis, and not in a systematic way by the SRCS. Consequently, volunteer leaders were being trained to integrate these practices into their day-to-day work with SRCS volunteers. With the combination of the Caring for Volunteers SOP, SRCS leaders were also trained on psychosocial support principles and on how to integrate these principles into their approach.

Taken together, it emerged that the SRCS VMC practices summarised in Table 5.1 constitute a general approach of volunteer management, rather than a fixed implemented programme. This initial result from the desk review was benchmarked
against the research objectives of understanding the mechanisms through which organisational support influences mental health of humanitarian volunteers in a real-world setting (Chapter 1.6). This process ultimately led to the decision to study the impact of the SRCS approach, which is rooted in VMC practices, on the volunteers’ mental health as the programme of study. This decision was sought as a match between the research objective and the ‘programme’ setting within the SRCS. Therefore, instead of theorising about the VMC phases (e.g. planning, recruitment), rough theories were made based on the standard practices in place within the SRCS. Standard managerial practices were identified based on those commonly followed within the SRCS approach, as identified during the site visit, as well as from the literature on volunteer management and its known impact on volunteer well-being, presented in Chapter 2. Ultimately, the programme under investigation was therefore defined as *volunteering within the Sudanese Red Crescent Society*.

### 5.2.2 Site visit: Informal Interviews and Observations

Several informal meetings with SRCS senior management, as well as informal observations made during a field visit to the SRCS and White Nile State in May-June 2018, were used to complement the desk review as part of Phase I. Three informal interviews with SRCS Senior Managers in the HQ concerning volunteering organisational practices, challenges faced, stressors, motivations, and the volunteers’ day-to-day activities were explored. Afterwards, while meeting volunteer leaders and volunteers to introduce the research, I was also able to participate in some social activities with the volunteers, granting me further understanding of their context. During my participation, informal conversations with the volunteers and many leaders allowed me to learn more about what they most appreciated about being part of the SRCS, and the aspects that gave them satisfaction in volunteering within the SRCS. This step was crucial in helping me to identify the most commonly used volunteer management practices in order to translate them into rough theories.
5.2.3 Applying a Realist lens to the Literature: Retroduction

The literature review was used in both Phases 1 and 2 and ultimately to develop the IPTs, as described in Figure 4.5. Specifically, the literature served as a tool to identify potential mechanisms through which organisational factors impact on volunteer mental health in humanitarian contexts. Here, retroductive questioning such as ‘what is it about X...that makes Y?’ and ‘how does Z matter to ...Y?’ were used for all the identified practices from the previous steps (sections 5.2.1 and 5.2.2). For example, one identified practice was related to working in teams. By linking in the literature retroductively (i.e. how being in teams may help the volunteers?), social support was initially proposed as the mechanism by which working in teams positively impacts on the volunteers mental health.

As described in section 3.7.1.1, hunches are permissible in RE if they serve to develop a plausible link between C, M, and O (Trish Greenhalgh et al., 2017e). The literature review was therefore further used to identify and glean key information from formal theories, such that all ‘rough’ theories and IPTs were ultimately linked with at least one formal theory. Acknowledging that formal theories are abstracted at a higher level compared to realist theories, formal theories were more so used as sources of potential explanation. This was considered particularly important in the case of this research, where the outcome of interest (i.e. volunteers’ mental health) is not a behavioural outcome related to implementing an intervention (e.g. service uptake), but to the psychological and emotional status of the volunteer.

Lastly, a realist lens was used to identify potential contexts. Using the realist logic, I asked ‘why does X [mechanism] matter for the volunteers ]...? ‘. This question was used to propose an initial context (C). Using the previous example i.e. Why do volunteers need the social support from teams?, whereby the answer to this question was proposed as a context (i.e. because they have little opportunities to meet in the context of emergencies).

---

4 The questions’ formula is inspired from the CARES Advanced Training in Realist Methodology presented by Dr Justin Jagosh. The University of Liverpool. London campus. July 2018
This retroductive way of looking at outcomes vis-à-vis their contexts and mechanisms helped to articulate the CMOs.

5.3 Phase 1 Results: Rough IPTs themes

The above steps (i.e. desk review, site visit and observation, literature review) ultimately resulted in the identification of seven topics of rough theories (rough theories themselves are available in Appendix 7). The first topic relates to volunteer leaders and emerged from the observation that all volunteer programming, training, and practices within SRCS are the responsibility of the volunteer leaders. As presented in Table 5.1, the provision of supervision to volunteer teams and individuals are a core part of SRCS practices. Leadership and supervision are further proposed as important contributors to humanitarian workers’ mental health in the literature, as summarised in Table 2.2, and to volunteering more broadly, as summarised in Table 2.9.

The second topic relates to specifically training leaders in psychological first aid (PFA) and psychosocial support, which was integrated and offered by the SRCS (Table 5.1). Likewise, SRCS senior managers emphasised the importance of training their leaders on these topics for volunteer well-being during informal meetings.

Teams were identified as the third topic, based on teamwork emerging as a core element of implementing activities within the SRCS environment. In the informal meetings with SRCS volunteers, many volunteers expressed how meaningful it was for them to work in teams. Furthermore, the importance for teams to support each other is underlined within the VMC practices (Table 5.1). The importance of team support is further supported by the literature on humanitarian workers (Table 2.2).

The fourth topic is related to training volunteers. Training is an essential practice in the SRCS’ approach, stressed in their VMC model (Table 5.1). Furthermore, training was considered as the organisation’s responsibility within the SRCS’ volunteer management manual. Training is also shown to be a vital factor contributing to humanitarian workers mental health (Table 2.2).

The fifth studied topic is related to using community-based activities to manage volunteers. SRCS is a community-based organisation, and I observed that volunteering
is fully embedded in Sudanese culture. For example, when I visited SRCS for the first time, it was Ramadan, and the majority of volunteers were fasting. SRCS volunteers arranged fast-breaking, or *iftar*, activities together. This observation was matched by a number of the informal discussions I had with volunteers during site visits, where it was stressed how important community-based activities were to the SRCS volunteers.

The sixth studied topic is related to having a *volunteer care policy*. This topic emerged from the SRCS’ volunteer management manual, as a legitimate framework for volunteering within the organisation (section 5.2.1.2 above), as well as from the VMC. Lastly, the seventh topic is related to general *organisational support*. This topic was initially proposed from the informal meetings with SRCS senior managers where it was mooted that volunteers need to feel cared for by the SRCS in order to feel highly satisfied. Similarly, issues of equal treatment of volunteers, support, recognition, and facilitating personal development were brought up by SRCS senior management as potential factors impacting on volunteer retention, as a manifestation of volunteer well-being. This topic is also identified through the literature whereby Organisational Support Theory (OST, Chapter 2.3.3.1) is proposed as a framework depicting the reversal of organisational mental health hazards.

### 5.4 Phase 2: Development of the Initial Programme Theories

The above topics were then taken forward during Phase 2 of the RE, in the formulation of the Initial Programme Theories. In this second phase, two additional data collection methods were introduced. First, a quantitative online survey was designed and distributed to SRCS volunteers. Second, key informant interviews were conducted with experts on the topic of volunteering in the context of SRCS. Whereas the design of the former drew predominantly from the literature review on humanitarian workers, presented in Chapter 2, the latter was based mostly on the rough theories generated from Phase 1 (section 5.3 above) as well as the results from the quantitative survey. The following section (5.5) provides a rationale for the inclusion of the quantitative study, the methods used to carry it out, and the results of the SRCS volunteer survey. Section 5.6 then presents how these results were used in the design of the key informant
interviews, the methods used to carry out the interviews, and the results of the interviews. These two sources are then synthesised with the results of Phase 1 to present the IPTs (section 5.7).

5.5 Phase 2: A) The Association between Organisational Support and Mental Health Outcomes

5.5.1 Using Quantitative Approaches in Realist Evaluations

Aligned to this study’s first research objective (see Chapter 1.6), a cross-sectional quantitative survey was used to investigate the relationship between organisational support determinants and mental health outcomes among volunteers. While there remains much debate about how quantitative analysis should be used in an RE, there is agreement that limiting data sources to only using quantitative or qualitative methods goes against the multi-methods principles and epistemology of RE (Explained in Chapter 3.7.1; Pawson & Tilley, 1997). The apparent preference for qualitative data, as a stand-alone method to confirm the CMO, is strongly critiqued by Ray Pawson (2013) who states that:

*The ensuing difficulty has long been dubbed as the tendency to produce ‘good news’ stories. In old parlance, the problem involved authors of rich, qualitative accounts of the participants’ positive interpretations of a programme going on to proclaim that it ‘works’ (and should be extended, funded further, etc.) without the benefit of any quantitative data on whether behavioural outcomes had actually changed. Under the new species of ‘qualitative realism’ the embellishment is more subtle – the careful elaboration of how a programme may work carrying over into assertions that it has worked (Pawson, 2013, p. 19).*

In other words, it is insufficient to listen to the perspective of programme stakeholders in terms of how they think a programme is supposed to work, without quantitatively knowing what outcomes programmes produce and how much of an effect the programme had.

Despite this, there is a shortage of studies employing quantitative methods in the context of RE, with a clear preference for the use of qualitative approaches (Hawkins,
One of the few examples of the use of multi-method approaches is contained in the work of Dalkin et al. (2019), whereby they investigated the impact of providing long-term intensive advice services on the stress and well-being of people with complex health concerns. In their analysis, they measured changes in stress and well-being scores pre- and post-intervention to confirm a positive impact. They then used qualitative interviews to explain this positive impact.

Quantitative methods in RE are also presented in the work of Ford et al. (2018). Ford et al. used structural equation modelling (SEM) to test the CMO configurations from a previous realist synthesis (Ford, Wong, Jones, & Steel, 2016), which looked at access to primary health care for socioeconomically disadvantaged older people in rural areas. In this way, Ford et al. (2018) propose SEM as a useful tool test realist theories and “help to increase their plausibility” (p.2). Consistent with the unobservable nature of mechanisms central to RE, they propose that latent variable modelling characteristic of SEM, parallels the indirect indicator of the unobserved, hidden, mechanisms characteristic of RE. They therefore translated their CMOs into SEM model components whereby Cs are the independent variables, Ms are the mediators, and Os are the dependent variables. However, using mediators as a representation of the realist mechanisms has been critiqued for being inconsistent with the generative theory of causation (S. Van Belle et al., 2016). The main challenge is, therefore, how to utilise the configuration quantitatively given its ‘variable’ oriented approach.

My take on this debate reflects my understanding of the Realist Philosophy of Science. I see this debate as being related to the ontology of RE, rather than to the methodology. The stratified nature of reality, according to Realism, means that there are real observed associations which, in turn, are caused by underlying mechanisms. Therefore, associations between events or phenomena are real and can be observed, yet their causal interpretation (i.e. mechanisms) lies in a deeper level of reality. Discovering these associations should be therefore part, but not the whole, of the realist inquiry. Accordingly, uncovering the relationship between organisational determinants and volunteers’ mental health was employed to build the IPTs.
Similar to the approach taken by Ford et al. (2018), SEM was used to test a hypothesised model, based on the literature reviewed on humanitarian workers’ mental health presented in Chapter 2. Specifically, how organisational factors (e.g. supportive supervision), as the independent variables, are possibly linked with an internal personal construct (i.e. mental health), as the dependent variable. The plausible explanation of perceived psychological stress (Cohen et al., 1983) was logically used as a mediator, aligned with the theoretical stress appraisal model (see Chapter 2.3.1.4). However, and in contrast to Ford et al. (2018), SEM was not employed here as a means to test the CMOs. Instead, SEM was used as a tool to help develop the CMOs. The realist logic was therefore employed whereby the CMOs benefited from patterns of evident associations. Further details on how the quantitative study results were used to generate the IPTs are presented in section 5.5.7 of this Chapter. The results of the quantitative study were successfully published in the European Journal of Psychotraumatology in 2019 (Aldamman, Tamrakar, et al., 2019).

5.5.2 Quantitative Study Rationale

A quantitative approach was used to capture the associations between organisational determinants and the SRCS’ volunteer mental health. Given the real-world setting of this research, and the absence of volunteer mental health data available from the SRCS, collecting and analysing quantitative data was seen a useful approach for the generation of IPTs. Specifically, the main aim of the quantitative survey was to uncover these associations before formally theorising about them in the formulation of the IPTs. Should such relationships be confirmed, they are considered as real and meaningful. As such, this step was taken counter to “qualitative realism” (Pawson, 2013, p. 19), which has been critiqued for not holding the RE philosophy of social reality.

Given that both team and leader/supervisor support are proposed throughout the humanitarian workers’ literature as important factors affecting the mental health of humanitarians (Table 2.2), both of these concepts were included for investigation in the context of SRCS volunteers. In addition, and given the importance of organisational support as a contributor to the well-being of humanitarians, perceived organisational
support was also included in the survey design, as a third construct related to volunteers’ mental health.

As discussed in Chapter 2.3.1.2, the dual-continua model of mental health is thought to offer a better and more accurate description of mental health. In the HW literature, however, mental health is predominantly measured in terms of symptomology, rather than the positive aspect of mental well-being. The dual-continua model was therefore included in this study, as it offers a more comprehensive understanding of mental health among volunteers. Finally, the concept of perceived psychological stress (Cohen et al., 1983) was included as a link between external factors (e.g. team support) and the internal personal construct (i.e. mental health).

5.5.3 Study hypotheses

It was hypothesised that organisational factors (organisational support, supervision, and team support) would be negatively associated with adverse mental health outcomes and positively associated with mental well-being among humanitarian volunteers. These relationships were further hypothesised to be mediated by perceived psychological stress. These hypotheses are reflected in the study’s theoretical model, represented in Figure 5.2.

![Figure 5.2: Quantitative study hypotheses. POS: Perceived Organisational Support; PSS: Perceived Supportive Supervision; TS: Team Support; Stress: Perceived Psychological Stress; A-MH: Adverse Mental Health; M-WB: Mental Well-being.](image-url)
5.5.4 Methods

5.5.4.1 Sampling and recruitment

Initially, recruitment targeted all possible SRCS volunteers, with the possibility of testing for between-groups comparisons (e.g. across sex, branch, type of voluntary work, level of education) and to build a more comprehensive understanding of the association between mental health and organisational support. Therefore, the sampling targeted SRCS volunteers over the age of 18, who spent more than three months conducting voluntary work, with the time (20 minutes) and resources (i.e. Internet access) to complete the questionnaire.

An information leaflet was prepared, explaining the aim and procedures of the study in Arabic. This was sent out via SRCS HQ to the local branches, localities and units. An invitation leaflet was then sent with the online survey link. Prior to accessing the anonymous survey, participants had to give electronic consent, confirming their eligibility and agreement to participate. Both information leaflets and invitations included my WhatsApp, email, and phone should any potential participants have any questions regarding their participation. The survey link and information were also published on the SRCS Facebook groups, and volunteer coordinators shared the study via WhatsApp, as the most commonly used form of communication among volunteers. The survey was accessed and completed using Google Forms (Appendix 8). Data collection took place between June and August 2018.

5.5.4.2 Participants

A total of 409 participants from 14 out of the 18 possible Sudanese states completed the survey. Most respondents were male (n=223, 55.5%), 44.5% (n = 179) were female, and all volunteers were aged over 18 (M = 29.42, SD = 8.54). Volunteers had been volunteering for their local SRCS branch for an average of six years (M= 6.67, SD= 5.21). Volunteers worked an average of 11.14 hours per week across a number of different tasks including first aid (n=231), primary health care (n= 326), emergency response (n=213), nutrition (n=168), water and sanitation services (n=154), restoring family links
(n=108), child protection and psychosocial support (n=81), and dead bodies management (n=26). About half of the participants (52.32 %, n = 214) were also employed elsewhere. Further employment and demographic profiles of the participants can be found in Table 5.2.

<table>
<thead>
<tr>
<th>Table 5.2: Sample descriptive statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Range</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td><strong>Age (Year)</strong> **</td>
</tr>
<tr>
<td><strong>Number of years spent in Education</strong> **</td>
</tr>
<tr>
<td><strong>Years of voluntary experience</strong> **</td>
</tr>
<tr>
<td><strong>Number of voluntary hours per week</strong> **</td>
</tr>
<tr>
<td><strong>Volunteers current job</strong></td>
</tr>
<tr>
<td>No Job</td>
</tr>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>Freelance</td>
</tr>
<tr>
<td>Student</td>
</tr>
<tr>
<td>Retired</td>
</tr>
</tbody>
</table>

*Note:* *p < 0.01* (for the difference between males and females)

5.5.4.3 Measures

The following tools were used to measure perceived organisational support, perceived stress, and mental health factors. I translated all scales into Arabic and ran the translation by two other two native Arabic professionals (an academic and a psychologist). In the instance where scales were already available in Arabic from previous research, these were reassessed for consistency. Scales were piloted with members of the SRCS prior to making the survey available online. The scales used, with their translation, are made available in Appendix 9.

⇒ Organisational Measures

Organisational Support was measured using the eight-item version of the Perceived Organisational Support (POS) Scale (Eisenberger et al., 1986). The scale was adapted to the context of the study by replacing the term ‘my organisation’ with ‘the Sudanese Red Crescent Society’ and the term ‘employee’ with the term ‘volunteer’. The POS scale is comprised of four positively-worded and four reverse-scored items, such as ‘My National Society really cares about my well-being’. Those items are answered on a
seven-point Likert scale ranging from 0 (Strongly disagree) to 6 (Strongly agree). The scale was found to have good internal reliability among the study sample (Cronbach’s $\alpha = .83$).

Supervisor support was measured using the Perceived Supervision Scale (PSS) (Vallières et al., 2018), a six-item scale scored on a five-point Likert-type scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). Sample items include ‘My supervisor meets with me regularly’. The scale was chosen as it has been used and validated for use in other low-and-middle-income countries with community health workers who are volunteers themselves (Vallières et al., 2018). The scale was found to have good internal reliability among the study sample (Cronbach’s $\alpha = .89$).

Finally, Team Support was measured using the scale developed by Rodwell, Kienzle, and Shadur (1998), which contains seven-items, each scored on a five-point Likert-type scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). The scale includes items such as ‘There is a lot of support and encouragement within my ‘volunteer’ work group’. The scale was found to have poor internal reliability among the study sample (Cronbach’s $\alpha = .66$).

**Mental Health Measures**

Mental well-being was assessed using the short version of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (Tennant et al., 2007), which measures the positive aspects of mental health using seven positively phrased statements including items such as, ‘I’ve been feeling optimistic about the future’. Each statement is answered on a five-point Likert-type scale ranging from 1 (None of the time) to 5 (All the time). The scale was chosen for being validated in many languages and among clinical and non-clinical samples as a positive mental health measure (Warwick Medical School, 2019). The Arabic translation was also available on the scale website. The scale was found to have good internal reliability among the study sample (Cronbach’s $\alpha = .75$).

Adverse mental health was measured using the GAD-7 (Spitzer, Kroenke, Williams, & Löwe, 2006) scale of generalised anxiety disorder symptoms, and the Patient Health Questionnaire (PHQ-8) Scale (Kroenke et al., 2009) for major depressive disorder.
symptoms. Both scales were chosen for their widespread use as a screening tool for depression and anxiety across different countries and languages, including in Arabic (e.g. AlHadi et al., 2017). Both the GAD-7 and PHQ-8 are scored on a four-point Likert-type scale ranging from 0 (Not at all) to 3 (Nearly every day). Adverse mental health was modelled by including the total scores on the PHQ-8 and the GAD-7 as two observed variables loading onto a single latent construct, termed Adverse Mental Health (A-MH). Both the GAD-7 and the PHQ-8 were found to have excellent internal reliability among the study sample (Cronbach’s $\alpha=.93$ and $\alpha=.86$, respectively).

**Perceived Stress:**

Perceived stress was assessed using the 10-item version of Perceived Psychological Stress scale, designed to measure life conditions which are appraised as stressful (Cohen et al., 1983). The items are scored on a five-point Likert-scale ranging from 0 (Never) to 4 (Very Often). The scale’s factor structure, however, is highly debated within the literature. While some argue for a unidimensional model of perceived stress (Perera et al., 2017), others argue for a two-factor solution whereby perceived stress is comprised of perceived helplessness (6 items) and perceived self-efficacy (4 items) (Roberti, Harrington, & Storch, 2006). This scale had been validated in Arabic in its 14-item version (Almadi, Cathers, Hamdan Mansour, & Chow, 2012). As in its unidimensional formula, the scale was found to have good internal reliability among the study sample (Cronbach’s $\alpha=.79$).

### 5.5.4.4 Data Analysis

The relationships between organisational factors, stress, and mental health outcomes, as outlined in Figure 5.2, were tested using structural equation modelling (SEM) procedures. SEM is a statistical approach comprised of (a) measurement modelling and (b) structural modelling (Byrne, 2012). The measurement model describes the relationship between the observed and hypothesised latent variables (confirmatory factor analysis), and the structural component incorporates the relationships that link these latent variables (path analysis, regression). Within this model, the structural and measurement components can be estimated simultaneously, thereby ascertaining the
psychometric properties of the measurements employed and the relationships between the latent variables as a single analysis (Byrne, 2012). Therefore, unlike ‘traditional’ linear modelling techniques, structural equation models are more general and flexible, can correct for measurement error, and test for the ability of the model to explain the observed pattern of data (K. J. Preacher & A. Hayes, 2008).

A two-phase modelling approach was therefore followed. First, confirmatory factor analysis (CFA) was used to assess the factor structure of the individual scales. Optimal fit indicators were sought and items demonstrating poor loadings (<0.3) removed. Second, a structural analysis, was used to determine the nature of the direct, and indirect effects of organisational support on volunteer mental health outcomes (Morrison, Morrison, & McCutcheon, 2017). Data analyses were carried out using SPSS (Version 25) and Mplus (Version 7.4: Muthén & Muthén, 2019). The CFA was conducted using a Robust Maximum Likelihood estimator (MLR). Bootstrapping techniques were used in the structural phase when testing multiple mediators, as recommended by K. J. Preacher and A. F. Hayes (2008) in order to estimate the standard errors of direct and indirect effects using the maximum likelihood estimator. Estimations were calculated based on bootstrapping for 1000 replications.

Two competing models were tested: (i) a fully mediated and model (ii) a partially mediated model via the perceived psychological stress construct. Goodness of fit was assessed using a number of widely recognised fit indices (L.-t. Hu & Bentler, 1998; L. t. Hu & Bentler, 1999) including: a non-significant chi-square ($\chi^2$); Comparative Fit Index (CFI:Bentler, 1990) and Tucker Lewis Index (TLI: Tucker & Lewis, 1973), where values above 0.95 reflect excellent fit, while values above 0.90 reflect acceptable fit; Root-Mean-Square Error of Approximation with 90% confidence intervals (RMSEA 90% CI: Steiger) and Standardized Root-Mean-Square Residual (SRMR: Jöreskog & Sörbom, 1996), where values of 0.06 or less reflect excellent fit while values less than 0.08 reflect acceptable fit. For the models based on MLR estimation, the Bayesian Information Criterion (BIC: Schwarz, 1978) was used to evaluate and compare models, with the smallest value indicative of a better fitting model.
5.5.5 Results

5.5.5.1 Initial Bivariate Analysis

Bivariate correlations are presented in Table 5.3. All bivariate relationships were significant, whereby the three independent variables (POS, PSS, team support) were positively associated with mental well-being, and negatively associated with anxiety (GAD-7), depressive symptoms (PHQ-8), and perceived stress. Perceived stress was positively associated with adverse mental health indicators and negatively associated with mental well-being.

Table 5.3: The coefficients of correlation between scales

| Variable | Mean | SD  | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   |
|----------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1-MWB    | 30.56| 3.76| -   |     |     |     |     |     |     |     |     |     |
| 2-GAD-7  | 3.64 | 4.1 | -.437**| -  |     |     |     |     |     |     |     |     |
| 3-PHQ-8  | 4.14 | 4.33| -.426**| .835**| -  |     |     |     |     |     |     |     |
| 4-Per.S  | 12.89| 6.13| -.500**| .720**| .663**| -  |     |     |     |     |     |     |
| 5-PSS    | 34.33| 4.91| .223**| -.182**| -.215**| -.233**| -  |     |     |     |     |     |
| 6-POS    | 36.55| 9.7 | .401**| -.366**| -.446**| -.433**| .520**| -  |     |     |     |     |
| 7-TS     | 28.82| 3.76| .354**| -.283**| -.339**| -.386**| .463**| .478**| -  |     |     |     |
| 8-A-MH   | 7.62 | 7.94| -.455**| .955**| .961**| .720**| -.212**| -.430**| -.317**| -  |     |     |
| 9-PSE    | 5.23 | 2.79| .394**| -.301**| -.281**| -.687**| .158**| .295**| .293**| -.311**| -  |     |
| 10-PH    | 7.37 | 4.65| -.424**| .762**| .707**| .900**| -.213**| -.393**| -.337**| .763**| .302**|     |

M-WB: Mental well-being; GAD: Generalised anxiety disorder; PHQ: Patient health questionnaire; Per.S: Perceived psychological stress; PSS: Perceived supportive supervision; POS: Perceived organisational support; TS: Team support; A-MA: Adverse mental health; PSE: Perceived self-efficacy; PH: perceived helplessness; SD: Standard deviation.

**Correlation is significant at the 0.01 level (2-tailed).**

5.5.5.2 Measurement Modelling (CFA)

Results from the CFA across all measurements can be found in Table 5.4. All scales demonstrated acceptable model fit, with the exception of the team support scale whereby two items loaded weakly on their latent variable (<0.3) and were therefore removed. After removing those two items, the internal reliability for the remaining items in the team support scale was raised from being poor to being good (Cronbach’s α = .74). Moreover, post-hoc model comparison using latent variable modelling techniques suggested the presence of a method effect for POS scale, whereby all negatively worded...
items loaded onto a single factor. As such, all 8 items were grouped onto a general factor (POS), resulting in an acceptable model fit. Therefore, the sum of the four positively worded items and the sum of the four negatively worded items were subsequently regrouped into two observed variables, loading onto a single latent factor, POS, and brought forward in the structural modelling phase.

Results of the measurement modelling of the perceived stress scale (Cohen et al., 1983) supported a two-dimensional factor structure, consistent with the findings of Roberti et al. (2006) and J. M. Taylor (2015). Perceived helplessness and perceived self-efficacy were therefore introduced as concurrently mediating the relationship between the organisational factors and mental health outcomes.
Table 5.4: Fit indices in Confirmatory Factor Analysis phase

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
<th>$\chi^2$</th>
<th>df</th>
<th>CFI</th>
<th>TLI</th>
<th>RMSEA [90% CI]</th>
<th>SRMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEMWBS</td>
<td>All items on one factor</td>
<td>37.419’</td>
<td>14</td>
<td>0.934</td>
<td>0.901</td>
<td>0.064 [0.040-0.090]</td>
<td>0.042</td>
</tr>
<tr>
<td>GAD-7</td>
<td>All items on one factor</td>
<td>28.366’</td>
<td>14</td>
<td>0.980</td>
<td>0.971</td>
<td>0.051 [0.023-0.077]</td>
<td>0.027</td>
</tr>
<tr>
<td>PHQ-8</td>
<td>All items on one factor</td>
<td>66.434’</td>
<td>20</td>
<td>0.934</td>
<td>0.908</td>
<td>0.076 [0.057-0.097]</td>
<td>0.042</td>
</tr>
<tr>
<td>Adverse mental health</td>
<td>A-MH as a 2nd order factor on PHQ-8 &amp; GAD-7</td>
<td>186.806’</td>
<td>88</td>
<td>0.943</td>
<td>0.933</td>
<td>0.053 [0.042-0.063]</td>
<td>0.042</td>
</tr>
<tr>
<td>Perceived psychological Stress</td>
<td>All items on one factor</td>
<td>226.236’</td>
<td>35</td>
<td>0.754</td>
<td>0.684</td>
<td>0.117 [0.102-0.131]</td>
<td>0.099</td>
</tr>
<tr>
<td></td>
<td>10-items on 2 factors</td>
<td>88.169’</td>
<td>34</td>
<td>0.930</td>
<td>0.908</td>
<td>0.063 [0.047-0.079]</td>
<td>0.061</td>
</tr>
<tr>
<td>Perceived Supportive Supervision</td>
<td>All items on one factor</td>
<td>20.181’</td>
<td>9</td>
<td>0.982</td>
<td>0.970</td>
<td>0.056 [0.022-0.088]</td>
<td>0.025</td>
</tr>
<tr>
<td>Team support – 7 items</td>
<td>Items 4-6 load weakly on their factor</td>
<td>84.232’</td>
<td>14</td>
<td>0.791</td>
<td>0.687</td>
<td>0.112 [0.090-0.136]</td>
<td>0.074</td>
</tr>
<tr>
<td>Team support – 5 items</td>
<td>Items 4-6 are removed</td>
<td>11.994’</td>
<td>5</td>
<td>0.967</td>
<td>0.934</td>
<td>0.059 [0.015-0.103]</td>
<td>0.031</td>
</tr>
<tr>
<td>Perceived organisational support</td>
<td>8 Items load on one factor POS Bifactor model. Reversed items load on (neg) factor, and all 8 items load on one general factor (POS)</td>
<td>108.879’</td>
<td>20</td>
<td>0.837</td>
<td>0.771</td>
<td>0.106 [0.087-0.126]</td>
<td>0.067</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34.878’</td>
<td>18</td>
<td>0.969</td>
<td>0.952</td>
<td>0.049 [0.023-0.073]</td>
<td>0.050</td>
</tr>
</tbody>
</table>

5.5.5.3 The Structural phase

Table 5.5 presents the model fit indices for both competing models. The fully mediated model was preferred, given its lower BIC and the non-significant relationships between the independent and dependent variables in the partially mediated one. The preferred model is depicted in Figure 5.3, and results are presented in Table 5.6.

Table 5.5: Fully VS. partially mediation competing models fit indices

<table>
<thead>
<tr>
<th>Model</th>
<th>$\chi^2$</th>
<th>df</th>
<th>CFI</th>
<th>TLI</th>
<th>RMSEA [90% CI]</th>
<th>SRMR</th>
<th>BIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partially mediated model</td>
<td>967.344*</td>
<td>444</td>
<td>0.897</td>
<td>0.885</td>
<td>0.054[0.049-0.058]</td>
<td>0.058</td>
<td>35210.502</td>
</tr>
<tr>
<td>Fully mediation model</td>
<td>989.529*</td>
<td>450</td>
<td>0.894</td>
<td>0.883</td>
<td>0.054[0.050-0.059]</td>
<td>0.060</td>
<td>35196.635</td>
</tr>
</tbody>
</table>


Note: In Fully mediation model, there are no direct effects from independent to dependent variables. In contrast, in the partially mediation one, direct effects between independent and dependent variables were examined.

Figure 5.3: The model results. POS: Perceived Organisational Support; PSS: Perceived Supportive Supervision; TS: Team Support; PH: Perceived helplessness; PSE: Perceived Self-efficacy; A-MH: Adverse Mental Health; M-WB: Mental Well-being. * $p < 0.05$, ** $p < 0.01$. 
Table 5.6: Standardised and Unstandardised Regression Weights for relationship between variables in Structural Equation Modelling

<table>
<thead>
<tr>
<th>Direct effects</th>
<th>β</th>
<th>B</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS → PH</td>
<td>-0.6**</td>
<td>-0.12</td>
<td>0.12</td>
</tr>
<tr>
<td>POS → PSE</td>
<td>0.56**</td>
<td>0.08</td>
<td>0.17</td>
</tr>
<tr>
<td>PSS → PH</td>
<td>0.2</td>
<td>0.21</td>
<td>0.12</td>
</tr>
<tr>
<td>PSS → PSE</td>
<td>-0.33**</td>
<td>-0.26</td>
<td>0.13</td>
</tr>
<tr>
<td>TS → PH</td>
<td>-0.05</td>
<td>-0.10</td>
<td>0.12</td>
</tr>
<tr>
<td>TS → PSE</td>
<td>0.2</td>
<td>0.27</td>
<td>0.12</td>
</tr>
<tr>
<td>PH → A-MH</td>
<td>0.88**</td>
<td>4.27</td>
<td>0.02</td>
</tr>
<tr>
<td>PSE → A-MH</td>
<td>-0.03</td>
<td>-0.21</td>
<td>0.04</td>
</tr>
<tr>
<td>PH → M-WB</td>
<td>-0.43**</td>
<td>-0.20</td>
<td>0.07</td>
</tr>
<tr>
<td>PSE → M-WB</td>
<td>0.41**</td>
<td>0.25</td>
<td>0.09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect Effects</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POS → M-WB via PH</td>
<td>0.26**</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>POS → M-WB via PSE</td>
<td>0.23**</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>POS → A-MH via PH</td>
<td>-0.53**</td>
<td>-0.52</td>
</tr>
<tr>
<td></td>
<td>POS → A-MH via PSE</td>
<td>-0.01</td>
<td>-0.01</td>
</tr>
<tr>
<td></td>
<td>PSS → M-WB via PH</td>
<td>-0.08</td>
<td>-0.04</td>
</tr>
<tr>
<td></td>
<td>PSS → M-WB via PSE</td>
<td>-0.13**</td>
<td>-0.06</td>
</tr>
<tr>
<td></td>
<td>PSS → A-MH via PH</td>
<td>0.18</td>
<td>0.93</td>
</tr>
<tr>
<td></td>
<td>PSS → A-MH via PSE</td>
<td>0.01</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td>TS → M-WB via PH</td>
<td>0.02</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>TS → M-WB via PSE</td>
<td>0.08</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>TS → A-MH via PH</td>
<td>-0.05</td>
<td>-0.45</td>
</tr>
<tr>
<td></td>
<td>TS → A-MH via PSE</td>
<td>-0.007</td>
<td>-0.06</td>
</tr>
</tbody>
</table>

| R-square | M-WB R² = 0.44, SE=0.07, p<0.001. |
| A-MH R² = 0.79, SE= 0.03, p<0.001. |
| PH R²=0.26, SE= 0.08, p<0.01. |
| PSE R²=0.27, SE= 0.09, p<0.01. |

| Fit indices | χ²= 989.52**, df=450, CFI=0.894, TLI=0.883, RMSEA= 0.054 [90% CI= 0.050-0.059], SRMR=0.060. |


The model displayed borderline acceptable fit indices (χ²= 989.52, df=450, CFI=0.894, TLI=0.883, RMSEA= 0.054 [90% CI= 0.050-0.059], SRMR=0.060), explaining 79% of the variance in adverse mental health, 44% of the variance in mental well-being, and 26% and 27% of the variance in perceived helplessness and perceived self-efficacy, respectively.

As noted in Table 5.6, perceived helplessness was positively associated with adverse mental health (β=0.88, p<0.01) and negatively associated with mental well-
being ($\beta=-0.43, p<0.01$). Similarly, perceived self-efficacy was positively associated with mental well-being ($\beta=0.41, p<0.01$), but was not associated with adverse mental health. Perceived organisational support was associated with both perceived stress factors ($\beta=-0.6, p<0.01$ and $\beta=0.56, p<0.01$, for perceived helplessness and perceived self-efficacy, respectively). Perceived supervision was negatively associated with perceived self-efficacy ($\beta=-0.33, p<0.05$), whereas team support was not associated with perceived stress factors. All three organisational factors (POS, PSS, TS) were positively and significantly correlated ($r=0.56-0.70$), whereas adverse mental health was uncorrelated with mental well-being.

Significant indirect positive effects were observed between perceived organisational support and mental well-being, through perceived psychological stress factors ($\beta=0.26, p<0.01$ for perceived helplessness and $\beta=0.23, p<0.05$ for perceived self-efficacy), and negative effects on adverse mental health, via perceived helplessness ($\beta=-0.53, p<0.01$). Indirect negative effects were also observed between perceived supervision and mental well-being through perceived self-efficacy ($\beta=-0.13, p<0.05$).

5.5.6 Discussion

Consistent with the study hypothesis, the results of the survey support a positive association between perceived organisational support and mental well-being and a negative association between perceived organisational support and adverse mental health among SRCS volunteers. However, contrary to the study hypotheses, team support was unrelated to mental health outcomes when controlling for organisational support and perceived supervision. Also, supervision was negatively associated with mental well-being. Finally, perceived psychological stress factors (i.e. perceived helplessness and perceived self-efficacy) were found to fully mediate the relationship between organisational support and mental health of humanitarian volunteers.

That adverse mental health and mental well-being were found to be unrelated is consistent with the dual continua model of mental health. Perceived psychological stress was significantly associated with each construct, consistent with previous research (J. S. J. S.
Lee, Joo, & Choi, 2013; Urquijo, Extremera, & Villa, 2016). Specifically, perceived helplessness was negatively associated with well-being and positively associated with adverse mental health. Perceived self-efficacy, on the other hand, was only found to be positively associated with well-being. The direct positive relationship between self-efficacy and positive mental health is highlighted across other organisational studies (Fu, Liang, An, & Zhao, 2018; Milam, Cohen, Mueller, & Salles, 2019), with the results of the survey supporting that this relationship also applies to SRCS volunteers. Moreover, and given the strong relationship between perceived helplessness and adverse mental health (B = 0.88), results support the role of self-appraised stress on the psychological morbidity (Cohen et al., 1983; R. S. Lazarus, 1974) as a potential mechanism linking stressful events with mental health outcomes among SRCS volunteers.

Preliminary bivariate correlation results for the association between supervision and mental health outcomes were consistent with the existing literature suggesting a direct correlation between these two variables. Specifically, supervision has been found to be an important contributor to mental health and well-being among other types of first responders, including ambulance staff (Petrie et al., 2018), and poor supervision has been identified as a common stressor among humanitarians (Young et al., 2018). However, and when controlling for perceived organisational support, supervision was found to be negatively associated with perceived self-efficacy in the current sample. One plausible explanation for this observation is that supervisor support acts as a component of perceived organisational support (r=0.7), such that, and as suggested by the OST literature, supervisors are seen as agents of the organisation (Eisenberger, Stinglhamber, Vandenberghhe, Sucharski, & Rhoades, 2002; Kurtessis et al., 2015; Rhoades & Eisenberger, 2002). Therefore, introducing organisational support in the model may reveal a ‘well-being trade-off’, whereby more engagement in work occurs at the expense of additional stress and exhaustion. This phenomenon has been documented within the paid staff literature (Inceoglu, Thomas, Chu, Plans, & Gerbasi, 2018; Nielsen & Daniels, 2016). The nature of the relationship between organisational support, perceived supervision and mental well-being however, remains complex.
Consistent with the literature on humanitarian workers (Ager et al., 2012), bivariate correlations suggested a positive relationship between team support and mental well-being, and a negative association between team support and adverse mental health and perceived stress. However, team support was no longer significantly associated with these variables when the covariates of perceived organisational support and supervision were controlled for. Similar to perceived supervision, team support was highly correlated with perceived organisational support (r=0.61). This finding may reflect that team support was also perceived as an important component of perceived organisational support (Kurtessis et al., 2015) and supports that this relationship also holds for SRCS volunteers.

In general, results are consistent with the OST literature, where organisational support has been found to predict a number of positive psychological outcomes within staff-based organisations including less emotional exhaustion (Alexander Hamwi, Rutherford, & Boles, 2011), less stress (Butts, Vandenberg, DeJoy, Schaffer, & Wilson, 2009), better subjective well-being (Panaccio & Vandenberghe, 2009), and general health and job satisfaction (Bradley & Cartwright, 2002). The results are also consistent with previous studies which found that a lack of support from humanitarian organisations was accompanied by psycho-morbidity among humanitarian volunteers (Thormar et al., 2013). Similar results are drawn from studying humanitarian volunteers within the Libyan Red Crescent and Syrian Arab Red Crescent (Aldamman, Wiedemann, et al., 2019).

### 5.5.7 Applying Results to the Development of the IPTs

The results of the volunteer survey not only address the first research question of this thesis (Chapter 1.6), but also contributed to the development of the IPTs in different ways. First, the results support that there is an observable relationships between perceived organisational support and the mental health of SRCS volunteers. An essential role of the RE is, therefore, to further explain these observed associations. These results therefore serve to avoid the trap of ‘good news’ stories’, which Pawson (2013, p. 19) warns are a risk of realist evaluations, lending further reliability to the study results.
Second, the study suggests that perceived organisational support is a dominant factor among SRCS volunteers. Indeed, team and supervisor support are often seen as part of perceived organisational support in the paid staff literature (Eisenberger et al., 2002; Kurtessis et al., 2015; Rhoades & Eisenberger, 2002). The result of the quantitative survey suggest that this is also the case among SRCS volunteers. Moreover, that the direction of the association between supportive supervision and mental health outcomes changed as a result of introducing perceived organisational support into the model, exemplifies the complexity of the nature of the relationship between organisational support and volunteer mental health, consistent with realist evaluations. A conclusion drawn from this is the potential link between the topics of rough theories 1: Leader support, 3: Being in teams, and 7: the organisational support (section 5.3 above).

Third, and referring back to OST’s explanation for how perceived organisational support might positively impact on well-being (Kurtessis et al., 2015; Rhoades & Eisenberger, 2002), a plausible mechanism through which organisational support impacts on the mental health among volunteers includes the fulfilment of the volunteers’ socio-emotional needs for affiliation, emotional support, esteem, and self-efficacy. As previously discussed in Chapter 2.2.4.3, the fulfilment of volunteers’ psychological needs positively impacts on volunteer mental health. This proposed mechanism therefore contributed to the development of the seventh IPTs theme (the organisational support).

Another mechanism linking organisational support with well-being proposed by the OST literature (Kurtessis et al., 2015) is via an enriched self-enhancement process, leading to increases in anticipation of help, when needed. This is consistent with the survey finding that perceived organisational support is negatively associated with perceived helplessness. Therefore, high perceived organisational support, is accompanied by expecting help or asking for help when it is needed among volunteers. This was incorporated into IPT theme 7: Organisational support. Furthermore, self-enhancement can also lead to volunteers developing shared values within the organisation (Kurtessis et al., 2015), which might increase feelings of community and the
collective efficacy among volunteers. Shared values and collective-efficacy, in turn, are associated with greater well-being among humanitarians (Cicognani et al., 2009). This proposed link was therefore taken forward into IPT themes 3: Being in teams and 7: Organisational support (section 5.7 below).

Fourth, the role of perceived psychological stress as an important mechanism between stressful events and volunteer mental health contributed to the development of the IPTs’ themes. However, and departing from Ford et al. (2018)’s approach of equating mediators with mechanisms, these variables were not considered as the sole determinants of this relationship. Instead, perceived stress was seen as necessary for the mental health of volunteers and, retroductively, the contexts for this proposed relationship were sought, aligned with the realist understanding (Pawson & Tilley, 1997)

Finally, and given that latent, rather than observed, variable modelling was employed in this study, the contextual factors within which these latent variables were measured were further sought at IPTs stage. For instance, and consistent with the OST literature, a supportive working environment for volunteers might mean receiving favourable treatment from their organisation, including proper supervision, fair and equal treatment and reliable volunteer management systems (Kurtessis et al., 2015). Within a humanitarian context, a supportive working environment may further include prioritising volunteer safety, protection and well-being, and ensuring they are well-prepared for their work. These latter points are considered particularly important as part of strategic planning and budgeting within humanitarian responses (Dinesen, 2018).

Furthermore, volunteers should also be provided with food, water and safe sleeping spaces while working. Volunteers also need clear job descriptions, where they know about their mission, are made aware of their specific working hours, and are given time to rest. The absence of these additional supportive components may reduce perceived organisational support and increase psycho-morbidity among humanitarian workers (Brooks et al., 2016; Hearns & Deeny, 2007; Thormar et al., 2013). Lastly, involving volunteers in the decision-making process; promoting transparency and accountability within organisations, where volunteers can easily express their concerns...
and challenges; and building team spirit, where volunteers can receive social support from their peers (Ager et al., 2012; Ghodsi et al., 2019; Lopes Cardozo et al., 2013; Nencini, Romaioli, & Meneghini, 2016; Waikayi, Fearon, Morris, & McLaughlin, 2012) were all taken into account as resource mechanisms (Res.Ms) that contribute to the organisational support of volunteers, under IPTs theme 7: Organisational support (section 5.7 below).

In sum, the results of the survey contributed to the development of IPTs by (i) uncovering a real observable relationship between organisational support and the mental health of SRCS volunteers; (ii) proposing plausible mechanisms through which this relationship might occur, and therefore contributing to the development of the IPTs; and (iii) proposing potential resources (Res.Ms) and contextual factors within which these relationships might arise.

5.6 Phase 2: Key-Informant Interviews

The rough topics resulting from Phase 1, were further developed into IPTs, informed by both the survey results and via formally interviewing experts from the SRCS and its associated partners. Specifically, key informant interviews were used in conjunction with Phase 1 results, the literature review in Chapter 2, and the survey results to develop formal CMOs. Interviews further served to understand more about the volunteer care activities, volunteer involvement in SRCS programmes and volunteer development.
5.6.1 Sampling and Recruitment of Key-Informants

Purposive sampling was sought, targeting people who knew about volunteering for the SRCS and who were seen as able to contribute towards the development of the IPTs. This included technical advisors from the Swedish Red Cross, the IFRC’s Psychosocial Centre, and the Danish Red Cross, all of whom were involved in developing the volunteer management approach, including key documents presented in the desk review, for the SRCS. In addition, members of the volunteer management department and the programmes department at SRCS HQ were contacted for interviews, as they have the joint responsibility of implementing SRCS humanitarian activities via volunteers. The relationship between these various informants is summarised in Figure 5.4 below. Whereas expatriate partners support SRCS in implementing the humanitarian projects for people in need, these projects are mainly delivered by SRCS volunteers, located across lower levels in branches, localities and units. Therefore, while expatriate partners support the volunteer development department at HQ, both the programmes department, which provides the technical guidance for humanitarian activities (e.g. health promotion, disaster response), and the volunteer development department,
which is responsible for volunteer management, have an influence on the experience of volunteers within the SRCS. Key-informants (KIs) were contacted in person, or by email and sent a copy of the information leaflet, followed by an invitation letter. Three expatriates and two HQ staff ultimately consented to being interviewed.

5.6.2 Tools and methods

The interview guide (Appendix 10) was developed based on the results of Phase 1 (rough topics) and the results of the quantitative survey. In addition, and corresponding to the aims of the interviews mentioned above, the interview guide included questions about the SRCS’ organisational context, the interviewees’ roles, and their work within SRCS volunteering management and care. Whereas the first part of the interview was concerned with roles and responsibilities, eliciting reflections on SRCS volunteering through open-ended question, the second part of the interview was concerned each of the rough topics from Phase 1, using the RE interviewing techniques, as described in Chapter 3.7.1.2

Expatriates were interviewed in English. One interview was conducted over the phone, and the others were in person. SRCS HQ staff were interviewed in Arabic and all interviews took place in person. Interview duration ranged between 50 and 90 minutes. All interviews were audio-recorded and transcribed in the language in which they took place, prior to analysis.

NVivo data management software (Version 11.4.3 for Mac) was used in the data analysis process. While more detail in the use of NVivo for analysis in RE are presented in Chapter 6.5.3, simplified procedures were followed during the IPT development phase to develop the rough topics into IPTs. Before starting the analysis, all interviews were listened to, and transcripts were read. Initial coding made use of the seven rough topics, whereby each interview was coded for these seven topics. Coding for other relevant factors also occurred whereby any potential topics that are not related to the rough themes were coded to capture more relevant details. Following the completion of initial coding, codes were read against the rough topics (Section 5.3) such that more detail could be added into the rough topics, leading to the disaggregation of each topic into
different CMOs (i.e. different IPTs). As such, each ‘IPT theme’ presented in the following section represents an overarching theme for a particular set of CMOs, or IPTs. In other words, each IPT represents a configured C, M, and O, and the word ‘theme’ represents multiple, disaggregated, CMOs belonging to the same theme or rough topic identified in Phase I.

5.7 Phase 2 Results: The Initial Programme Theories

This section synthesises the results of the literature review (Chapter 2), desk-review, observations and informal interviews conducted in Phase 1, and the survey and key informant interviews conducted in Phase 2, to present the elicited IPTs. Elicited IPTs are presented as per the RE formula: Context, Resource Mechanism, Reasoning Mechanism, and Outcome. IPT Theme 1 presents these CMOs individually, exemplifying the process, whereas for the rest of the IPTs, the CMOs are jointly presented in the same table. Supportive evidence is offered for each IPT theme.

5.7.1 IPTs Theme 1: Volunteer leaders influence well-being

Within organisational studies, supervision and leadership are associated with better volunteering organisational outcomes (Alfes et al., 2017). Similarly, among humanitarian volunteers, a lack of managerial or leader support is associated with lower mental health outcomes (Thormar et al., 2013). According to self-determination theory, supportive supervision leads to the fulfilment of basic psychological needs, which, in turn, improves the well-being of volunteers (Deci & Ryan, 2008). The transformational leadership (Bass, 1985) literature, suggests that leaders provide guidance on tasks and act as positive role models for volunteers, leading to higher well-being (Arnold, 2017). Alternatively, from a JD-R perspective, supportive management acts as a resource which buffers against stress and motivates volunteers. In the context of the SRCS, leaders are seen as key to the implementation of programmed activities. The role of leaders was expressed by all five key informants as central to the implementation of volunteer activities and to roll-out the VMC activities.
5.7.1.1 IPT 1.1: guidance and coaching

Within the SRCS, leaders are considered especially essential for the volunteers to be able to cope with the challenges of humanitarian work. By coaching volunteers and ensuring that they can perform their tasks, volunteer leaders contribute to the well-being of their volunteers, as described in the following quote by KII1:

[if I, as a volunteer, know] what should I do in my role and what kind of support I can get if I need.... of course, that will establish a trustful relationship [with the leader], and that will bring more security and stress relief for them.

The corresponding CMO to this initial theory is presented in Table 5.7:

Table 5.7: IPT1.1: leaders guide volunteers on tasks

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers are not professionals, who work to deliver humanitarian aid despite that they have limited experience in aid delivering.</td>
<td>Leaders provide the guidance and coaching on tasks, whereby they ensure that their volunteers are capable of carrying out their tasks</td>
<td>Volunteers feel they can rely on their leader in the face of the humanitarian work challenges (more control), and trust their organisation</td>
<td>Decreasing the levels of stress</td>
</tr>
</tbody>
</table>

Theory link: JDC (Karasek, 1979) & JD-R (Demerouti et al., 2001)

5.7.1.2 IPT 1.2: role models

In the context of SRCS, volunteer leaders are seen by volunteers as representatives of the Red Cross Red Crescent. Especially in remote districts, volunteer leaders are recognised as the whole organisation to their volunteers. Leaders are influential within their communities and, as described by KIs in the case of Sudan, leaders also become appreciated community leaders because they are seen as helping their community through SRCS programmes. Leaders, accordingly, act as role models for their volunteers, leading to a desire for personal development among volunteers, as described by one of the KIs:

[leaders] also a role model actually... I was thinking that when I grew up and start working, that is how I want to support people that I work with. KI2.
KI5 mentioned that in the context of SRCS, becoming a volunteer leader is a position attainable to other volunteers, and the presence of leaders can be influential in encouraging volunteers to aspire to rise within the organisation, as evidenced by the following quote:

Leaders are not leaders forever…. Volunteers understand when being with a good leader that they are also able to be leaders someday!…. it is not limited to somebody, but it is available to everyone... The leader role is to boost and broadcast such beliefs among volunteers... By providing supportive supervision, we can achieve that… I, myself, I was a volunteer, and that happened with me…. I reached a great position by that… and I am still in my way to reach more…

The CMO to this initial theory is presented in Table 5.8 below:

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers, as non-professionals, are driven by humanitarian desire to help and are also interested in building personal, professional and social skills</td>
<td>Leaders acts as a role models for volunteers through their behaviour and how they treat volunteers</td>
<td>Increased inspiration and learning among volunteers</td>
<td>Developing a desire for personal development among volunteers Developing greater competencies</td>
</tr>
</tbody>
</table>

**Table 5.8: IPT1.2: Leaders as role models**

**Theory link:** Transformational leadership (Bass, 1985)

**Notes:** Rival: what if leaders are not respected by communities? What if leaders are not skilled? Or the opportunity to grow in the organisation is not possible?

---

**5.7.1.3 IPT 1.3: Supportive supervision**

The role of leaders is not limited to guiding volunteers on tasks, but also to ensure appropriate and continuous communication. This ongoing supportiveness on behalf of leaders towards volunteers was mentioned by key informants as a key factor in enhancing volunteer well-being:

The leaders have daily, continuous, relationship with volunteers. This relationship is linked with volunteer involvement by offering the supporting environment…… To train them and facilitating their needs… to divide them into peers and groups…. To meeting with them before the mission and
ensuring they know their role…. To supervise them…. To do that individually and for teams as well. KI5

The corresponding CMO to this initial theory is presented in Table 5.9:

**Table 5.9: IPT1.3: Supportive supervision**

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers have the initial desire to be engaged in humanitarian aid activities</td>
<td>Leaders provide two-way communication with volunteers and ongoing supervision to build skills (volunteer leaders communicate well with the volunteers, motivate them, and give them the opportunity to express themselves)</td>
<td>Fulfilled basic psychological needs (of competence, relatedness, and autonomy)</td>
<td>Improving well-being and increasing motivation</td>
</tr>
</tbody>
</table>

*Theory link:* SDT (Ryan & Deci, 2000)

*Notes:* Strong potential link to IPT themes 2&7

5.7.1.4 **IPT 1.4: Activating teamwork**

SRCS volunteers work in teams. The leaders are the ones who manage and supervise teams. An important role of managers is therefore to promote teamwork and through teamwork, minimise conflicts in teams. In the context of SRCS, to achieve success, leaders must promote teamwork, but also make sure that they are in charge of teams. This was expressed by key informants in the following quotes:

*I think you have to support this approach [teamwork], and of course, the managers’ role is very important to understand this.. both individuals support and team support. Because there is a risk that if you emphasise the teams too much... and leave them to manage themselves; it needs to be both parts in it.*

KI1.

*… That [activating teamwork] is part of being a good manager … that to have the balance between leading the people.. have the ownership, and responsibilities and support when they need it... So I guess it is just a balance, you don’t do just only thing, or the other. you have to find that balance.*

KI2

By ensuring that teams are working well, leaders contribute towards the volunteer’s retention within the organisation. KI5 manifested how SRCS leaders work to retain volunteers within the SRCS:
The leader who can create new initiatives to listen to volunteers, offer fair opportunities to everyone…. Leaders should make volunteers feel that they are partners in a situation/case not only giving them orders…. [teamwork]. That leads to fewer conflicts in team…. If I am a volunteer and you call me then [to join an upcoming activity], I will definitely come!… That leads to volunteer retention and also to making the volunteer network larger… volunteers will talk to their communities about the way their leaders treat them with and how nice that is.

A corresponding CMO to this initial theory is displayed in Table 5.10:

<table>
<thead>
<tr>
<th>Context</th>
<th>Initial CMO 1.4: Activating teamwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer work is usually done in teams. Volunteers conduct the activities in groups and all teams have leaders</td>
<td>Leaders organise activities, divide tasks, foster group dynamics and facilitate interactions among volunteers</td>
</tr>
</tbody>
</table>

Theory link: JD-R (Demerouti et al., 2001)

Notes: Ripple effect with IPT theme 3 and link with IPT theme 7

5.7.2 IPTs Theme 2: Training leaders in PFA and psychosocial support

Continuing with SRCS leaders, this second theme is about how training leaders on psychosocial support and psychological first aid (PFA) might impact on volunteer mental health. PFA is a set of supportive and practical tools developed to support human beings suffering during crisis events (WHO, 2011). This approach is recommended by WHO for use in humanitarian settings, as an alternative to critical incidence debriefing (IASC, 2007), which has been critiqued for its ineffectiveness (S. Rose, Bisson, & Wessely, 2002). More recently, a review failed to find support for the use of structural interventions for people surviving traumatic events who do not show symptoms of traumatic stress (Roberts, Kitchiner, Kenardy, Lewis, & Bisson, 2019).

Instead, PFA is an approach that aims to facilitate access to social support and meet the needs of people in distress, as an evidence-informed strategy (Snider, 2017). The core skill honed in during PFA is listening, where supporters, who can be anyone,
use an empathic, non-judgemental attitude to react to people’s concerns (WHO, 2011). Psychosocial support is part of a wider range of activities that aim to strengthen or protect the well-being and/or to prevent mental health disorders for people affected by adversities (IASC, 2007). Theoretically, these approaches may help people to return to a normal lifestyle, seek and receive social support, and look towards their future in the aftermath of adversity (Hobfoll et al., 2007). SRCS leaders reported having received many of these training from the PS Centre, SRC, DRC, and lastly, through the VMC training (as described in Table 5.1 above).

In the context of SRCS, according to the key informants, training the volunteers leaders on psychosocial support and PFA also had potential benefits for volunteerwell-being. For instance, KI2 described that:

Well, it [training leaders in PFA] helps volunteers to communicate with volunteers, especially with stress. I think it is difficult to be a volunteer leader and to meet someone who has been exposed to a critical event and you don’t know really how to support them… so if you have PFA, you will after crisis event when you are observing the team…understand what signs of stress they have, do they need other support.. being able to support them directly using the PFA module so you have kind of structure to be able to support them.

Since communication skills are a core part of the training, leaders are expected to gain the skills required to respond to their volunteers who may be experiencing a stressful event. KI1 expressed that receiving this training is particularly influential:

[psychosocial support] is to strengthen the relationship between the leaders and volunteers.. to strengthen the dialogue between them.. involving volunteers… if you set these different supportive measures in place.. of course.. I am sure.. volunteers will feel better

Particularly for SRCS leaders, as non-professionals with limited knowledge of psychology, the training helps them to better understand the volunteers’ needs, as described by KI4:

[training volunteer leaders] made the change by making a different activity for the volunteers.... advancing that we should listen to the volunteer…
Training volunteers’ leaders is therefore theorised to impact on volunteer well-being through the following CMOs, summarised in Table 5.11 below:

Table 5.11: IPTs themes 2: Training leaders on psychological first aid and psychosocial support

<table>
<thead>
<tr>
<th>Initial CMO 2.1: Skills to help</th>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-professional leaders who are asked to manage volunteers during hard and traumatic situations</td>
<td>Training gives the leaders tools and practical experience to provide help</td>
<td>Increased confidence in providing help to volunteers when needed among leaders</td>
<td>Delivering PFA to volunteers after acute distress.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial CMO 2.2: Providing PFA to volunteers</th>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers face traumatic and stressful situations while working</td>
<td>Leaders provide emotional support, empathy and understanding, and practical help</td>
<td>Evolved feelings of being supported and connected, basic needs (physical) are met, and psychological reactions are learned about</td>
<td>Activating positive coping, calmness, reducing helplessness and improving well-being</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial CMO 2.3: Link volunteers with further help</th>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers face stressful conditions which might lead to noticeable changes in emotions and behaviour.</td>
<td>Leaders talk in a culturally appropriate way with volunteers and provide the referral/link for social support</td>
<td>Developed trust to follow referral advice/using the social supports available among volunteers</td>
<td>Facilitating links with further help, including specialised psychological help, when needed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial CMO 2.4: Leaders learn to use ‘soft skills’</th>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers are driven by humanitarian motives to help, they expect to be treated in a ‘humanitarian way’ by their leader</td>
<td>Leaders use soft skills in terms of communication with volunteers, showing concern and empathy in their communication with them (general behavioural changes)</td>
<td>Increased trust between volunteers and their leaders</td>
<td>Increasing the connection between the leaders and team</td>
<td></td>
</tr>
</tbody>
</table>

Theory link: COR (Hobfoll et al., 2007) and stress appraisal (Cohen et al., 1983)

Notes:
5.7.3 IPTs Theme 3: Volunteers work in teams

Volunteers work in teams in Sudan. Being in the team holds potential benefits for a volunteer’s mental health. Within the humanitarian worker literature, team support emerged as an important factor in the well-being of humanitarian workers (Table 2.2). Furthermore, when reviewing the volunteering literature, it was proposed that the social interaction provided by volunteer work gives individuals a sense of meaning, offers support and guidance to volunteers, and leads to higher satisfaction (Wilson, 2012). Finally, good peer relationships is associated with happiness and volunteer retention (Table 2.9; Einolf, 2018).

The key informants further supported the importance of working in teams for the mental health and well-being of SRCS volunteers. For instance, KI4 emphasises the role of sharing experiences among volunteers, as a way to deal with the challenges and concerns facing their communities:

*We do group sessions whereby volunteers openly discuss situations from their experiences [from their communities] like child marriage, female genital mutilation, the role of volunteers in dealing with emergencies in hospitals… Volunteers share their experience.. discussions makes them acquire a spontaneous experience that differs from the [formal] training experience.*

Teams are also seen as a place to receive social and practical support for SRCS volunteers, as described by KI3:

..One of our volunteers in the camps first lost his father……So this poor man was really not in a good position…… the whole team was supporting him and our field officers as well. They visited him at home and encouraged him to come and not to do anything…. just to come and be in the team and try to recover.. and think and do something else.. They were very supportive…… [another example]…. they have these young volunteers, when they get pregnant ……. [after baby delivery] and then everyone else is supporting the situation.. they support this girl.. at least we have several examples already.. and even this baby now is usually there and everybody is taking care of the baby …
Being in teams is also quite important for the volunteers’ well-being, especially in responding to emergencies whereby the demands of work require large effort and sustained work as described by KI5:

*In normal situations, the understanding is like as a volunteer I may work alone with my family and neighbours on a certain situation…. But in disasters and conflicts, which are quite frequent in Sudan, there are huge needs for people, and there we need a fixed team to handle them, therefore.*

Furthermore, KI1 emphasises the role of teams as a source of volunteer protection in the context of SRCS, where security is a huge concern:

*The security issue for volunteers…… there is lack of security framework or regular security assessment and follow up of that and security mechanism……but I also think [being in teams] it is the way of support of volunteers, they are very often have to handle the situation themselves.. it is the security issue that you are not working alone. And if you get a team to work, you know, we have in the model the important to keep the team together…..*

These aspects of working in teams were used to generate the following, relevant CMOs, presented in Table 5.12 below:

<table>
<thead>
<tr>
<th>Table 5.12: IPTs theme 3: Being in teams</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial CMO 3.1: Sharing experiences</strong></td>
</tr>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Delivering humanitarian aid is demanding, especially for the volunteers who are not well-trained, are non-professionals and are affected by the same crises as their communities</td>
</tr>
</tbody>
</table>

| **Initial CMO 3.2 Social support vs workload** |
| **Context** | **Mechanism (Resource)** | **Mechanism (Reasoning)** | **Outcome** |
| Volunteers have a high workload in emergencies, operating within highly strained contexts | Being in teams offers support from team members | Perceived social support from peers | Decreasing work-related strain |

| **Initial CMO 3.3: Socialise with team members** |
| **Context** | **Mechanism (Resource)** | **Mechanism (Reasoning)** | **Outcome** |
Volunteers are stressed from being part of the crises and have fewer opportunities to gather and feel part of the community.

Organisations arrange team activities which include contact with team members in favourable manners.

Increased levels of relatedness, belongingness and shared identity, sense of community and collective efficacy among volunteers.

Promoting well-being.

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers work in insecure circumstances where they might be harassed or yelled at by others</td>
<td>Volunteers present together, volunteers are accompanied by others</td>
<td>Developed feelings of security by depending on each other</td>
<td>Decreasing the stress</td>
</tr>
</tbody>
</table>

**Theory link:** COR (Hobfoll et al., 2007), stress appraisal (Cohen et al., 1983), JDCS (Johnson & Hall, 1988) and JD-R (Demerouti et al., 2001)

**Notes:** What are characteristics (context) that make teams work more effectively? A question to be investigated. Potential role of leaders, equality, and team homogeneity from KIs.

### 5.7.4 IPTs Theme 4: Training volunteers

Training is a known key organisational determinant of mental health outcomes across humanitarians cadres. As volunteers have access to less training, compared to paid expat or national staff, this makes them more vulnerable in the face of humanitarian work challenges (Table 2.2). Training and preparedness are, therefore, highlighted across all humanitarian worker well-being guidelines (Chapter 2.1.6). Furthermore, for volunteering in general, training has been shown to impact on volunteer satisfaction and retention (Alfes et al., 2017).

Training is a core part of SRCS activities for volunteers, and features as a main component of their VMC (Table 4.2). Key informants further emphasised the role of training in protecting the mental health and promoting well-being among volunteers.

According to KI4:

\[\text{[Training]} \text{ Teaches the basics on when and how to intervene, how to assess the available resources, and when to ask others for help... These are three important things in preparing any volunteer to work.}\]

Training exposure builds the volunteer’s interpersonal skills required to be able to approach communities and initiate solutions, leading to appreciation by communities, as expressed by KI5:
Training makes volunteers able to take the lead in their community and use the right keys... when volunteers use the right language [the way to communicate]... that gives SRCS a priority and appreciation in the communities.

Finally, taking into account the challenges of humanitarian work, training volunteers in psychosocial support principles is proposed as a way to impart better self-care and peer-support strategies among volunteers, enhancing their capacity to handle stressors. Key informants expressed this important aspect of training:

*Training will allow volunteers to recognise their own emotions and stressors and know how to deal and cope with them... and to be able to do self-care and peer support... this is a way to ensure volunteers are doing well in their work.*

KI5.

The principle of training did, however, raise some concerns. First, and while they have undergone some training, volunteers may not feel able to handle all the tasks required of them. This is particularly true for complicated tasks, such as providing psychosocial support. And second, volunteer training usually occurs over the course of a few days, and requires follow-up to ensure that the training was effective in the context of the SRCS. Training is, therefore, not always aligned to the types of challenges or tasks volunteers might encounter in the field, and this might trigger uncertainty among volunteers, as described by KI3:

*...but I can assume that this [training volunteers to provide psychosocial support] affect their [volunteers] well-being because they go to field and they are assigned to tasks which are not that clear about what they supposed to do...... so I think on the one hand should be better because they also were in psychosocial training, they adapted some skills, self-care and life skills. But, on the other hand, I think at least some of them they feel probably pressured... because you do not have to the tasks...!*

The above aspects are all taken together and theorised into three different CMOs, presented in Table 5.13:

<table>
<thead>
<tr>
<th>Table 5.13: IPTs theme 4: Training volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial CMO 4.1: Skills and knowledge</td>
</tr>
</tbody>
</table>

200
<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers, not professionals, work to deliver humanitarian aid, receiving training on how to do their tasks before missions</td>
<td>Training offers the skills and knowledge for how to work in challenging settings and how to deal with these challenges</td>
<td>Increased competence, autonomy self-efficacy, and trust in the organisation</td>
<td>Decreasing stress levels</td>
</tr>
</tbody>
</table>

Initial CMO 4.2: community acknowledgment

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities expect volunteer’s assistance to be provided and communicated in an appropriate way by trained volunteers</td>
<td>Communities reciprocate the aid by recognising and acknowledging volunteer efforts</td>
<td>Increased motivation and self-esteem</td>
<td>Improving well-being</td>
</tr>
</tbody>
</table>

Initial CMO 4.3: Psychosocial skills

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers face stressful situations in their work (e.g. traumatisation)</td>
<td>Training in psychosocial support provides volunteers with the skills and knowledge to deal with challenges</td>
<td>A developed ability to recognise stress reactions among themselves and their colleagues, Contribute to psychological preparedness</td>
<td>Increasing self-care and increasing the likelihood of volunteers asking for help when needed</td>
</tr>
</tbody>
</table>

Theory link: JD-R (Demerouti et al., 2001) & SDT (Ryan & Deci, 2000)

Notes: Rival theory on training assumptions because training variations matter: the level of training among volunteers, available follow-up, and matching training with tasks all determine how training might affect volunteer well-being

5.7.5 IPTs Theme 5: Using community-based approaches

While a lack of social support and cultural differences are proposed as common stressors among expatriate humanitarian workers (Table 2.1), this is not the case for volunteers. Humanitarian volunteers are part of the communities. When volunteering is well-embedded within a culture and the values of a society, such is the case in Sudan, the voluntary-based organisations may benefit from leveraging this aspect of a culture to recruit and mobilise volunteers. In SRCS, the situation is such that the organisation is part of the apparent community structures, ranging from across remote villages to the big cities. As previously discussed (Chapter 2.2.3.3), volunteer management practices can be contingent on the organisation’s position in the community and on its mandate, both of which may differ from one context to another. Within the SRCS, the organisation is fully aligned to what is common in existing communities. A main finding from Albes...
et al. (2017) review on volunteer management practices is that a flexible and autonomous job design accompanies better volunteering outcomes. Taken together with the SRCS approach of using existing community structures, this was theorised as being influential to the volunteers’ mental health.

KI1 considers this approach very important for both the volunteers and community to feel the ownership of the services and activities:

...I see our mandate to be community-based... and you know, community engagement and accountability is something very important... and that also strengthen the quality and sustainability of what we are doing... if the community is involved and take the ownership and so on... so for me, it is also an efficient way of working... responsible and efficient way

KI3 highlighted that social activities are favoured by volunteers, especially for females who might find a unique opportunity to socialise. Such activities are thought to have impact on volunteer well-being:

They also do a lot of these joint activities around ‘Iftar’ which is very nice because it contributes to the connectedness of volunteers... and gives them a sense of belonging ... there are many good outcomes of these activities, and those were confirmed by volunteers themselves... When I ask them what do you like, what do you do, they always emphasise the role of this.

Many of these activities are spontaneous, and led by the volunteers themselves. The key informants highlighted the importance of such activities for the volunteers as described by KI5:

It is an innate matter... each one according to his/her region... for example in Darfur, each volunteer appears out with something we call it ‘Kadah’, a large food dish contains a local food from his/her home,... everyone shares something from his home... it is spontaneous, but makes volunteers feel comfortable... so that I am [as a volunteer] experiencing something similar to my community.... and without spending extra expenses out...

The role of community-based approaches is theorised into three different CMOs, presented in Table 5.14 below:
Table 5.14: IPTs theme 5: Using a community-based approach

<table>
<thead>
<tr>
<th>Initial CMO 5.1: organisation uses community practices</th>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a collectivist culture, where people have a strong sense of belonging to their communities and their practices,</td>
<td>The volunteer organisation implements community-based volunteer activities to motivate volunteers (e.g. home visits, breaking fast/tea ceremonies), where activities mirror those practiced in their communities</td>
<td>A developed a sense of belonging to the voluntary organisation among volunteers</td>
<td>Improving well-being</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial CMO 5.2: Culture is embedded in organisation</th>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong collectivist culture and tradition in the community</td>
<td>Embeddedness of community culture in volunteer management and in organising aid-related activities: the organisation uses the community’s ways of communicating with volunteers, using community spaces for training and meetings, etc</td>
<td>A developed sense of ownership when practising the same traditions in organisation as they do in their communities. Autonomy when delivering activities</td>
<td>Increasing motivation and work engagement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial CMO 5.3: organisation organises social activities</th>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers are stressed, they are part of the crises and have fewer opportunities to gather and socialise</td>
<td>Aid organisations provide activities whereby volunteers can meet with people who face the same adversity</td>
<td>Perceived social support</td>
<td>Reducing stress Increasing well-being</td>
<td></td>
</tr>
</tbody>
</table>

Theory link: JD-R (Demerouti et al., 2001), SDT (Ryan & Deci, 2000) & COR (Hobfoll, 1989)

Notes: Variation of the relevance of these social activities to the volunteers, Females are proposed to have additional benefits in cultures where female movement is restricted. Another relevant mechanism is related to feeling proud in front of one’s family when practising community activities, in support of the volunteers’ esteem.

5.7.6 IPTs Theme 6: Volunteer management policy

SRCS volunteering policy, structure, procedures and regulations are part of the volunteer management manual. This manual acts as a binding document that the organisation should follow, including the duties of SRCS towards their volunteers. Such duties are mainly related to protecting volunteers from hazards, preparing volunteers for emergencies, supporting them, and involving them in all phases of programming. Having such a policy is a key factor when discussing humanitarian worker guidelines and to promote well-being in the workplace (e.g. IASC and Antares guidelines, see
Chapter 2.1.6). According to KI4, the policy represents a mutual obligation between volunteers and the national society, and their obligation to be responsible for protecting volunteer. The obligation requires the NS to disseminate the policy among volunteers, as described in the following quote:

> It is [policy] the duty of SRCS…. Like a charter… it becomes a reference for the volunteer and the national society.. volunteers should sign it and know when that happened…….. [as a leader], I should disseminate this and simplify it according to the language [and level] of each volunteer….. if I fail [as a leader], that means I should find another job..!! because that is the core responsibility of leaders.

According to the KII, policy leads to sustaining the organisation’s approach, if regularly updated and when volunteers are well-informed about it:

> I think it [policy] is critical that all national societies because, as I said and you mentioned it, this is the institutional memory that should guide the entire national society…. and it demands.. the policy demands a lot of all of the national societies…. now, a policy needs to be updated regularly.. because the context is changing…….. Also to ensure the volunteers’ rights.. and they all informed about the policy, and that is another issue I am not sure about if the volunteers are really informed about the policy today..

The key informants, however, mentioned that sometimes the policy might not be implemented, funded, or even known by the volunteers. Therefore, these variations are taken into account as ‘rival’ theories, in the theorised CMOs presented in Table 5.15.

**Table 5.15: IPT theme 6: Volunteering policy**

<table>
<thead>
<tr>
<th>Initial CMO 6.1: procedures</th>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers operate in challenging environments whereby exposure to stress/danger is expected</td>
<td></td>
<td>(Res.M and Rea.M are not disaggregated) Policy includes procedures to protect against strains and dangers (e.g. safety regulations, rights and responsibilities, stress briefing, referral if needed)</td>
<td></td>
<td>Minimising physical and psychological harm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial CMO 6.2: accessibility and awareness</th>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little developed organisational structure in remote areas and lack of systematic procedures</td>
<td></td>
<td>Policy is clearly visible and accessible for the leaders</td>
<td>Increased awareness and belief of the importance of protecting the volunteers</td>
<td>Endorsing the policy in their practices</td>
</tr>
</tbody>
</table>
5.7.7 IPTs Theme 7: Organisational support

This last theme is reserved for organisational support. Generally speaking, organisational support is the most frequently topic discussed with regards to humanitarian worker’s mental health (Table 2.2), as well as within both organisational studies (Chapter 2.3.3), and volunteering studies (Chapter 2.2.4.2). Reviewing the volunteering literature suggests that adopting a caring position from the stand point of an organisation towards volunteers is also an important determinant of volunteer well-being (Einolf, 2018). Furthermore, the quantitative study results (presented above) evidence how perceived organisational support is associated with better mental health outcomes among SRCS volunteers. Exploring how POS antecedents may, as discussed in the OST literature, impact on SRCS volunteers is therefore the focus of this IPT.

An overall welcoming and caring environment was seen as an ultimate goal of volunteer management, as expressed by KI1:

>The whole thing [of volunteer management] is development of the context of volunteers and make it more volunteer friendly environment.. I can’t say all over the country.. but I believe in that.. and especially in the humanitarian organisations...you know, we are.. taking volunteers from the ground.. they should perform, I really think this is an important area to add on what we are doing.. Caring for all of us.. you know.. not only target groups but also for volunteers. It opens up the discourse I think.
However, according to key informants, a number of factors may prevent a welcoming and caring environment from occurring. These barriers are related to a lack of qualified human resources and high turnover among volunteers; organisational restrictions in terms of traditional leaders who might not accept the new suggested ways of managing volunteers offered through VMC; the lack of funding for volunteer activities; the enormous economic pressures in Sudan, reflected among the volunteers; and a lack of equipment, which may include the most basic human needs (e.g. food, water). All these challenges were presented as barriers to be able to fully support the volunteers within the SRCS.

Therefore, one apparent issue with respect to organisational support was related to paying volunteer incentives. Only volunteers who are funded as part of projects get paid. These projects are, in turn, funded by SRCS partners as the SRCS itself does not have the capacity to pay volunteers. This issue was mentioned as impacting on volunteer motivation, volunteer working hours, as well as on feelings of organisational justice. As described in the following quotes by KIs 3,2&1:

[In area XX], the project volunteers.. most of them are working almost every day.. which I don’t think is it ok.. but this is another discussion.. But that is what they do here… so they receive incentives which is quite ok for Sudan standards.. what they receive in is 2500 SGD for volunteers [per month, about 40 €]..... but out of this amount they deduct some 200-300 to the social insurance....! why I don’t know. KI3.

We are very proud of having volunteers and in the ideal world, we should be proud, but we should ask for people who don’t have anything to volunteer and the do it out of desperation.. because they don’t have anything.. and that way of volunteering I don’t agree with.. and your motivation is the survival..!! and we pay them so little.. but it is even more, per diem and transportation, but it is even more then they could get if they don’t have anything so they do it anyway … they work long hours, they struggle. KI2.

You can’t use volunteers 8 h a day 7 days a week and call them volunteers.. they should be assigned as daily workers and contractors…. That you have a
limitation for that, because there is also a lot of misuse for volunteers as a cheap labour. KI1.

On the other hand, one of the most appreciated supportive practices from the organisation toward their volunteers was related to the collective acknowledgment of volunteers efforts. According to KI3, acknowledgement is a main factor impacting positively on volunteer well-being:

They organise these events.. they always say thank you.. and always when I am there.. they always ask us to go and to say something to these volunteers.. and in my experience.. it is ok.. for them it is something interesting that someone from outside is saying great... I say great very seriously because I really say it as great.. it is not the question.. in Europe is mainly staff. We don’t have so many volunteers unless something happens!....... SRCS is a volunteer based one [organisation]. as it should be .. so I was always saying this and I have been impressed and amazed by their great job in very difficult conditions sometimes.. they are very happy.. they always tell me.. you can see their happiness.. and they have this sense of connectedness. You see when their reactions.. you see that these people are really friends to each other… there is sense of belonging.. very strong.. which is encouraged by this acknowledgment.

Furthermore, the training opportunities provided by SRCS were proposed as a source of organisational support. Some also noted that some of the training (e.g. first aid) might result in better job opportunities for volunteers in Sudan’s formal employment sector, as explained by KI4:

The skills we teach them about communication and dealing with people is one of the positive things that helps volunteers even with jobs.. because it opens channel to deal with a lot of stake-holders... we did agreement with the health centres at the States levels... They trained female volunteers to be midwives... they give them job opportunities in some states like South Darfur and Sennar.... So maybe if you volunteer with us you will find a job serving you and your family!.

Key informants also highlighted the positive impact of involving volunteers in decision-making and planning programmes - not only in terms of successful
programming, but also in terms of valuing the volunteers and boosting their self-esteem, and leading to volunteer retention. A final comment by KI5 expresses the way volunteers react to organisational support. Volunteers feel proud and satisfied when leaders participate with them in their activities, and such participation is positively perceived within Sudanese communities:

*Small things can make the volunteers happy...! once I went to a district in North Kordofan, 1000 km away from Khartoum, to participate at the end of first aid course ceremony for the volunteers... you can’t imagine how happy the trainers and volunteers were...! I felt that...the community there, they made huge celebration...people celebrated based on their traditions. They perceived me... coming to them... as very big support......... volunteers, despite the hardship, despite the lack of resources, they have very high morale and can small things will make them happy... so why we don’t do it for them.... what if we offered more needs as well...!!*

The above discussed how volunteer management is practiced and how this practice may impact on the mental health and well-being of volunteers. Taken together, and in light of OST, the following CMOs were theorised (Table 5.16):

<table>
<thead>
<tr>
<th>Table 5.16: IPTs theme 7: Organisational Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial CMO 7.1: skills development</strong></td>
</tr>
<tr>
<td>Context</td>
</tr>
<tr>
<td>Volunteers are non-professionals with limited experience in work and little opportunities in life</td>
</tr>
</tbody>
</table>

| **Initial CMO 7.2: reciprocity of efforts**   |
| Context                                      | Mechanism (Resource) | Mechanism (Reasoning) | Outcome               |
| Volunteers are extrinsically motivated to work in their communities | Organisations provide a sort of “symbolic payment”, reciprocating volunteer efforts by acknowledging their role | Increased self-esteem and satisfaction | Improving well-being |

| **Initial CMO 7.3: Inclusion in decision making** |
| Context                                      | Mechanism (Resource) | Mechanism (Reasoning) | Outcome               |
| The humanitarian organisation is volunteer-based with representation of volunteers in its governing systems | Organisations provide the power to participate in the organisation’s decision-making and planning to volunteers | Elevated feelings of ownership of one’s action/autonomy | Improving well-being |
|                                               |                       | Feeling care and respect from the organisation | Increasing perceived organisation support |
### Initial CMO 7.4: favourable work environment

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demanding job whereby volunteers may face disputes while delivering aid and are exposed to hazardous situations</td>
<td>Organisations ensure a favourable environment in work (supportiveness from team and leaders) to their volunteers</td>
<td>Perceived social support in the workplace</td>
<td>Decreasing stress/improving well-being</td>
</tr>
</tbody>
</table>

### Initial CMO 7.5: Organisational justice

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers expect to be treated as equals, they come to the organisation with the aspiration to be treated well.</td>
<td>Organisational justice in fair treatment of volunteers: the humanitarian organisation facilitates equal access to training/material incentives/rewards, etc. and has complaint procedures in place</td>
<td>Increased trust in the organisation, and organisation's mission</td>
<td>Raising satisfaction in work and volunteers retention</td>
</tr>
</tbody>
</table>

### Initial CMO 7.6: Caring and emotional support

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers are intrinsically driven to support their communities</td>
<td>Emotional support: the caring position from an organisation towards its volunteers</td>
<td>Fulfilled basic psychological needs</td>
<td>Improving well-being</td>
</tr>
</tbody>
</table>

### Initial CMO 7.7: Facilitating help seeking behaviour

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma against seeking help for mental health</td>
<td>Organisations offer supportive and favourable environments to the volunteers</td>
<td>Increased trust to share psychological problems among volunteers</td>
<td>Improving help-seeking behaviour</td>
</tr>
</tbody>
</table>

### Initial CMO 7.8: Urgent practical help

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging environment with lack of resources and uncertainty about self/family situation</td>
<td>Organisations provide urgent practical help for volunteers, when needed</td>
<td>Reduced feelings of helplessness</td>
<td>Decreasing stress levels</td>
</tr>
</tbody>
</table>


*Notes:* Links with IPTs themes 1, 3 & 4

### 5.8 Other relevant comments by KIs

The key informant interviews were used in conjunction with the results of Phase 1, the literature review, and the results of the survey to develop the initial programme theories. The IPTs are used in an explanatory manner, and are taken forward for further refinement in Chapter 6. In addition to the IPTs’ development, KIs helped to grant a better understanding of the organisational and volunteering context of the SRCS. The
current section provides results from coding for other relevant factors, presented in section 5.6.2 above.

A. **Project-based approach:** The majority of activities run by SRCS volunteers are part of a project implementation, based on pre-defined proposals and with strict deliverables and timelines. This approach leads the programme managers to focus on activities rather than volunteers. Volunteer needs, therefore, might not be prioritised or addressed. The project-based approach does not guarantee sustainability. Funding, support, activities, and impact are more likely to stop by the end of the project, therefore. This potentially impacts on volunteer well-being in terms of ‘staffing’ volunteers by asking them to work every day, full-time, and paying them only small incentives. Choosing project volunteers who get ‘benefits’, compared to non-project ones, might also influence the perception of equality among volunteers.

B. **Gender considerations:** Female volunteers constitute about 60% of the SRCS volunteers. However, they are less represented in leadership roles. This reflects the prevailing masculinity culture in Sudan and organisational culture in the SRCS. Females also face larger social pressure in terms of restrictions of movement and participation. As a result, female volunteers may be less exposed to training and development opportunities, which are reserved for males. Females need and appreciate SRCS social activities more, whereby their participation in such activities is better perceived, according to local social norms.

C. **Lack of coordination among stakeholders:** In the context of the SRCS, key informants expressed how the project-based approach, with its rapid implementation and ‘competitive’ nature, may lead to miscoordination and duplication of efforts (i.e. inefficient programming). For instance, repeating the same training for the same people, whereas others complain about a lack of training. This general reflection may be the case across all SRCS programmes,
and not limited to only volunteer development. However, it has the potential to impact on volunteers, particularly.

D. **Training assumption:** The assumption that training volunteer leaders might positively impact on the volunteers’ mental health is limited, and might not benefit volunteers on the ground. According to the KIs, all mentioned that training courses happen at the HQ level, with limited participation of field volunteers. Therefore, in the context of lack of funding, access for field volunteers to relevant training might be limited. The training approach without systematic follow-up might not reach its intended outcomes.

E. **Strong collectivist social norms:** There are prevailing social norms that emphasise the role of social connectedness in Sudan. SRCS activities are built, to a great extent, to align to this aspect of Sudanese culture. This is particularly relevant as strong social bonds are a primary coping strategy for people in the face of adversity and a considerable amount of self-esteem for the volunteers depends on how their community perceives their actions or the behaviour of their organisation (i.e. the SRCS).

**5.9 Chapter conclusions**

This chapter presents the methods and results used during Phases 1 and 2 of the study. Together, the desk review on SRCS volunteering, the site visit with observations and informal meetings were used to formulate rough themes of potential initial programme theories. These themes benefited from further development, arising from the results of a quantitative study of 409 volunteers from the SRCS (Aldamman, Tamrakar, et al., 2019) as well as from five key-informant interviews with experts in volunteering in the SRCS. Both the quantitative study and the key informant interview results are presented and used as supportive evidence to develop the seven initial programme theories themes, each with multiple CMOs. Other relevant factors emerging from the KI interviews are also presented. The results of this chapter, the IPTs themes, were then taken to be formally tested in White Nile State, the methods and results of which are presented in Chapter 6.
Chapter 6: Field case study: the White Nile branch

6.1 Chapter overview

As the second empirical chapter, this chapter describes the methods and results of Phase 3 of the research: A field case study carried out in the White Nile branch of the SRCS. The chapter starts by introducing the context of the study site, followed by a description of the methods used, including the introduction of novel interviewing and FGDs techniques, contributing to the advancement of more transparent RE methods. A description of the participants (n=51) taking part in this phase of the study is then offered, before explaining the analytical strategy used to derive the results of this chapter. The initial CMOs are then discussed and systematically refined as per the analytical procedures. The overall aim of this chapter is, therefore, to refine the initial programme theories presented in Chapter 5, thereby addressing the second research objective (Chapter 1.6).

6.2 The Case study: SRCS White Nile branch

A case study research strategy is described as “an approach capable of examining simple or complex phenomenon, with units of analysis varying from single individuals, to large institutions, to world-changing events; it entails using a variety of lines of action in its data-gathering segments and can meaningfully make use of and contribute to the application of theory” (Lune & Berg, 2017a, p. 170). In each case study, the unit of analysis is examined in order to gain an in-depth understanding of the aspects of a contemporary phenomenon that occurs in a real setting, with no control over its context (Farquhar, 2012). Cases are defined across a number of broad categories (e.g. places, groups, organisational settings), and the case study approach utilises multiple methods and data sources to arrive at a full picture of each examined case (Lune & Berg, 2017a).

Case studies are therefore strongly aligned with realist evaluations, in that they both seek an in-depth understanding of how programmes work in different contexts. Utilising a case study approach is therefore an appropriate method to test programme theories in real-world settings. Taking an in-depth look into one organisational setting
(i.e. an SRCS branch) via the case study strategy allows us to understand how context variations within that specific setting may impact on the generation of outcomes. Understanding these contextual variations, in turn, will contribute to the development of the realist Middle Range Theories (MRTs), prior to testing this in a new round of iteration, as per the RE Cycle (Figure 3.4).

As previously explained in Chapter 4.4, the White Nile Branch (WNB) was ultimately chosen as the field case study site, as it met the inclusion criteria of the study location. In addition to the logistical reasons for selecting WNB, a ‘theory-driven’ approach was also applied to this selection. Specifically, the branch was selected as its work includes responding to different humanitarian situations and accordingly, has different resources in place. How these variations might influence the CMOs was therefore a strong reason for its selection as the case study site.

6.2.1 SRCS White Nile Branch

WNB was formally established in 1992. It consists of eight localities, as per the SRCS organisational structure discussed in Chapter 4.3.2. Volunteers for the WNB work across a number of different activities and humanitarian responses, including community-based health and first aid (CBHFA), but also intensive disaster response activities. For example, White Nile State is currently at high risk of seasonal floods, with about 2,000 families affected floods annually. More recently, the White Nile has received in excess of 250,000 South Sudanese refugees (UNHCR, 2019), the majority of which arrived via two temporary entry points, and settled in one of eight refugee camps (UNHCR, 2018b). SRCS volunteers are the primary service providers in these camps. Most of them therefore live in the camps and are constantly on duty. Today, as internationally recognised refugees, the UNHCR is currently leading all camp management. Before 2017 however, South Sudanese refugees were still considered internally displaced, and therefore, the responsibility for camp management fell with SRCS volunteers.

5 Uncited information in this section is based on a presentation given by the SRCS’ White Nile branch manager.
WNB has limited income generating sources, including an agricultural project, bakery, and a shopping centre. As a result of the refugee response, however, WNB is increasingly forging several partnerships with UN agencies, INGOs and PNSs in order to deliver humanitarian aid via projects. Taking part in such partnerships can offer additional sources of training for White Nile volunteers, as the main service providers. For example, some projects contain a specific budget for volunteer activities. From these additional resources, the branch implements a yearly training camp for volunteer leaders. This opportunity however, is unlikely to be available within other branches within the SRCS due to lack of volunteer-support funding mechanisms.

6.3 Methods used for data collection

Testing the IPTs in this case study included the use of interviews with volunteer leaders and conducting focus group discussions (FGDs) with the volunteers. Tools were specifically developed to be consistent with RE and contextually relevant to the SRCS volunteers.

6.3.1 Interviewing techniques

Interviews are the most widely employed method in qualitative research (Bryman, 2012a). Departing from traditional interviewing, RE uses its own interviewing approach whereby, and as explained in greater detail in Chapter 3.7.1.2, teacher-learner and conceptual refinement approaches work together to refine, confirm, refute, or inspire programme theories (Pawson & Tilley, 1997). Interviewing was therefore theory-driven and made use of realist approaches. The interview guide was developed based on the elicited IPTs themes presented in Chapter 5, available in Appendix 11. Interviews were preceded by a general introduction to the research, a description of the purpose of the interview, a description of the method I planned to use during the interview, and consent.

The first part of the interviews served as an ice breaker to help build rapport between the interviewees and myself (Nathan, Newman, & Lancaster, 2018). This was achieved through the use of simple questions about the interviewee’s role and
experience within WNB. The second part asked about general stressors facing volunteers and the organisation. This was used to better understand the context and to act as a lead into the IPTs. Finally, the last part was set aside for any further feedback or questions from the interviewee and to wrap up the session. These steps were chosen as they are consistent with those of a traditional semi-structured interview, as described by Bryman (2012a), in terms of being divided into different sections, being administered based on a pre-prepared interview guide, and allowing for flexibility in terms of pursuing emerging topics of interest (Bryman, 2012a). However, these steps were altered slightly in order to be more consistent with RE.

Aligned with RE, questions were designed such that they were firstly, exploratory in nature (Manzano, 2016). Question elements such as ‘what is it about [……]?’ , ‘there is the idea that[…….] what do you think?’ were used in the wording of these questions. These questions led to further ‘probing’ questions including ‘why does this matter to[ ……].?’ or ‘how does this [……] help the volunteers?’ . In this way, the interviewees and I were engaged together in articulating parts of or all of the CMOs. Whenever the interviewee suggested a potential CMO, I would rephrase it and repeat it back to them, adopting a ‘learner mode’ to listen to their ‘theories’. In this sense, my position as a researcher in the interviews deviated from a traditional, interpretive one. Instead, a dynamic, alternating, ‘theory-testing’ process between the interviewees and myself was used to contribute towards the theories’ conceptual refinements. It was explained to the participants that this methodology encourages the thinking process and that they are welcome to reflect on my thoughts in the same way as I am reflecting on theirs.

This same process continues through several teacher-learner cycles, often culminating in interviewees feeling satisfied with the resulting product, as expressed through comments such as: ‘I could never phrase it better than that’. This does not however signal the end of the process and examples are sought in order to better capture the interviewee’s thoughts. Moreover, and corresponding the rivalry nature of programmes and to better uncover programme contexts (Pawson, 2013), questions such as: ‘but what if[……..].. is it still the same?’, or ‘what are the factors that make…[……]’ were used. Finally,
I tried to give multiple possibilities and options for participants to consider in order to minimise the risk of response bias (Trish Greenhalgh et al., 2017d), and always gave the interviewees the option to express whether ‘[…..] never happened to me’ when discussing a certain case.

6.3.2 Focus group discussions techniques

FGDs were chosen as a second qualitative data collection method, as they are considered useful in cases where it makes sense to interview more than one person, usually at least four, at the same time. In addition, FGDs not only allow for an open discussion on the topic of interest, but unlike interviews, further allow for the observation of interactions among participants when discussing these topics (Bryman, 2012b). The unit of analysis is thus the whole group, and observing interactions between individuals forms part of the data collection methods (Lune & Berg, 2017b). FGDs were also chosen as they allow for the observation of agreements and disagreements between participants, offering a more realistic account of how people think and experience a phenomenon. Lastly, FGDs were chosen as they can help build a collective sense-making of the studied phenomenon (Bryman, 2012b), which considered particularly important for the refinement of CMOs.

Conceivably, managing a FGD requires more skills and attention compared to an interview. It also demands extra measures to ensure the confidentiality, safety, respect and engagement for all participants. Aligned with Lune and Berg (2017b), these considerations were put in place while preparing for the FGDs, and in the development of the FGD interview guide, available in Appendix 12. To encourage participant’s engagement in the discussions, the FGD was preceded by the setting of mutually agreed upon ground rules, as a way to build rapport with the group (Figure 6.1 displays the setup for an FGD). These rules were co-created and agreed among each FGD participants, including myself. Given the large number of IPTs, FGDs were conducted over 2-2.30 hours, divided into two sections, separated by a 30-minute lunch break. In accordance with Sudanese culture, lunch was offered for participants, and I took care to ensure that participants were enjoying their break and having a nice time together.
The above describes some of the techniques used to address the challenges of conducting RE in a non-Western context (Gilmore, 2019). Together, these techniques lend themselves to participants being better engaged with the research process, while trying to address any power imbalances between the researcher and participants (Gilmore, 2019), and among participants themselves. However, and while FGDs are widely used in REs (e.g. Doi, Wason, Malden, & Jepson, 2018; Vareilles, Marchal, et al., 2015), there is little information on how FGDs are applied within RE and whether their use or application differs from FGD approaches used in non-realist research.

According to the RAMESES II quality standards of RE (Wong et al., 2017), this lack of clarity around data collection methods serves as an indicator of inadequate reporting details on using realist methodology. As such, they call for RE to advance data collection tools through proposing “new data collection methods, tools and processes are adapted and/or developed where required and are consistent with realist principles” where “the specific techniques used or adaptations made to instruments or sampling processes are justified” (Wong et al., 2017, p. 25). Answering this call and applying my understanding to the realist methodology, I therefore developed an RE-consistent FGD method to better serve the process of theory refinement and to uncover Cs, Ms and Os.

FGDs were used with volunteers in a ‘theory-driven’ way, consistent with the interview processes described above. Given the difficulties I experienced during my first
visit to Sudan, whereby while SRCS volunteers consented to participate, they were largely unforthcoming during discussions, I designed a novel way to encourage participants to speak and voice their opinions on the IPTs in an FGD setting. With guidance from my supervisor, I wrote a series of vignettes to illustrate the IPTs and, consistent with RE teacher-learner techniques, used them as a simplified method of ‘teaching’ FGD participants about the IPTs. While using vignettes is also consistent with the case study approach (Lowcock, Warwick-Booth, Grewal, & Underwood, 2017), this utilisation represented an adaptation of the traditional FGD method. Using vignettes is presented in greater details in section 6.3.3 below.

The questions asked and methods used to moderate the FGD also reflected the RE ‘teacher-learner’ approach. Initially, the first set of questions prior to presenting the vignettes were related to stressors volunteers face in their work and life, as a way to better understand their experiences and to be able to refer to these stressors when testing the IPTs. This part was then carried forward in the theory testing by linking stressors with the support opportunities volunteers expressed as contextual factors. I also used questioning as a useful and practical retroductive tool. Questions such as: ‘how does this matter…?’, ‘why do you think the […] occurs?’ or ‘does that always happen and for each volunteer?’ as a way to help uncover the Ms and Cs.

6.3.3 Using vignettes as a teacher-learner tool

Vignettes are short stories about hypothetical characters in specified circumstances, which help to contextualise abstract thoughts, and which were first used to evaluate the normative responses of people in survey research, especially in respect to sensitive situations (Finch, 1987). The development of vignettes has led to broader usage in both quantitative (i.e. as survey tools with fixed answers), and qualitative (i.e. framing out sensitive topics for more accessibility) research (Kandemir & Budd, 2018). Vignettes can also be used for the purpose of interpreting actions in specific situations, clarification of judgement on complicated topics, such as moral dilemmas, or discussing sensitive experiences, or can serve as introductory ice-breakers or to wind-down an
interview session (Barter & Renold, 1999). Further, they are often used in qualitative research conducted with children and youth (Teachman, 2018).

Vignettes, in this sense, align with realist methodology, in that, as described by Pawson, vignettes allow for an “I’ll show you my theory if you’ll show me yours” (Pawson, 1996, p. 307) approach to IPT refinement. I therefore chose vignettes as an appropriate methodology through which to present the IPTs. Further, I proposed my method to the RAMESES mailing group (RAMESES, 2018), whereby all respondents were supportive of the decision. The group cautioned however, the importance of volunteers discussing their real situations, and not fictitious ones. Ultimately, vignettes were therefore used to address two specific challenges: (i) the difficulty in getting participants to openly and actively discuss the IPTs and (ii) the difficulty in getting participants to understand the process of refining the IPTs.

Prior to the FGD, it was explained that vignettes are stories used to help focus on a topic and that these did not reflect a story about an individual(s) in the group. Vignettes were then presented on a flipchart prior to commencing any discussion about the IPT theme (see Figure 6.2 below).
Vignettes were designed as one vignette for each theme of IPTs derived in Chapter 5, with each reflecting a story about RCRC volunteers. Stories were simple and contained the CMOs. In the above example, the vignette corresponds to the IPTs Theme 2: Training volunteer leaders in PFA (Chapter 7.7.2). The example presented in the vignette is about a leader who helps a volunteer after being exposed to severe distress. The names and context in vignettes were adapted for Sudanese culture. For example, the vignette presented in Figure 6.2 uses traditional Sudanese names (i.e. Fatima) and the incident (i.e. a road traffic accident) is one of the most prevalent risks in Sudan. The situations discussed, however, were at a ‘middle-range’ level. In other words, stories in vignettes were specific enough to identify the RCRC volunteers, yet general enough to be applicable to any humanitarian volunteer in another country. Core words, for example, the ones referring to a potential C, M, or O, from the story were emphasised by writing them in a different colour, in order to draw attention to them (e.g. from Figure 6.2: active listening, follow up, coping).

Figure 6.2: A vignette example as presented to the volunteers, with translation

Fatima, a Red Crescent volunteer, faced a critical situation while working. She was providing first aid to a 10-years old boy after an accident when he passed away. Fatima felt very emotional after this crisis. She went directly to her team leader, Zainab, who started to talk to her and actively listening to what she faced. Zainab was very helpful and provided some information to Fatima about her feelings. Fatima felt very safe afterwards, especially when Zainab phoned her in the following days. After that, Fatima was able to deal with the situation. In addition, she felt very proud of being part of Zainab’s Red Crescent team. The result was positive when finally Fatima successfully coped with what she had experienced.

- How can leaders help volunteers facing adversities?
- How volunteers feel after receiving such help?
Vignettes were read aloud to participants before being presented with two general questions, designed to elicit personal opinions around the story. These general questions were broad and used to encourage the thinking process among volunteers (e.g. How can leaders help volunteers facing adversity?). Participants were then asked to take two minutes to think about the scenario. The discussion then started with reflections on the questions, leading, in many cases, to volunteers discussing their own situations. As per the RAMESES group feedback, emphasis was placed on the importance of ensuring that the discussions focused around real, lived experiences, rather than the fictitious account put forward in the vignette. Questions related to the topic were then asked, as described in section 6.3.2 above. Responses differing across volunteers were also highlighted, asking them to identify or hypothesise as to ‘why this difference response... might happen...?’ These questioning methods were applied to create a deeper level of discussion, which helped the participants to refine their thoughts as well as to distinguish different Cs. I also asked participants to list examples and experiences after agreeing on refining or supporting an IPT. Finally, I focused on being attentive and allowing for different personal opinions and experiences from individuals to emerge, reminding the group to respect these differences, where applicable.

After exhausting a topic, signalled by participants having nothing more to add, participants were presented with the next vignette. Vignettes were thus presented serially, as a ‘theory-teaching’ tool, as well as an interactive way to encourage volunteers to think and engage in the conversation. Given the large number of CMOs to be tested, a decision was taken to discuss only five IPTs themes in each FGD in order to offer opportunities for more in-depth discussion among the participants. Throughout FGDs, therefore, IPTs themes were ordered randomly, not sequentially. In this way, all CMOs had the same chance to be explored, within the limited timeframe of data collection sessions. The full range of vignettes is made available in Appendix 13.

### 6.4 Sampling, recruitment and participants

A theory-driven approach was employed to decide whom to invite and how to contact them. The RE theory-driven approach is not limited to any number of data
sources. Instead, RE emphasises the relevance of data sources in terms of refining the programme theories (Trish Greenhalgh et al., 2017b). Given that the research examines how organisational support is related to the volunteers’ mental health, it was decided to recruit volunteer leaders for the key informant interviews. In order to have a good overview and representation of the different leadership levels within SRCS branches, people working across the following various roles were considered for inclusion in the study including: volunteer leaders at branch level, programme officers at the branch level, volunteer leaders at the localities and units, volunteer trainers, and leaders in both camps and domestic settings.

In addition, consideration was given to ensure representation across both sexes, and across both new and experienced leaders. Recruitment was facilitated by the branch, who helped distribute the information leaflets. Unfortunately, a balanced representation across both sexes was not achieved. A total of 5-7 leaders were initially sought to be interviewed, and ultimately 8 interviews were conducted. Table 6.1 summarises the participants’ demographics.

Table 6.1: Description of the participants in interviews in the White Nile

<table>
<thead>
<tr>
<th>Interviewees</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of leadership</strong></td>
<td></td>
</tr>
<tr>
<td>Branch level volunteering development</td>
<td>1</td>
</tr>
<tr>
<td>Branch level programmes management</td>
<td>1</td>
</tr>
<tr>
<td>Locality level</td>
<td>6</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>University education</td>
<td>8</td>
</tr>
<tr>
<td><strong>Paid or unpaid for the role</strong></td>
<td></td>
</tr>
<tr>
<td>Paid Staff</td>
<td>2</td>
</tr>
<tr>
<td>Unpaid</td>
<td>6</td>
</tr>
<tr>
<td><strong>Range of age (years)</strong></td>
<td>23-50</td>
</tr>
<tr>
<td><strong>Mean of age (years)</strong></td>
<td>40</td>
</tr>
<tr>
<td><strong>Total number of interviews</strong></td>
<td>8</td>
</tr>
</tbody>
</table>

Similar procedures were followed when recruiting volunteers to participate in the FGDs. In order to test the variations in the contexts of SRCS WNB volunteering and how
contextual variations impact on the volunteers’ experiences of managerial support, volunteers were recruited according to the following considerations:

- Volunteers holding different volunteer roles (e.g. disaster response, health and first aid, camp management)
- Volunteers based in different locations (e.g. different localities, villages vs cities, refugees’ camps)
- Volunteers of different ages, with different educational backgrounds, and with varying degrees of experience.
- Volunteers of varying educational backgrounds
- Volunteers with varying years of experiences (new vs. old)

Consideration was again given to ensure representation across both sexes. Knowing that female volunteers represent the majority of volunteers (about 60%), I aimed to recruit one female-only and one male-only FGD. The remainder of the FGDs were mixed. Caution was also applied to ensure that volunteers were willingly and voluntarily coming forward for the study, and not simply participating as a result of being asked by their branch management. To mitigate the risk of no-shows in FGDs (Bryman, 2012b), I increased the total number of FGDs sought to six, with about eight participants in each FGD. Ultimately, I conducted six FGDs. The six FGDs’ participants brought a wide spectrum of volunteering experiences in WNB, including volunteer trainers, volunteers who work and sleep in camps, and community (domestic) volunteers. Specifically, two FGDs were carried out with volunteers who work in camps in addition to the two male-only and female-only ones. Table 6.2 further describes the FGD participants and the composition of the groups.

Table 6.2: Description of the participants in FGDs in the White Nile

<table>
<thead>
<tr>
<th></th>
<th>Number of participants</th>
<th>Age Range</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>(years)</td>
</tr>
<tr>
<td><strong>FGD1</strong></td>
<td></td>
<td></td>
<td>23-40</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>FGD2</strong></td>
<td></td>
<td>8</td>
<td>21-53</td>
</tr>
</tbody>
</table>
All participants work in refugee camps. They work in fixed projects, in shifts, and sleep in the camps. All are volunteer employees who work in the refugee camps. A volunteer employee is a volunteer recently contracted to be a field officer in the camps. This FGD was sought to be only for females. Participants are from different geographic locations, all employed elsewhere and volunteering for SRCS. Volunteers with vast experience and from different districts. However, none of them works in funded projects or receives incentives.

<table>
<thead>
<tr>
<th>FGD3</th>
<th>2</th>
<th>4</th>
<th>30-51</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGD4</td>
<td>3</td>
<td>2</td>
<td>25-50</td>
</tr>
<tr>
<td>FGD5</td>
<td>8</td>
<td>-</td>
<td>21-42</td>
</tr>
<tr>
<td>FGD6</td>
<td>4</td>
<td>4</td>
<td>23-39</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>22</td>
<td>21-53</td>
</tr>
</tbody>
</table>

### 6.5 Data Analysis

#### 6.5.1 Data management

All interviews and FGDs were audio-recorded on two devices, as a precaution against losing any data. All interviews were then transcribed in a separate file, with one file for each interview or FGD. Case study interviews and FGDs were conducted, transcribed, and analysed in Arabic, with findings translated into English. Recordings were listened to numerous times, and transcripts were read prior to coding for a better understanding. Notes taken during the interviews and FGDs were also used to guide the analysis.

#### 6.5.2 The Logic of Analysis

Interviews and FGDs were analysed in order to support, refine, falsify, or inspire the programme theories (Pawson, 1996; Pawson & Tilley, 1997). The analysis took place by applying the main pillars of realist analysis. First, the context-mechanism-outcome configuration (CMO) was used as the analytical tool through which the case-specific and fundamental building blocks of realist explanation are conferred (Marchal et al., 2018). Second, retroductive reasoning was employed to guide the analysis process, which also offered the advantage of uncovering new theories and mechanisms by moving back and forth between data and theory (Wong et al., 2017). Specific details on how to apply these pillars, however, are scarce in the literature with the exception of a recent technical article published by Gilmore, McAuliffe, Power, and Vallières (2019). In their article,
Gilmore et al. (2019) explain how a data management software, namely NVivo, can be used to guide the analysis phase and go on to detail the analytical process. Inspired by this approach, the analysis took place at the level of the CMOs, whereby data was examined against the IPTs, and newly emerging CMOs were sought. Connections between different CMOs were also noted and examined, paving the way for further analysis in Phase 4.

6.5.3 Using NVivo software

NVivo software (V 11.4.3 for Mac) was used to organise the data following Gilmore et al. (2019)’s approach whereby:

- Individual data files (i.e. an interview/FGD) were stored as individual ‘sources’.
- Each theme of IPTs (i.e. the CMOs related to one topic resulting from Chapter 5) was assigned to a ‘node’, whereby a node represents a place to allocate data under a specific theme.
- A child node was assigned for each individual CMO (i.e. each IPT) under each node.
- Coding at a node level was aggregated with the coding from its child nodes, whereby a code applied to a child node also came under the original node. This step was sought as a way to be able to view the IPTs by theme such that, comparisons and emergence of new CMOs were more apparent.
- A memo was attached to each node to record the thought process at the level of the IPT. Memos were used initially to record the whole thematic IPT, with all the included CMOs. During the analysis, information about all CMOs’ refinement process was added to the Memos, including information on Cs, Ms, Os, notes, quotes and linkages with other theories. Memos were regularly updated throughout the analysis process to capture all CMOs’ refinements.
- A separate, unspecified, node was created to capture stressors reported by the volunteers. Results under this node are presented in section 6.6 below, as a way to offer better contextual understanding.
Completing these steps, data was considered ready for analysis. Figure 6.3 below demonstrates how the data was organised for data analysis.

Figure 6.3: Exemplifying the usage of NVivo in the analysis
6.5.4  Coding for CMOs

Analysis started with coding at the level of CMOs. Instead of looking at Cs, Ms, and Os separately in a process called cataloguing, configurations were sought out across these three elements, aligned with realist principles (Pawson & Manzano-Santaella, 2012). CMO configurations were only considered in the case where they were expressed as a whole (i.e. in the same stream of conversation). Once a CMO was identified, it was coded to its child node. Aggregating child nodes under nodes in NVivo meant that the same CMO was also coded under the parent node (representing the whole theme of IPTs). Whenever I finished coding one data source, all codes (CMOs) were explored in-depth for validation. The validation process included looking at the whole source, linking the coded CMOs with the unspecified node (i.e. volunteers’ stressors), where applicable, and reading all the codes at the level of parent nodes. In the case of newly emerging CMOs, a separate child node was created, and any future coding for this CMO directed to this child node. The CMO was added to the memo, where the refinement process occurred. At this point, each CMO was either labelled as supported, refined, refuted, or no-evidence. The most exemplary quote was added after each step, in support of this finding. The same process was repeated for all data sources.

6.5.5  Refining the programme theories

After repeating all the previous steps for the whole dataset, memos were checked in-depth to refine the programme theories. Where a CMO was supported by one source and refined/refuted by another, further analysis took place to define or identify any contextual difference between two. This included looking at the original sources and comparing these to all codes under the IPT’s theme (i.e. the parent node). Aligned with realist principles of how different contexts determine different outcomes, this process was conducted using a retroductive lens. If there was no evidence to support a CMO, it was still kept, with a note that no supporting evidence was found for this specific CMO, aligned with RAMESES II quality standard for RE (Wong et al., 2017). Lastly, refined programme theories were written based on the refined CMOs.
6.6 Results: Volunteer Stressors

Several stressors were identified by the volunteers in WNB, with a total of 98 stressors identified across 13 data sources. A description of volunteer-identified stressors is presented in Table 6.3. Economic hardship emerged as the most frequent stressor, corresponding the poor and unstable living conditions in Sudan at the time of data collection.

Table 6.3: Stressors reported by volunteers in the White Nile Branch

<table>
<thead>
<tr>
<th>Theme of stressors</th>
<th>Including</th>
</tr>
</thead>
</table>
| Working in Camps             | • The beginning of refugee influx was unexpected without proper preparedness.  
                              | • Massive workload, especially in the entry points  
                              | • Extreme workload in refugee influx waves  
                              | • Exposure to severe humanitarian needs of refugees including Separation from families while staying in camps for long times (i.e. weeks).  
                              | • Working every day  
                              | • Language barriers to understanding refugees  
| Female-specific stressors    | • Social traditions against working outside home, especially after sunset  
                              | • Some community members perceive female volunteers badly  
                              | • More vulnerable to violence and to being attacked  
                              | • Power imbalance with men, even in the organisation  
| Incentives (monetary)        | • The amount of incentives for volunteers who work in full time and funded projects is perceived as unfair compared to their efforts  
| Transportation and equipment | • Not covering transportation expenses when participating in volunteering activities  
                              | • Lack of transportation to and from the field  
                              | • Lack of meals and clean water while working  
| Relationship with beneficiaries | • Lack of recognition of the volunteers’ work  
                                   | • Disputes, arguments, and verbally insulted about being volunteers  
| Economic hardship            | • Anger-related violent actions against volunteers  
                              | • Difficulties in dealing with different communities  
                              | • Difficulties in simplifying the health information to be understood by communities.  
| Working in emergencies       | • Not being able to cover the self/dependents expenses  
                              | • Unemployment  
                              | • Lack of wages even if employed  
                              | • Working even on weekends in order to afford basic needs  
                              | • Lack of work opportunities even with qualifications, university graduated volunteers may find themselves working as porters.  
                              | • Being requested to cancel personal commitments or work in order to respond  
                              | • Access to hard-to-reach affected districts  
                              | • Intervening in the midst of violence  
                              | • Dealing with wounded persons in conflicts  
                              | • Dealing with children’s suffering  |
6.7 Results: Refined Theories

In this section, the memos are presented, starting with the initial CMOs, along with evidence in support of the initial CMO, where support was found. This is then followed by a refinement decision with supporting quotes. The refined CMO is ultimately presented and labelled with ‘a’, representing a result label (e.g. the initial CMO X.X’s corresponding refined CMO, is labelled X.Xa). New, emerging CMOs are presented and labelled with the letter ‘n’ (e.g. CMO X.n1 represents an emerging CMO as part of the theory theme X). Any changes from the initial CMOs are underlined in the refined CMOs. At the end of each theme, a refined overarching theory is presented in-text as a product of the case study.

6.7.1 Theory theme 1: Volunteer Leaders influence Well-being

6.7.1.1 CMO 1.1a: Guidance and Coaching

<table>
<thead>
<tr>
<th>Initial CMO 1.1: guidance and coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers are not professionals, who work to deliver humanitarian aid despite that they have limited experience in aid delivering.</td>
</tr>
</tbody>
</table>

Analysis against data sources

**Support:**
Interviews 1 & 4; FGD 1 & 3: All supported this initial theory. The importance of volunteer leaders on volunteer well-being was considered particularly important in emergencies or during instances of a heavy workload; being able to receive guidance was mentioned as very important.

**Quote:**
When I feel don’t know something in front of me, I ask the supervisor you know, you are very busy with a lot of people.. you receive the response to help you directly... that is such a relief!!
- Female volunteer working in camps, FGD3.

Refinement: Interview 6; FGD 1 & 5 expressed that in order to contribute to the well-being of volunteers, leaders should be supportive, and not only provide guidance. Supportive leaders, when providing guidance, may lead to stress relief. Contrastingly, unsupportive managers, even when providing the right guidance, will put more strain on the volunteers.

Quotes:

[in order to guide volunteers] while distributing aid, leaders show the right way of doing tasks, without making any harsh talking to volunteers if they make mistakes. Afterwards, they show volunteers how the work is [.....] so if you make a mistake, they should revise the work smoothly and talk to you then individually, not in front of beneficiaries.
- A volunteer leader, Interviewee 6.

… leaders should be supportive and give you moral support even when there are some mistakes.. they should make you feel like you are doing a good job and then revise the mistakes..... that help to master your work and develop your skills and makes you feel the trust that given to you.
- A male student volunteer, FGD1

Notes:
Strong link with the supportiveness CMO1.3

Final decision:

Refinement

<table>
<thead>
<tr>
<th>Refined CMO 1.1a: guidance and coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers are not professionals, who work to deliver humanitarian aid despite that they have limited experience in aid delivering, and they are managed by supportive leaders.</td>
</tr>
</tbody>
</table>
### 6.7.1.2 CMO 1.2a: Role model

<table>
<thead>
<tr>
<th>Initial CMO 1.2: Role model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers, as non-professionals, are driven by humanitarian desire to help and are also interested in building personal, professional and social skills</td>
</tr>
</tbody>
</table>

#### Analysis against data sources

**Support:**
This theory was refined, not completely supported.

**Refinement:**
Interviews 1, 3 & 4 and FGDs 1, 2 & 6: Volunteers perceive their leader as role models, leading to their increased motivation in work, and not enhancing self-development or competencies among volunteers. In order to increase motivation, leaders, as role models, should participate in the activities as one of the volunteers, not as a leader; be well-respected by the communities, and be able to stand on behalf of the volunteers in front of senior management.

**Quotes:**

> Leaders are volunteers with us. If there is a disaster, we find them with us wearing the emblem [Red Crescent emblem] and working as volunteers with us. Even senior leaders are volunteers, they work with us as volunteers. That motivates us.. For this reason SRCS is the biggest volunteering association in Sudan.
> - Male volunteer, FGD1

> The volunteer become a volunteer for the good behaviour of the leader... When I talk about my leader, as a person respected and known for being such... even the person without motivation to volunteer become motivated to work with him.
> - Male volunteer FGD2

**Notes:**
There is a very big emphasis on the participation of leaders as volunteers, whereby leaders take up small tasks (e.g. taking the broom to clean, jumping up into a truck), and this makes volunteers feel as though leaders are good role models for them

**Final decision:**
Refinement

<table>
<thead>
<tr>
<th>Refined CMO 1.2a: Role model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers are managed by leaders who are well</td>
</tr>
</tbody>
</table>
6.7.1.3 CMO 1.3a: Supportive supervision

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers have the initial desire to be engaged in humanitarian aid activities</td>
<td>Leaders provide two-way communication with volunteers and ongoing supervision to build skills (volunteer leaders communicate well with the volunteers and give them the opportunity to express and motivate them)</td>
<td>Fulfilled basic psychological needs (of competence, relatedness, and autonomy)</td>
<td>Improving well-being and increasing motivation</td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
Interviews 1, 3, 4, 6; and FGDs 1, 2, 3, & 6 supported this theory. Supportive leaders motivate volunteers to fulfill the volunteers psychological needs of competency, relatedness, and autonomy, which, in turn, improve their well-being. Similarly, unsupportive leaders who blame the volunteers and who do not communicate well with them make them feel incompetent, restricted, and strained.

**Quotes:**

Leaders usually have the skill of ‘delegation’ whereby they give their volunteers the chance to do tasks by themselves… leaders have nothing special compared to volunteer, yet they coordinate their activities [……] by that, our volunteers autonomously were able to manage the refugee camps which is something extremely difficult...
- Volunteer manager, interviewee 1

Once I went to work in the camps.. it was my first time there.. we went to assess the people’s conditions.. then, I went and played football with them.. I lost my mobile phone while playing.. after I noticed that, I told my supervisor.. he said that this is negligence and I should not play with the refugees… he started talking that you should not do that and this.. I said this was just fate.. and he replied again, no, that is your fault.. I felt then unsafe about everything… should anything happens, he will not help me.. that makes me also question what humanitarian spirit we are claiming to represent.!
- A male volunteer, FGD3

Any dominant leader makes me feel like a servant. I am here for volunteering...!
Refinement:
Interview 6; FGD 5 & 6.
While there is strong evidence to support the theory in the reversed version (i.e. unsupportiveness leads to demotivation and strain), some refinement is proposed for the theory related to an additional resource that should be in place for supportive managers. First, volunteers perceive their managers as supportive when they support the volunteers in their personal lives, i.e. outside of their volunteering life (e.g. participation in their family celebrations and home visits). Furthermore, as an antecedent for supportiveness managers, training is crucial whereby untrained traditional leaders are more likely to dominate the volunteers, not acting in a supportive manner.

Notes:
Supportiveness is linked with guidance, using soft skills, and general organisational support.

Final decision:
Refinement

Refined CMO 1.3a Supportive Supervision

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers have the initial desire to be engaged in humanitarian aid activities that are managed by trained leaders</td>
<td>Leaders provide two-way communication with volunteers, ongoing supervision to build skills, and leaders that are involved in the volunteers’ personal lives (leaders communicate well with the volunteers and give them the opportunity to express and motivate them)</td>
<td>Fulfilled basic psychological needs (of competence, relatedness, and autonomy)</td>
<td>Improving well-being and increasing motivation</td>
</tr>
</tbody>
</table>

6.7.1.4 CMO 1.4a: Activating teamwork

Initial CMO 1.4: Activating teamwork

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer work is usually done in teams. Volunteers conduct the activities in groups and all teams have leaders</td>
<td>Leaders organise activities, divide tasks, foster the group dynamics and facilitate interactions among volunteers</td>
<td>Developed feelings of encouragement and capability of working in teams</td>
<td>Activating teamwork</td>
</tr>
</tbody>
</table>

Analysis against data sources

Support:
This theory is refined, all evidence supports its importance, yet there was an identified need to include an extra resource

Refinement:
Interviews 1, 5 & 6; and FGD 2, 3, 5 & 6:
Leaders that do not treat volunteers equally can create conflicts in teams and generate more complaints. It is obvious across all supporting data that equal treatment is an essential added resource that should be put in place in order to activate teamwork by leaders.
Quotes:

When it happens [leader is treating volunteers unequally], I might do the work that is required by me, but instead of doing that with joy and convenience, I will do that with distress and inconvenience. When I know that that person is treated differently because s/he is related to the leader, or there is a relationship between them... I will not have any satisfaction that I am seeking from work.

- A female volunteer in FGD5.

Notes:
Link with the organisational justice and teamwork CMOs

Final decision:
Refinement

Refined CMO 1.4a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer work is usually done in teams.</td>
<td>Leaders organise activities, divide tasks, contribute to the group dynamics by treating volunteers equally and facilitating interactions among volunteers</td>
<td>Developed feelings of encouragement and capability of working in teams</td>
<td>Activating teamwork</td>
</tr>
<tr>
<td>Volunteers conduct the activities in groups and all teams have leaders</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.7.1.5 Refined theory theme 1a: Volunteer leaders influence well-being

Volunteer leaders who manage humanitarian volunteers in emergencies can contribute to the volunteers’ well-being in different ways. By being supportive, knowledgeable, available, fair and respectful, leaders are expected to 1) effectively guide the volunteers in the face of difficult tasks, which reduces their stress levels; 2) act as a role model for volunteers, which gives them inspiration toward volunteering; 3) through ongoing supervision, building their skills and participating positively in their lives, leaders contribute to the fulfilment of volunteers needs of autonomy, relatedness and competency. In turn, volunteers who are managed by such leaders, are expected to have less work-related stress, higher well-being, stronger motivation to work and higher retention rates. Furthermore; (4) by coordinating the tasks and treating their volunteers equally, leaders also encourage volunteers to be more engaged in their teams, leading to better teamwork.
6.7.2 Theory Theme 2: Training leaders in PFA and psychosocial support

6.7.2.1 CMO 2.1a: Skills to help

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-professional leaders who are asked to manage volunteers in hard and traumatic situations, and they don’t know how to deal with that</td>
<td>Training gives the leaders tools and practical experience to provide help</td>
<td>Increased confidence in providing help to volunteers when needed among leaders</td>
<td>Delivering PFA to volunteers after acute distress.</td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
Not many participants had been trained in psychosocial support and psychological first aid, which meant that this IPT could not be explored in-depth. In the light of available evidence, however, it has been refined.

**Refinement:**
Interview 4, 2, 6; FGD 1:
Trained leaders tend to be more attentive to the volunteer’s mental health needs and observe when their team members are experiencing distress. Training them, therefore, is important so that they can react appropriately in emergencies.

**Quotes:**

(before being trained), as a leader, my focus was on the mission that I should do.. I don’t give attention to the psychological aspects [of the volunteers] that are related to specific needs or experiences.. After being trained, I am able to notice the psychological part… if I feel a volunteer is strayed or stressed, I noticed that, and try to help.

- Male volunteer trainer, with leadership experience, FGD1

Honestly, after being trained, I learnt that the stress reactions that volunteers face are normal reactions to abnormal events.. but accumulating those produce problems that we should solve.. we don’t have a psychologist to deal with… we, therefore, should have tools for the volunteers… I learned that people who have sleep problems, withdrawal, drinking alcohol or smoking might use those as ways to deal with stressors.. negative ones.. so we trained volunteers on how to deal with challenges and how teams support each other.. making discussions and supporting each other.

- Female volunteer trainer, FGD1

**Notes:**
This CMO is strongly linked with the supportive supervision theory, as well as with the rest of this theme’s CMOs

**Final decision:**
Refinement with caution, for lack of discussion (only 9 codes)
Refined CMO 2.1a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-professional leaders who are asked to manage volunteers in hard and traumatic situations, and they don’t know how to deal with that</td>
<td>Training gives the leaders knowledge of the pressure faced by volunteers and how that pressure is manifested</td>
<td>A promoted feeling of the relevance of the information / internalised those experiences among leaders</td>
<td>Increasing the ability to recognise stress reactions among volunteers</td>
</tr>
</tbody>
</table>

6.7.2.2 CMO 2.2a: Providing PFA to volunteers

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers face traumatic and stressful situations while working</td>
<td>Leaders provide emotional support, empathy and understanding, and practical help</td>
<td>Evolved feelings of being supported and connected, basic needs (physical) are met, and psychological reactions are learned about</td>
<td>Activating positive coping, calmness, reducing helplessness and improving well-being</td>
</tr>
</tbody>
</table>

Analysis against data sources

**Support:**
FGD1: Despite the lack of experiences of being trained in PFA among study participants, some evidence was found in support of this theory

**Quotes:**

*When an accident happened [traffic accident], they called the supervisor and asked for volunteers to help... I went to help... we arrived at the accident, provided the first aid and deliver people to the hospital... part of them got treated and cured, and others had passed away on the road... many volunteers felt like hopeless after that... they felt as they didn’t do their job well... the supervisor in the second day discussed with us... made a group discussion... we talked that we did everything we could do... and we were able to rescue many people... that made the people who lost the trust of themselves to feel again that they have helped people... that was like a psychological help.*  

- Male volunteers with vast experience, FGD1.

**Refinement:**

FGD 4: Some evidence highlighted that leaders provide support in ways that are culturally appropriate are perceived meaningfully by the volunteers. In order to feel supported, leaders may take an empathic position aligned with the values and norms of their communities. These positions may not be explicit in PFA and, in some cases, PFA might even recommend against it, yet this approach is considered meaningful and helpful to volunteers as they are consistent with their own cultural beliefs

**Quotes:**

*In one of the camps, there was a little boy... about 5-6 years old. When his mother went to bring some water, while he was playing in the street, he was...*
hit by a car... he died, and his head even was split in two! I carried him... nothing was there... even his brain was out... it was a very difficult situation [……] for one day, not more, I was crying... remembered the street, the situation, and the crying of the boy’s mom…. One of the leaders said that this is something could happen even in your village, not only with refugees... this is an accident... and you should be strong to deal with it... do what you can and leave the matter to god... he supported me a lot... I really benefited from that.

- A young male volunteer, FGD4.

### Final decision:
Refinement with caution, for lack of insufficient discussion (only 3 codes)

<table>
<thead>
<tr>
<th>Refined CMO 2.2a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers face traumatic and stressful situations while working</td>
</tr>
</tbody>
</table>

#### 6.7.2.3 CMO 2.3a: Link volunteers with further help

<table>
<thead>
<tr>
<th>Initial CMO 2.3: Link volunteers with further help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers face stressful conditions which might lead to noticeable changes in emotions and behaviour.</td>
</tr>
</tbody>
</table>

#### Analysis against data sources

**Support:**
No evidence in the data supported this theory. It is therefore kept as is. Volunteers who had discussed facing traumatic or critical situations had not reported any need for further help.

**Final decision:**
No evidence, the theory is kept in the initial formula.

#### 6.7.2.4 CMO 2.4a: Leaders learn to use ‘soft skills’

<table>
<thead>
<tr>
<th>Initial CMO 2.4: Leaders learn to use ‘soft skills’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Volunteers are driven by humanitarian motives to help, they expect to be treated from their leader in a ‘humanitarian way’

Leaders use soft skills in terms of communication with volunteers, showing concern and empathy in their communication with them (general behavioural changes)

Increased trust between volunteers and their leaders

Increasing the connection between the leaders and team

**Analysis against data sources**

**Support:**
Interviews 1, 2, 4, 6 & 8; FGD 1.
Despite the lack of explored experiences with regards to PFA-trained leaders, there was good support for the recognition of the importance of the ‘soft skills’ used towards volunteers.

**Quotes:**

*As a leader, after being trained, I learned that I should seek volunteers satisfaction.. I learned to be cheerful and welcoming to them.. not to deal them as a manager, but as a brother*
- Volunteer supervisor interviewee 6

*You should [as a leader] be able to support the volunteers psychologically… In order to do that, you should sit with them.. listen to what they feel.. when they feel happy… when they feel distressed.. give them the psychological motivation and improve their situation.. as soon as they feel the comfort with you, they will reciprocate those feelings to you… this is the understanding I gained and applied.. that gave me a great psychological comfort*
- Volunteer leader, interviewee 8

**Notes:**
Strong link with the supportive supervision CMO 1.3a

**Final decision:**
Kept as it is, noting the lack of volunteer experience in being trained in PFA.

**Refined CMO 2.4a**

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers are driven by humanitarian motives to help, they expect to be treated from their leader in a ‘humanitarian way’</td>
<td>Leaders use soft skills in terms of communication with volunteers, showing concern and empathy in their communication with them (general behavioural changes)</td>
<td>Increased trust between volunteers and their leaders</td>
<td>Increasing the connection between the leaders and team</td>
</tr>
</tbody>
</table>

**6.7.2.5 Refined theory theme 2a: Training leaders in PFA and psychosocial support**

Training volunteer leaders on psychological first aid and psychosocial support tends to influence positively influence the well-being of volunteers. As non-specialised people
who manage volunteers in highly traumatic and stressful situations, training in PFA gives leaders essential knowledge of what pressures exist among volunteers and how to identify signs of strain or distress. In terms of how leaders apply knowledge of PFA into their work, leaders are more likely to internalise the learned experiences allowing them to better recognise stress reactions among their volunteers. Furthermore, when needed, trained leaders are able to provide culturally appropriate emotional and practical support. Volunteers value such support and use it as a resource to help them keep calm and cope positively. This, in turn, leads to reductions in levels of helplessness that may exist in such contexts. Leaders are expected to gain soft skills during training, including on how to communicate with volunteers and express concern and empathy towards them, and as a result, are more likely to use these skills post-training. Such behavioural approaches towards their volunteers foster trust between volunteers and their leader, strengthening the connection between volunteers and leaders.

6.7.3 Theory Theme 3: Volunteers work in Teams

6.7.3.1 CMO 3.1a: Sharing experiences

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivering humanitarian aid is demanding, especially for the volunteers who are not well-trained, are non-professionals and are affected by the same crises as their communities</td>
<td>Working in teams provides a platform to share experiences in work and life on: - How to overcome challenges in humanitarian work - How to deal with life.</td>
<td>Developed abilities to cope with challenges and a sense of mastery over tasks</td>
<td>Decreasing stress levels</td>
</tr>
</tbody>
</table>

Analysis against data sources

Support: Interview 4, FGD1, FGD2 supported the theory as it is in terms of the importance of sharing experiences as an important resource to mitigating stress among volunteers

Quotes:

"Teamwork has the power to overcome challenges… as a person, when I work, I might come to challenges that I don’t know how to deal with… when I am with my team… if I don’t have a solution, the others will have.. if I need any information, the others provide.. experiences vary with different ages, skills and qualifications.. being in team allows to have a huge amount of knowledge we use to face those challenges.."
Refinement:
Interview 8; FGD2.
Context variations determine the uptake of ‘sharing experience’ resource. Sustainable group work, not occasional contact is what determines how volunteers get positively engaged in sharing experience. Variations in leadership style also determine how sharing experience work. FGDs also highlighted the importance of group efficacy and autonomy, which contributes to lowering the stress among volunteers in the face of challenges.

Quotes:

Teamwork makes the work increases.. in each performed teamwork.. anyone can make the work without having too many instructions… Yes, there is a leader who gives guidance, but we all contribute to the work.. we all work together.. the leader does not act as giving orders.. s/he contributes to the efforts.. instead of each volunteer individually says ‘let us work, or shut up.’, everyone works together.. each volunteer owns the work instructions and procedures.. and we just work together.. because the work is for us together..

- Young male volunteer, FGD2

Notes:
Linked with the CMO 1.4a: Leaders activate the teamwork

Final decision:
Refinement

Refined CMO 3.1a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivering humanitarian aid is demanding, especially for the volunteers who are not well-trained and non-professionals and are affected by crises as their communities. Volunteers work regularly in teams which all are managed by trained leaders</td>
<td>Being in teams provides a platform to share experiences in work and life on: - How to overcome the challenges in humanitarian work - How to deal with life.</td>
<td>Developed abilities to cope with challenges and a sense of mastery over tasks; and increased feelings of group efficacy</td>
<td>Decreasing stress levels</td>
</tr>
</tbody>
</table>

6.7.3.2 CMO 3.2a: Social support vs. Workload

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers have a high workload in emergencies, operating within highly strained contexts</td>
<td>Being in teams offers support from team members</td>
<td>Perceived social support from peers</td>
<td>Decreasing work-related strain</td>
</tr>
</tbody>
</table>
Analysis against data sources

Support:
FGDs 3 and 5 supported the theory as is, whereby being in teams helps volunteers to feel supported and reduces work related-stress.

Quotes:

As in one group or one team, we are like a whole cohesive mass, not disconnected from each other.. that helps us not to suffer from work stress.. we support each other.. as one team, we discuss with each other.. even sometimes the beneficiaries participate in our group discussions.. we support ourselves by that and don’t leave a space for stress.

- Female volunteer who work in refugee camps, FGD3

Refinement:
Interview 4; FGD 1, 2, 3, 4 & 5
There is significant support for a minor refinement of this theory by accounting for the reduction in workload that occurs by working in teams. Accounting for the reduction in individual workload as a result of working in teams is particularly important for the volunteers who work and sleep in camps.

Quotes:
Whenever you get tired and you have a group, someone can replace you a bit, you then enjoy a little bit of rest… there are no limited working hours because we live inside the camp… as volunteers, we are living in the camp.

- Male volunteer, FGD4.

Notes:
Link with the rest of this theory’s CMOs

Final decision:
Minor refinement

Refined CMO 3.2a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers have a high workload in emergencies, operating within highly strained contexts, especially those who work in camps.</td>
<td>Being in teams offers support from team members in terms of emotional support as well as sharing the demands of tasks</td>
<td>Perceived social support from peers</td>
<td>Decreasing work-related strain</td>
</tr>
</tbody>
</table>

6.7.3.3 CMO 3.3a: Socialise with team members

Initial CMO 3.3: Socialise with team members

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
</table>
Analysis against data sources

Support:
This theory was unanimously accepted by the participants as is. Team activities play the role of expanding social connections into communities. Team activities also contribute to solidifying the volunteer’s identity as ‘a volunteer’, vis-à-vis their community and family members.

Quotes:

"Being in teams is a very good practice that makes people [volunteers] become closer... make us become friends and family members. I as an example from the volunteers. I go early in the morning. I come back very late in the evening. My family used to say why you do that even though they don’t pay you money. I said that you would see someday. when I get married, the volunteers, my team, had renovated my room, made the electricity... brought the furniture... My father didn’t believe that was real! he was crying because he had never expected such...!"

- Volunteer leader, interviewee 6

"We sit every day in the morning when we arrive for 10 min. we discuss things. we discuss about work then... whenever we have a break... we discuss... we share information... that help us to feel us... that does."

- Male volunteer work in the camps, FGD4.

Notes:
This theory is highly related to theme 5: using the community-based practices.

Final decision:
Confirmed, and kept as is.

Refined CMO 3.3a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers are stressed from being part of the crises and have fewer opportunities to gather and feel part of the community</td>
<td>Organisations arrange team activities which include contact with team members in favourable manners</td>
<td>Increased levels of relatedness, belongingness and shared identity, sense of community and collective efficacy among volunteers</td>
<td>Promoting well-being</td>
</tr>
</tbody>
</table>
6.7.3.4  CMO 3.4a: Teams promote protection

<table>
<thead>
<tr>
<th>Initial CMO 3.4: Teams promote protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers work in insecure circumstances whereby they might be harassed or yelled at by others</td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
Interview 4, FGD 1, 4, & 5.
This theory was highly supported by the volunteers’ experiences. Being in teams reduces perceived threat, and increases perceived safety. A minor refinement, to this theory is especially important for female volunteers whereby working in mixed teams with males minimises the likelihood of being harassed by people and increases the female volunteer’s feeling of safety.

**Quotes:**

*When we are in teams, we will be too many if people ‘attack’ us... if they someone has a knife or someone starts shouting... that protects us... like the case when someone drunk with a knife attacked her [referring to another participant in the group]... if she was in a group, he would not have done that..*

- Female volunteer, FGD5

*When you have a male volunteer with you, no one talk badly with you [as a female volunteer]!.. people see me as strong so, and because I have the male volunteer with me, no one harasses me..!*

- Trainer female volunteer, FGD5

**Final decision:**
Refinement

<table>
<thead>
<tr>
<th>Refined CMO 3.4a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers work in insecure circumstances whereby they might be harassed or or yelled at by others. In contexts of high gender inequality, female volunteers are at particular risk</td>
</tr>
</tbody>
</table>
6.7.3.5 *Refined theory theme 3a: Volunteers Work in Teams*

In the context of emergencies, working in teams influences humanitarian volunteers’ mental health. Given that delivering aids occurs in highly demanding and stressful conditions, regular contact with team members, facilitated by trained leaders, provides a platform to share experiences of work and life among volunteers. The opportunities to share promotes coping abilities, increases group efficacy, and gives volunteers a sense of mastery over their tasks, which in turn, reduces their stress levels. Moreover, especially for those volunteers who work in camps for long shifts with a heavy workload, working in teams helps volunteers to divide the workload and gives volunteers a chance to receive support from other team members. The perceived social support received from peers helps volunteers to experience reductions in work-related-strain. In a crisis context, where there are fewer opportunities to socialise, participating in team activities fosters relatedness, the development of a shared identity, and a sense of community, all of which positively impact on volunteer well-being. Finally, working in teams plays a protective role for the volunteers who are exposed to harassment or aggression. Especially for female volunteers, working in teams with male volunteers helps to reduce the likelihood of being threatened and increases a sense of safety among volunteers, reducing their stress.

6.7.4  *Theory Theme 4: Training Volunteers*

6.7.4.1  *CMO 4.1a: Skills and knowledge*

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers, not professionals, work to deliver humanitarian aid, receiving training on how to do their tasks before missions</td>
<td>Training offers the skills and knowledge for how to work in challenging settings and how to deal with these challenges</td>
<td>Increased competence, autonomy self-efficacy, and trust in the organisation</td>
<td>Decreasing stress levels</td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
Interviews 1 & 5; FGDs 1 & 2
There is good support for this theory, especially in the instance where volunteers are untrained. The study participants gave numerous examples whereby untrained volunteers felt incompetent and distressed, particularly in difficult situations.

**Quotes:**
Trained volunteers feel much better after conducting their tasks… especially when those tasks are difficult… because they are able to do it… they feel they have the capacity and the strength to face the disaster or the accident… they feel like they have done something important.

- A female volunteer trainer, FGD1.

Untrained volunteer in the field [responding to a disaster] looks very distressed, like being in a test without any preparation… s/he feel incapable to response like making a burden on the team.

- A male volunteer FGD1

Refinement:
Interviews 3 & 5; FGDs 1, 5, 3 & 6. Training is particularly useful to help volunteers manage anger or disputes with beneficiaries (stressors table), leading volunteers to feel protected and secure. Another reasoning is therefore related to feeling more secure, leading to better mental health outcomes. Training, however, needs to include practical experiences and follow up (i.e. refresher training) in order to make volunteers feel competent.

Quotes:

When distributing aids for people affected by a flood, we went as a group… [a lot of angry-] affected people, just attacked us [because they need to have the aids before the others...]…we are trained always to have exit strategy… we had an exit way at that time… we had a car at that door, and we managed to escape, therefore.

- A female, experienced, volunteer, FGD3

Notes:
This theory is much linked with the teamwork theme. Variations in training levels might be overcome through a supportive teamwork environment.

Final decision:
Minor refinement

<table>
<thead>
<tr>
<th>Refined CMO 4.1a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers, not professionals, work to deliver humanitarian aids</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
</tr>
</tbody>
</table>
### 6.7.4.2 CMO 4.2a: Community Acknowledgment

<table>
<thead>
<tr>
<th>Initial CMO 4.2: Community Acknowledgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Communities expect volunteer’s assistance to be provided and communicated an appropriate way by trained volunteers</td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
Despite the importance of receiving social acknowledgement for their work, the volunteers didn’t support this theory.

**Refinement:**
FGD 1
Participants reflected that training is important to avoid social disappointment when being asked questions. The same resource (knowledge), in the context of high social mistrust of humanitarian workers, makes volunteers feel confident and self-efficient in being able to respond to questions from communities

*Quotes:*

> Everything is related to being trained… when I am well-trained, I will be able to answer any questions from the community…[.....]. that will be very positive, I will not feel any problems or struggle. But, if I am asked by the community to and I have no clue.. I will feel very pressures.. I will go to things.. I might get bullied.. and that will make me go to very bad psychological status.

- A female trainer, FGD2

**Notes:**
Very limited support for the role of training in this theory. However, social acknowledgment was perceived as important for the participants, when it is organised by SRCS. A link with theory theme 7, is proposed, therefore.

**Final decision:**
Major refinement, with limited support

<table>
<thead>
<tr>
<th>Refined CMO 4.2a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Mistrust between communities and volunteers where volunteers are non-professional with limited experience</td>
</tr>
</tbody>
</table>

**6.7.4.3 CMO 4.3a: Psychosocial skills**

<table>
<thead>
<tr>
<th>Initial CMO 4.3: Psychosocial skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
</tbody>
</table>

246
Volunteers face stressful situations in their work (e.g. traumatisation)

Training in psychosocial support provides volunteers with the skills and knowledge to deal with challenges

A developed ability to recognise stress reactions among themselves and their colleagues, Contribute to psychological preparedness

Increasing self-care and increasing the likelihood of volunteers asking for help when needed

<table>
<thead>
<tr>
<th>Analysis against data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support:</strong> Interview 1; 2 FGDs 1, 2, 3 &amp; 4 Corresponding to the fact that volunteers are non-professionals with limited knowledge of psychology, the trained volunteers emphasised the positive role of this theory in terms of having the practical knowledge and tools to help themselves and others.</td>
</tr>
</tbody>
</table>

**Quotes:**

We benefitted from the training, we understood that the stressors that we face as volunteers in emergence are normal reactions to abnormal events. but accumulating these may make problems... so we should be able to solve those problems.... it is difficult in our situation to find specialised people [i.e. psychologists], so, why not to have tools and procedures help us to deal with challenges and crises? [.....] so, for instance, not being able to sleep, not being able to eat well, to socialise well... those are all related to stressors... so we should make a way to deal with it..

- A female volunteer and trainer, FGD1

Training helped us to know the self-care, how to take care of yourself as a volunteer.. so, if I am not able to make sure that I am doing well, that becomes a problem. As I am the care provider [as a volunteer], I should be able [to also take care of myself]. when you get that in training, you start applying that on yourself... so, if I face a psychological crisis, I am able to overcome it... when I feel the stress... or when I see the person in front of me is feeling depressed.. or stressed, I can be like a mental health professional [ with laughter] and able to help.

- Male volunteer, FGD3

<table>
<thead>
<tr>
<th>Refinement:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interview 6, FGD 2</strong> Another vital resource offered through psychosocial training is communication skills. While confrontations with angry beneficiaries tend to be common, training also helps volunteers to better communicate with people, and teaches them the skills to minimise and de-escalate these disputes. At this point, psychological preparedness was split into a separate CMO, on the basis that it is affected by other training factors, not only the psychosocial training</td>
</tr>
</tbody>
</table>

**Quotes:**
If you are not trained in psychosocial support and understanding the issues, you may come to troubles…[…] especially when distributing aids, if you are not trained on how to deal with the people disputes, they might argue with you.. then even beat you.

- Volunteer leader, interviewee 6

Notes:
A link with the emerged CMO 4.n1: Psychological preparedness.

Final decision:
Refinement

Refined CMO 4.3a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers face stressful situations in their work (e.g. traumatisation, disputes with beneficiaries)</td>
<td>Training in psychosocial support provides volunteers with the skills and knowledge to deal with challenges, including through better communication skills</td>
<td>A developed ability to recognise stress reactions among themselves and their colleagues. A developed ability to manage people’s anger</td>
<td>Increasing self-care, increasing likelihood of asking for help when needed, and minimising disputes</td>
</tr>
</tbody>
</table>

6.7.4.4 New emerging CMO 4.n1: Psychological preparedness

Support:
Interview 3, FGDs 2 & 3
Training also contributes to volunteers understanding the challenges of working in humanitarian contexts, and to plan advance for how to deal with these. Challenges are mainly related to dangers in the field, exposure to injured people, and understanding the psychological reactions of the people they are helping. Such preparedness gives the volunteers the ability to better manage the situations and avoid stress.

Quotes:

Before start working in the camps, I was fully trained in psychosocial support, camp management, dead body management, and crises situations.
I had good ‘doses’ of training… when I arrived, I have started with the tracking programme for unaccompanied and separated children….before… we learned about what might the child face.. what about the family?.. are they dead?? What our feelings would look like? That was really tough to absorb from the training…. However, if I were not trained, I would be shocked when a child talks to me.. I would just cry and be unable to support them.

- Female volunteer works in the camps, FGD3

New emerging CMO 4.n1: Psychological Preparedness

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
</table>
The context that volunteers work in is dangerous and unpredictable

<table>
<thead>
<tr>
<th>Training provides the opportunity to know, be skilled and practice how to react, including understanding the psychological reactions of affected people</th>
<th>Developed cognitive capacity (ability) to anticipate and react in the face of adversity</th>
<th>Reducing helplessness and stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing situation management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.7.4.5 Refined theory theme 4a: Training the volunteers

Training non-professional volunteers who work in emergencies contributes to their well-being in different ways. First, the essential practical skills and knowledge offered by training helps volunteers to deal with the challenges of working in humanitarian contexts, increase feelings of competence, autonomy and self-efficacy, and make volunteers feel more secure in their work. Second, being trained, in the context of existing mistrust between volunteers and the communities they serve, increases the likelihood of volunteers being able to answer any questions from communities arising due to disputes, raising their confidence and alleviating their stress. Third, specifically training humanitarian volunteers in psychosocial support increases their ability to recognise their own levels of stress, leading to increases in self and colleague care practices. Psychosocial training also helps volunteers to gain the necessary communication skills to negotiate better and avoid misunderstandings with beneficiaries. Fourth, training contributes to the psychological preparedness of volunteers whereby trained emergency volunteers are more able to anticipate the risks and react accordingly. Taken together, training is seen as crucial for the mental health of volunteers.

6.7.5 Theory Theme 5: Using community-based approaches

6.7.5.1 CMO 5.1a: The organisation uses community practices

<table>
<thead>
<tr>
<th>Initial CMO 5.1: The organisation uses community practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>In a collectivist culture, where people have a strong sense of belonging to their communities and their practices,</td>
</tr>
</tbody>
</table>

Analysis against data sources
**Support:**
Interviews 1, 2 & 4; FGDs 1 & 6:
Family visits were among the most prevalent practices used by volunteers, and these were acknowledged by the volunteers for their relevance and impact in their context. Whereas the organisation, informally and formally, supports this practice, the volunteers feel a sense of belonging to the community of volunteers within their organisation. These kinds of practices are specifically relevant in the context of a strong collectivist culture such as Sudan; whereby people expect their cultural norms to be embedded in any organisational context in order to feel a connection with this organisational setting.

Quotes:
*The home visits strengthening the belonging to the society [SRCS]... those home visits even start from the first day in a training course... we always start the course with dissemination and communication including the home visits...[...]. That helps communities to understand volunteering and encourage them to become volunteers... we do that spontaneously... every day, one volunteer invites to his/her house... each day with different family.... By that, we enter the communities*
- A male volunteer, FGD1

**Refinement:**
Interviews 1, 3; FGDs 1, 2 & 6:
The same activities (home visits) work in different ways to support WNB volunteers. With respect to a collectivist social culture, receiving visits serves as a value-generating resource in front of the volunteers’ families. The volunteers, when receiving visits from SRCS, feel increased self-esteem due to the visits fulfilling a sort of social expectations. Similarly, if volunteers do not receive such visits, they feel increased social pressure from their families. Another important way is related to female volunteers. While the social constraints may limit female volunteers from participating in volunteering activities, the home visits serve as a trust-building procedure between the families and SRCS, leading to the alleviation of this social stressor and facilitating the participation of female volunteers.

Quotes:
*[When you don’t receive visits], the community will ask you.. ‘where are your people? [i.e. your SRCS colleagues].. you are volunteering with the Sudanese Red Crescent... you are always outside the house for this reason.... in work and training with SRCS.. and now you have an occasion in your family, and they are not here..! you are serving with them.. and they are not with you..!’… Should that happens, I might leave the society [SRCS] soon.*
- A male volunteer, FGD6.

*Why we start home visits from the first phase of recruiting volunteers... very early? Because the majority from the volunteers.. 90% of them are females.*
female have more restrictions on movement. So, if you visit their families, families will know you... So, [without the visits] if you ask her to do volunteering work, she would not be able to participate. But, when you meet her family, even her family may become volunteers themselves...! We meet her father, mother, and brothers... we all set together and discuss... Therefore, trust is built between families and the national society [SRCS].

- A female volunteer FGD1.

Notes:
This CMO is linked with CMO 7.5: organisational justice. Due to the social pressure of not receiving visits from the management, volunteers perceive such as a manifestation of being not equally treated in their organisation.

Final decision:
Refinement

Refined CMO 5.1a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1: in a collectivist culture where people have a strong sense of belonging to their communities and their practices, and expect their cultural norms to be embedded in any organisational context.</td>
<td>Res.M1: The volunteer organisation implements community-based volunteer activities to motivate volunteers (e.g. home visits)</td>
<td>Rea.M1: Volunteers develop a sense of belonging to the voluntary organisation.</td>
<td>O1: improving well-being</td>
</tr>
<tr>
<td>C2=C1+ anticipation of the organisation participation</td>
<td>Res.M2= Res.M1</td>
<td>Rea.M2: appreciation from families to their volunteers members</td>
<td>O2: increasing self-esteem</td>
</tr>
<tr>
<td>C3: C1+ restriction on movement for females</td>
<td>Res.M3= Res.M1</td>
<td>Rea.M3: trust between families and organisation</td>
<td>O3: reducing social pressure and facilitating participation</td>
</tr>
</tbody>
</table>

6.7.5.2 CMO 5.2a: Culture is embedded in the organisation

Initial CMO 5.2: Culture is embedded in the organisation

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong collective culture and tradition in the community</td>
<td>Embeddedness of community culture in volunteer management and in organising aid-related activities: the organisation uses the community’s ways of communicating with volunteers, using community spaces for training and meetings...etc Resource: Feeling of relevance and familiarity</td>
<td>A developed sense of ownership when practising the same traditions in organisation as they do in their communities. Autonomy when delivering activities</td>
<td>Increasing motivation and work engagement</td>
</tr>
</tbody>
</table>

Analysis against data sources

Support:
No support for this theory as it is.

Refinement:
Interview 5, 6 & 7; FGD 1, 2 & 6.
The resource is different. The first important resource which makes volunteers feel the autonomy and ownership by doing their community work is when the organisation implement the activities (e.g. community health awareness campaigns) in such a way that is aligned to the communities’ traditional ways (e.g. holding the sessions during morning tea gatherings for women in their houses), this resource is referred to as ‘folk implementation’. The second resource is having flexible organisational boundaries between what is in the organisation, and what is in the community, outside the organisation. SRCS, accordingly, adopts the community structures not only by using traditional ways but also by making the full organisational scene as similar to what is in the community. Therefore, what is practised in the WNB is similar to what is practised in every family, neighbourhood, or other social groups. This resource is referred to as the ‘organisational community’.

Quotes:

The activities we provide strengthen the relationship between the Red Crescent and community members. Communities know the Red Crescent... For example, in our family, we are 4 volunteers... I volunteered first, but after visits, my mother even became a volunteer as me.. she doesn’t have that much time to volunteer, but she helps us in making food for the volunteers. [...] we participate in all the social activities, not only in our activities ... whenever there is a funeral, we go. Whenever there is a wedding, we go. we feel like a family by doing all that.

- A female volunteer with vast experience, FGD1

Notes:
This CMO is linked with CMO 5.1, it difficult to disaggregate them from each other.

**Final decision:**
Refinement

<table>
<thead>
<tr>
<th>Refined CMO 5.2a</th>
</tr>
</thead>
</table>
| **Context** | The organisations offer:  
Folk implementation (i.e. delivering activities in traditional ways)  
And organisational community (i.e. embeddedness of cultural norms in the organisation) |
| **Mechanism (Resource)** | Increased affiliation to the organisation,  
Autonomy when delivering activities |
| **Outcome** | Increasing motivation and work engagement |

6.7.5.3 CMO 5.3a: Organising social activities

<table>
<thead>
<tr>
<th>Initial CMO 5.3: Organising social activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td><strong>Mechanism (Resource)</strong></td>
</tr>
<tr>
<td><strong>Mechanism (Reasoning)</strong></td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
</tr>
</tbody>
</table>
Analysis against data sources

Support:
Interviews 1, 2, 3, 5, 6 & 8; FGDs 1, 2 & 3:
There is widespread support for this theory. Especially among volunteers’ leaders, who primarily use social activities to help volunteers cope with stress. Volunteers also perceive social activities in the same way - as a form of stress relief. Social support tends to be the overarching community coping resource within the context of WNB. These social activities help volunteers to meet and receive social support, particularly in emergencies. Despite this, variations in funding volunteer social activities are apparent between project versus non-project funded activities.

Quotes:

[Trips] make us forget about the daily routine… we might do one trip a month... That gives the opportunity to change the place… people, therefore, get out of the stressors, pressure and routine….whenever there is work, there are stressors.. Throughout the entertainment programmes, volunteers meet with other people and change place... by that, the pressure is reduced.

- A male volunteer, FGD1

Notes:
This theory is linked with the IPTs theme 7, particularly, with regards to opportunities and lack of funding. Volunteers who work in different projects (funded vs non-funded) tend to perceive access to social activities as advantages (if there are project funds those activities) or disadvantages (if volunteer don’t have the funds).

Final decision:
Minor refinement, including funding in the resources

<table>
<thead>
<tr>
<th>Refined CMO 5.3a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context</td>
</tr>
<tr>
<td>Volunteers are stressed, they are part of the crises and have fewer opportunities to gather and socialise</td>
</tr>
</tbody>
</table>

6.7.5.4 Refined theory theme 5a: Using community-based approaches

Using a community-based approach towards both volunteering and service-delivery activities may have a positive impact on humanitarian volunteers’ mental health, if this approach aligns with cultural norms. For instance, in a predominantly collectivist culture, people, including volunteers, have a strong sense of belonging to their communities and uphold their traditional practices. Therefore, using traditional practices as a way to communicate and motivate volunteers fosters a sense of belonging to the voluntary-based organisation. Furthermore, volunteers’ families expect the
organisation’s members to participate in the volunteer’s social life (e.g. through visiting them), as per their social norms. Meeting their expectations is likely to help the volunteers to feel appreciated by their families, increasing their self-esteem. Such practices further serve as trust-building tools between organisations and families. Trust, in turn, facilitates participation of volunteers in the volunteering activities, overcoming any family or community-related constraints (e.g. gender-based ones). Likewise, while delivering humanitarian activities, volunteers using traditional approaches reflective of their communities (i.e. folk implementation), and where cultural norms are embedded within the organisation (i.e. organisational community), are more likely to enjoy high levels of autonomy and feel an affiliation to their organisation. Lastly, when organisations support and fund social activities for the volunteers, as per their culture, volunteers have formal channels through which to receive social support. Such activities are critical in emergencies where volunteers have higher stress levels and fewer opportunities to meet others. Using a community-based approach is expected, therefore, to motivate volunteers, reduce the levels of stressors or constraints they might face, facilitate their participation in the volunteering activities, raise their engagement, and increase their self-esteem and well-being.

6.7.6 Theory Theme 6: Volunteer management policy

6.7.6.1 CMO 6.1a: Procedures

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers operate in challenging environments whereby exposure to stress/danger is expected</td>
<td>(Res.M and Rea.M are not disaggregated) Policy includes procedures to protect against strains and dangers (e.g. safety regulations, rights and responsibilities, stress briefing, referral if needed)</td>
<td>Minimising physical and psychological harm</td>
<td></td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
Little evidence supported this theory. Where no procedures were in place for protecting the volunteers this increased the exposure of volunteers to both physical and psychological harm, negatively impacting on volunteers. For example, no health insurance plans are in place. Volunteers who work in emergencies with any urgent medical condition are expected to cover their own medical treatment, receive informal organisational help (i.e. colleagues contributions), or receive aid as SRCS beneficiaries. The debate around this is further discussed in the theory theme 7, particularly in terms of favourable work environment, below.
Final decision:
No evidence because no resources are in place.

6.7.6.2 CMO 6.2a: Accessibility and awareness

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little developed organisational structure in remote areas and lack of systematic procedures</td>
<td>Policy is clearly visible and accessible for the leaders</td>
<td>Increased awareness and belief of the importance of protecting the volunteers among leaders</td>
<td>Endorsing the policy in their practices</td>
</tr>
</tbody>
</table>

Analysis against data sources

Support:
No supporting evidence was found for this theory. In contrast, because there is a lack of organisational structure, there is a lack of clarity and accessibility of SRCS policy. Within a fragile organisational structure, especially in remote areas, volunteer leaders may neglect to disseminate the volunteering policy, holding the belief that it is their exclusive knowledge of the policy which gives them an advantage as leaders.

Quotes:
They are [leaders] settled their places, they don’t want to move away… So, you may see a locality supervisor with ten years in the same position...!! Ten years...!! you don’t have anything new to provide.. However, he stays.. stuck to the position.. doesn’t want someone else to take over.. How? The best thing is not to give them [the other volunteers] such knowledge [of volunteering policy].

- Volunteer male in FGD 6

There are some people making it a monopoly.. Because I [as a traditional leader] know, and the others don’t know.. whenever someone [from HQ for instance] comes and asks about the policy.. the volunteer manual.. what are its bases… what are its aims.. Just I [as the leader] who is able to answer… it supposes that you teach your volunteer about it.. but it is not the case.

- Female volunteer in FGD6

Final decision:
Refute

6.7.6.3 CMO 6.3a: Obligation

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of systematic organisational procedures, especially in remote areas</td>
<td>Organisations requests reporting and follow-up procedures</td>
<td>Developed feelings of obligation to report and respond</td>
<td>Actively implementing the policy procedures</td>
</tr>
</tbody>
</table>

255
Analysis against data sources

**Support:**
Despite the fact that some leaders discussed their obligations to implement the policy and report on the same, volunteers’ responses were more related to lack of policy implementation. Therefore, as discussed when initially theorising this CMO (Chapter 5.7.6), in the context of fragile organisational structure, the rival theories of:

- Lack of organisational structures may lead to less commitment to the leader’s obligation leading to failure of implementation.
- Lack of funding and follow up procedures hinder implementation.
- Leaders, in the context of lack fragile organisational context, may fulfil the organisational requirement, yet not reflect a real implementation processes

Are more likely to occur, refuting this CMO.

**Final decision:**
Refute

### 6.7.6.4 Reflection on the refinement of theory theme 6:

According to the current evidence form WNB case study, this theme of CMOs is not supported. Indeed, the lack of organisational structure may best explain this observation. As per the theory theme 5, WNB has a strong community-based structure. Within this context, therefore, it might be challenging to integrate and endorse policy components with regards to volunteer management. However, the lack of procedures aligned to the policy in regards to volunteer insurance, protection, rights and responsibilities is more likely to directly and negatively influence volunteer well-being, particularly in emergencies where exposure to adversity is expected. On the other hand, the lack of funding leads to a failure to implement these procedures. The impact of this shortage on the volunteers is further discussed in the following theory theme 7.

### 6.7.7 Theory theme 7: Organisational support

#### 6.7.7.1 CMO 7.1a: Skills development

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers are non-professionals with limited experience in work and little opportunities in life</td>
<td>The organisations provide skills, knowledge and to their volunteers (via training, capacity building, on the job training)</td>
<td>Increased personal growth by gaining skills/increased self-efficacy/self-enhancement</td>
<td>Improving well-being</td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
Interviews 1, 3, 5 & 7; FGD 1, 2, 5 & 6;
The vast number of participants supported this theory. Especially in non-emergency, domestic settings, being in the organisation offers the opportunities to gain new
knowledge and skills which, in turn, help in life (e.g. providing first aid), finding future jobs (e.g. other humanitarian agencies or hospitals), with livelihoods (e.g. learning handicraft, baking), and developing interpersonal and leadership skills. These are perceived as ways organisations can support volunteer well-being, particularly in the context of economic hardship and gender inequality. However, the availability of these resources are limited due to lack of funding, as is the case in WNB.

Quotes:

*It is a duty of the branch [WNB] to develop the volunteer even if you [as a volunteer] don’t hold certifications, or you missed the chance to go to school... they should suggest programmes to support you... vocational training...skills.. handicraft.. that will make the volunteer able to do a job in life and continue volunteering.... there are some people without job.. their personal circumstances didn’t help... those participate in the volunteering activities as the only available opportunities.. those need sort of vocational training.*

- Female volunteer, FGD6.

Notes:
This CMO is linked with the organisational justice CMO.

Final decision:
Minor refinement

<table>
<thead>
<tr>
<th>Refined CMO 7.1a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers are non-professionals with limited experience in work, little opportunities life, and face substantial economic hardship</td>
</tr>
</tbody>
</table>

6.7.7.2 CMO 7.2a: Reciprocity of efforts

<table>
<thead>
<tr>
<th>Initial CMO 7.2: Reciprocity of efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Volunteers are extrinsically motivated to work in their communities</td>
</tr>
</tbody>
</table>

Analysis against data sources

Support:
Interviews 1, 3 & 5; FGD 1.
This theory was supported by the study participants. The participants also expressed that all social activities serve as a sort of recognition function for the volunteers.

Quotes:
As a volunteer, I have a responsibility towards the organisation [SRCS]. I should perform the task, and I should give a good impression on the organisation in front of communities... On the other hand, the organisation should help me.. praise me.. make recognition letters.. make recognition ceremonies.. that satisfies me...
- A male volunteer, FGD1

Refinement:
Interviews; FGD 2, 3 & 6:
Not only extrinsically motivated volunteers feel the satisfaction of the organisation’s recognition, but more intrinsically motivated volunteers (i.e. who stated that their purpose of volunteering is to satisfy an internal motivation) also expressed increased levels of satisfaction when receiving recognition. Because of the collectivist culture in Sudan, volunteer needs satisfaction might rely heavily on social components. However, volunteers who work full time, especially in camps, expressed how the ‘symbolic organisational payment’ is insufficient in terms of minimal monetary payment for their full-time work. Therefore, the fact that these volunteers depend on incentives as their only source of income decreases the feeling of organisational acknowledgements. The feeling of being asked to work full-time, but being paid through ‘incentives’, not a ‘salary’ brings dissatisfaction when these incentives are not enough to meet the volunteer’s family’s basic needs.

Quotes:

They give us incentives.. monthly incentives.. it is like a salary..! But compared to the other organisations who work in the same programme [i.e. provide the same service], you feel the paradox.. they do things less than what I do.. they work for 6 hours a day, and I work for the whole day… I work as a volunteer; however, the incentives should cover [my needs]..!
- A male volunteer work in the camps, FGD3.

There are two types of incentives, material or moral… the moral motivation is the most important ones, but that vary across contexts.. for example when a volunteer in a group receive good feedback and a recognition letter… that may be more important from giving 10 or 20 SDG [Sudanese money].. because that makes the volunteer feel increased in the value [in front of the group of volunteers].
- A female volunteer, FGD2.

Notes:
This theory is linked with organisational justice. The feeling of unequal treatment in acknowledgements is related to increased strain among volunteers.

Final decision:
Refinement

Refined CMO 7.2a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**6.7.7.3 CMO 7.3a: Inclusion in decision making**

<table>
<thead>
<tr>
<th><strong>Context</strong></th>
<th><strong>Mechanism (Resource)</strong></th>
<th><strong>Mechanism (Reasoning)</strong></th>
<th><strong>Outcome</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The humanitarian organisation is volunteer-based with representation of volunteers in its governing systems</td>
<td>Organisations provide the power to participate in the organisation’s decision-making and planning to volunteers</td>
<td>Elevated feelings of ownership of one’s action/autonomy</td>
<td>Improving well-being</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feeling care and respect from the organisation</td>
<td>Increasing Perceived organisational support</td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
Interview 1; FGD 2, 5, & 6

In general, this theory was supported. Given the structure of SRCS WNB, volunteers are represented in the governing structures across different levels of the organisation. However, reported positive outcomes, according to the study participants were more so related to adopting the volunteers’ contributions in the planning (e.g. suggesting activities) rather than the power to decide strategies or big changes. The reversed theory is also supported, whereby not including volunteers in planning, or not taking their initiatives into considerations made them feel disappointed and unrespected.

**Quotes:**

*We try to implement as much as we can from the volunteers’ initiatives… that make positive impressions among them… give them the enthusiasm and help with their well-being… [....].. One initiative was to celebrate in a different way… we supported them because that was doable.. they decided to celebrate the international day of the movement [Red Cross Red Crescent movement] by hiking to another branch [another state..!]. On the way, they stopped in the villages making dissemination sessions and raising awareness about SRCS…. volunteers feel the ownership and that they are not bounded [by strict tasks]. they feel that those ideas are getting the attention and the care from the society [SRCS].*

- Interviewee 1, a male senior volunteer leader.

*When I initiate ideas in line with the volunteering activities to my leader who discusses them on higher levels.. the senior leadership then set and review those ideas with the volunteers.. explaining the possibilities of implementing those in programmes… that ensures my well-being… So, that might require*
additional work for us [as volunteers]... we should study the idea well... the leader should make efforts... and the senior leader should... but this process has a positive impact on us.

- Female volunteer trainer, FGD5.

Notes:

Final decision:
Minor refinement

Refined CMO 7.3a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>The humanitarian organisation is volunteer-based with representation of volunteers in its governing systems</td>
<td>Organisations provide the opportunities to participate in planning the activities and making decisions</td>
<td>Increased autonomy of one’s action</td>
<td>Improving well-being</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feeling the care and respect form organisation</td>
<td>Increasing Perceived organisational support</td>
</tr>
</tbody>
</table>

6.7.7.4 CMO 7.4a: Favourable work environment

Initial CMO 7.4: Favourable work environment

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demanding job whereby volunteers may face disputes while delivering aid and are exposed to hazardous situations</td>
<td>Organisations ensure a favourable environment in work (supportiveness from team and leaders) is ensured by the organisation</td>
<td>Perceived social support in the workplace</td>
<td>Decreasing stress/improving well-being</td>
</tr>
</tbody>
</table>

Analysis against data sources

Support:
Besides the importance of support from leaders and colleagues as essential resources in the face of the workload challenges discussed in refined CMOs (1.2a, 3.2a), there are other resources that should be in place to foster a favourable work environment (see refinement)

Refinement:
Interviews 1, 3, 4 & 8; FGD:1, 2, 4 & 5
Volunteers need other aspects to be able to work properly. Equipment, transportation, per diems, food and insurance as components of a favourable work environment. When the organisation fails to fulfil those, volunteers feel more strained in work.

Quotes:
Leaders [in WNB] should be able to create the conditions for volunteers regarding the sleep, food, transportation, and per diems... by that, they help volunteers to provide their message... Volunteers may suffer from severe exhaustion, physical and psychological... there is a possibility that the volunteers feel distressed or uncomfortable in their voluntary work... it is supposed to be voluntary work... management should do everything to ensure all needed equipment is available.
Notes:
This CMO complements the support from peers (CMO3.2a) and leaders (CMO1.2a).

Final decision:
Refinement

Refined CMO 7.4a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demanding job and economic hardship, whereby volunteers may face disputes while delivering aid and exposed to hazardous situations</td>
<td>Res. M1: Work equipment is provided including transportation, food, and insurance</td>
<td>Rea. M1: Satisfaction in work</td>
<td>Decreasing stress / improving well-being</td>
</tr>
<tr>
<td></td>
<td>Res. M2: Favourable environment in work (supportiveness from team and leaders) is ensured by the organisation</td>
<td>Rea. M2: Perceived social support in the workplace</td>
<td></td>
</tr>
</tbody>
</table>

6.7.7.5 CMO 7.5a: Organisational Justice

Initial CMO 7.5: Organisational justice

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers expect to be treated as equals, they come to the organisation with the aspiration to be treated well.</td>
<td>Organisational justice in fair treatment of volunteers: the humanitarian organisation facilitates equal access to training/material incentives/rewards, etc. and has complaint procedures in place</td>
<td>Increased trust in the organisation, and organisation’s mission</td>
<td>Raising satisfaction in work and volunteers retention</td>
</tr>
</tbody>
</table>

Analysis against data sources

Support:
Interviews 2, 4, 5 & 8; FGD 1, 2, 3, 4, 5 & 6:
This theory was highly supported in both the direct and reversed formula. Volunteers expressed that whenever there is fair treatment, they better appreciate the value of their work. Similarly, the reversed version of this CMO, whereby inequality is related to leaving the organisation, disengagement in work, disputes, and dissatisfaction is highly supported. Fairness, in this regards, is linked with working in projects and receiving potential work benefits, equal treatment by team leaders, equal incentives and pay across projects, access to training, complaints management, and even receiving recognition and home visits from the organisation. Gender inequality was also expressed as part of unfair treatment for female volunteers. With respect to the lack of organisational structure, sometimes volunteers perceive unfairness due to lack of formal procedures.

Quotes:

Whenever there is volunteering work they call us, whenever this has money [i.e. it is funded by projects whereby volunteers receive incentives], they call others..! That makes inequality between volunteers and triggers problems.

- Male volunteer FGD6.
There is inequality. Even in the organisation way of motivating and providing the recognition of the volunteers, there is ‘Khiar and Fackous’ [a local expression of lack of equal treatment]. There is a bias for specific persons. I [as a leader] recommend this person because I know him… I give him acknowledgement and recognition... Even there are other volunteers who may deserve it more.

- Male volunteers FGD6.

-The men who own the power put women under stress and maybe danger is that what you are trying to say? [My question, when discussing the gender inequality, females were able to discuss, but not disclose frankly] – Yes, we might be put under a compromise, even though there is nothing big to compromise about, we might face it.

- Female volunteer FGD5.

Notes:
This CMO is linked with all aspects of being volunteers in WNB, linked with all the themes.

Final decision:
Support

Refined CMO 7.5a

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers expect to be treated as equals, they come to the organisation with the aspiration to be treated well.</td>
<td>Organisational justice in fair treatment of volunteers: the humanitarian organisation facilitates equal access to training/material incentives/rewards, etc. and has complaint procedures in place</td>
<td>Increased trust in the organisation, and organisation’s mission</td>
<td>Raising satisfaction in work and volunteers retention</td>
</tr>
</tbody>
</table>

6.7.7.6 CMO 7.6a: Caring and emotional support

Initial CMO 7.6 Caring and emotional support

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers are intrinsically driven to support their communities</td>
<td>Organisations offer emotional support: the caring position from an organisation towards its volunteers</td>
<td>Fulfilled basic psychological needs</td>
<td>Improve well-being</td>
</tr>
</tbody>
</table>

Analysis against data sources

Support:
No support for this theory whereby all its aspects are expressed as part of the CMO 1.3a, supportive supervision.

Notes:
This CMO is fully captured in the supportive supervision CMO 1.3a, whereby volunteers perceived the care from their leaders as the same as the care from their organisation.

**Final decision:**
Refute

### 6.7.7.7 CMO 7.7a: Facilitating help-seeking behaviour

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma against seeking help for mental health</td>
<td>Organisations offer supportive and favourable environments to the volunteers</td>
<td>Increased trust to share psychological problems among volunteers</td>
<td>Improving help-seeking behaviour</td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
FGD 1:
Only one case was discussed by the study participants as supporting this theory. Despite supporting it, in the case discussed, the supportive and favourable environment existed in addition to the culture around psychosocial support. Therefore, no current evidence from the data was found in support of this theory.

**Final decision:**
No evidence, the theory is kept in the initial formula.

### 6.7.7.8 CMO 7.8a: Urgent practical help

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging environment with lack of resources and uncertainty about self/family situation</td>
<td>Organisations provide urgent practical help for volunteers, when needed</td>
<td>Reduced feelings of helplessness</td>
<td>Decreasing stress levels</td>
</tr>
</tbody>
</table>

**Analysis against data sources**

**Support:**
Interviews 2, 4, 5, 6 & 8; FGD 4, 5 & 3:
Urgent practical help is a widespread practice in WNB. Even though there is no active insurance in place, the urgent needs of the volunteers are available informally from the branch, or from the community of volunteers. As per the CMO 5.2a, the culture is embedded in the organisation (i.e. organisational community). Helping in urgent situations is a community practice that is fully embedded in the organisation, therefore.

**Quotes:**

> We don’t have a specific budget line to support volunteers. However, if something urgent happened, like the death of a family member, we discuss that with the branch volunteer development coordinator and write a request to the branch manager explaining the situation and asking for monetary support… yesterday [he means in the current past], we provided 2000 SDG for a volunteer.. her house was destroyed by the floods.. it was fully
destroyed…[…]… so honesty, the volunteers usually have very bad living condition. Despite that, they come and volunteer their time.

- Interviewee 5, a male volunteer leader.

As a volunteer in SRCS, we were forcibly displaced from South Sudan. We came to the north because of the problems. Once we arrived from the South to Sudan, the Red Crescent did a lot for us. They came even before the government welcomed us. brought firewood and blankets. they stood behind us. this is like thanks for me, as a volunteer, I always say that the Red Crescent stood behind my family. they supported us when we urgently needed such support. all volunteers did the same. even the management. all volunteers, colleagues, and leaders. all did their best… My family always says that.

- Female volunteer FGD4.

Notes: This theory is linked with the community-based approach theory theme.

Final decision:

Support

<table>
<thead>
<tr>
<th>Refined CMO 7.8a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Challenging environment with lack of resources and uncertainty about self/ family situation</td>
</tr>
</tbody>
</table>

6.7.7.9 New emerging CMO 7.n1: Facilitating social recognition

Support: Interviews 1,5 & 8

WNB also organises the social recognition ceremonies with the participation of the community. Such practice facilitates the social acknowledgements from communities to volunteers. In turn, volunteers feel the value of their work in the eyes of the communities. This feeling increases their self-esteem and may also reduce the likelihood of any potential disputes with communities in the future.

Quotes:

We do cleaning campaigns in the hospital every Saturday.. you can imagine.. Whenever you walk to any place, wearing the Red Crescent vest.. in the markets.. in the streets.. people say “Hi Red Crescent”.. In the hospital, people also say “Hi Red Crescent”.. In the ceremony, say “Hi Red Crescent”.. Any place, you are known as a Red Crescent volunteer… People may not know
your name, but know your affiliation.. when you go to another community wearing the same vest.. you experience the same.. That has a very positive impact on volunteers

- Interviewee 5, Male volunteer leader.

### New emerging CMO 7.n1: Facilitating social recognition

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanism (Resource)</th>
<th>Mechanism (Reasoning)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collectivist culture, people expect to be valued from communities by their volunteering activities</td>
<td>The organisation includes communities in the recognition of volunteers (e.g., ceremonies)</td>
<td>Increased self-esteem when work is socially reciprocated among volunteers</td>
<td>Promoting satisfaction/well-being</td>
</tr>
</tbody>
</table>

6.7.7.10 Refined theory theme 7a: Organisational support

There are general practices that help in promoting mental health among volunteers in humanitarian organisations. First, and as previously discussed, leaders and peers have a role to play in enhancing the volunteer well-being. Second, the opportunities to gain skills and knowledge while volunteering, particularly in non-emergency settings, are likely to contribute to the personal growth of volunteers and increase their self-enancement. This is particularly significant for volunteers who are non-professionals and who may not have other opportunities to gain practical skills. When there are economic hardships, organisations may also contribute to building the volunteers’ skills outside the volunteer work, in the form of vocational training, for example, which may help them to overcome some of these hardships.

Third, the organisation’s acknowledgements of the volunteer’s efforts, impacts their motivation, increase their self-esteem and satisfaction. Fourth, while working in volunteer-based organisations, volunteers expect to have the opportunity to participate in planning the activities and making decisions within their organisation. Providing these opportunities increases the autonomy in work. Participation in planning also enhances the perception of care and respect from the organisation towards volunteers. Fifth, especially in the context of emergencies, providing the equipment for volunteers, including transportation, food, and insurance, contributes to their satisfaction in their voluntary work.
Sixth, humanitarian volunteers expect to be treated equally. Thus, ensuring organisational justice practices increases the volunteers’ trust in their organisation and its humanitarian mission. Organisational justice practices include fairness in working in projects and receiving potential work benefits, equal treatment by team leaders, equal incentives across projects, equal access to training, complaints management, gender equality, and equal recognition of volunteers’ work. Seventh, supportive and favourable treatment for volunteers has the potential to increase the trust and likelihood of a volunteer sharing that they are experiencing mental health problems, particularly in the context of stigma in seeking help for mental health. The trust to share, in turn, facilitates help-seeking behaviour. Ninth, having procedures in place to help volunteers in urgent situations, in the context of a challenging environment and uncertainty about self/family situation, reduces the volunteer’s feeling of helplessness in such situations, contributing to their mental health. Finally, organisations should include communities in the acknowledgement scheme for the volunteers’ efforts. The self-esteem of volunteers will be increased when they perceive that their work is socially reciprocated. In sum, these practices are expected to lead to the volunteers’ perception of organisational support, satisfaction in work, addressing the stressors that may face, and improving their well-being.

6.8 Chapter conclusions

This chapter summarises the methods and tools used in the field case study of the SRCS White Nile branch. Using eight interviews and six FGDs, the initial theory themes resulting from Chapter 5 were tested and refined. The refined theories are the results of Phase 3 of this study, answering the question of how, why, for whom and in which contexts do volunteer management practices impact on the mental health of humanitarian volunteers. In the process of analysis, links between CMOs were noted indicating an opportunity to build a theoretical model on a higher level of abstraction. Chapter 7, therefore, addresses this opportunity in Phase 4: the synthesis phase. A general discussion of the study results is also offered in Chapter 7.
Chapter 7: Synthesis and Discussion

7.1 Chapter overview

This chapter addresses Phase 4 of the realist research cycle: the synthesis. Aligned to the research study overview (Table 4.1), the synthesis phase aims to conceptualise the refined theories resulting from Phase 3 (Chapter 6.7) in a Middle-Range Theory, incorporating and building on formal theories from the literature. Phase 4 therefore serves to answer the second research question (Chapter 1.6) at a higher level of abstraction. The results of this study are then discussed in the light of the literature review (Chapter 2), as well as with extended literature.

7.2 Synthesis: Conceptualising the results

Three steps were followed to conceptualise the field case study results at a higher level of abstraction to produce a transferable theory.

7.2.1 Step 1: Mapping the organisational resources.

This first step aimed to classify the identified organisational resources (Res.Ms) with the potential to impact on humanitarian volunteers’ mental health and to map these resources with regards to the different operational settings (Contexts) within which humanitarian organisations operate. This step was sought as an entrance to building the conceptual model. To achieve this, the resources identified from the refined CMOs (Chapter 6.7) were checked with respect to their potential and relevance across three levels of emergency operations:

A. **The normal level:** In this context, volunteering activities are carried out in non-emergency contexts. Services that volunteers conduct in this phase are more related to health awareness programmes, community cleaning campaigns, and social activities. In this phase, volunteering holds minimal physical and psychological risks.

B. **The preparedness level:** this context includes the situations in which humanitarian volunteers are expecting future emergencies. An example taken from the WNB is the anticipated occurrence of seasonal floods. Every
summer, volunteers start to prepare themselves for the annual response to
the autumn floods.

C. The emergency level: At this level, humanitarian volunteers are
responding to emergencies. An example from WNB is where the
volunteers were working within the refugees camps. In these situations,
not only is there an increase in the workload and pressure (i.e. work
demands), but volunteers’ needs (e.g. protection) and risk of harm (e.g.
vioalence, trauma exposure) are also increased.

The process of mapping out Res.Ms across these three levels included two
simultaneous, complementary procedures. First, observing the relevant relationship
between the Res.Ms and Cs with respect to the different levels of emergencies. Second,
utilising the links between CMOs that were documented under the notes sections of the
memos (in Chapter 6.7), whereby all resources were checked as per their internal relation
to each other. The results of the mapping process are presented in Figure 7.1.

![Diagram](image.png)

Figure 7.1: Result of the mapping exercise, organisational resources vs different emergency levels
The colours in Figure 7.1 represent the different levels of emergencies. The mapped resources show the pattern of essential organisational supportive inputs that are likely to influence the mental health of humanitarian volunteers. At the normal level, the identified Res.Ms are more-so related to activities that build the volunteer’s common knowledge and skills, matching their motives, and contributing to their social values. At the preparedness level, the inputs are more related to building the volunteers’ ability to work and be safe in the expected emergency, including team building and specialised training such as disaster management and psychosocial support. Lastly, at the emergency level, meeting volunteers’ basic physical needs, expenses, protection and insurance emerge as important tangible resources. In addition, higher levels of supervision, guidance and workload management, as well as psychological first aid (PFA) and having referral system in place when needed are essential intangible resources. The arrows in the figure further indicate the cumulative need for resources with increasing emergency levels; as the emergency level increases, more organisational resources should be put in place to protect the humanitarian volunteers’ mental health.

The result of the mapping exercise further identified three overarching organisational resources, presented in the blue circle in Figure 7.1. These resources are considered essential not only at all three levels of emergencies, but also for the other organisational resources. Namely, these are related to the availability of social support, organisational justice and a favourable environment within the organisation. For instance, and as per CMO 1.1a, the uptake of guidance and coaching from a leader in an emergency depends on whether s/he is perceived as supportive or not (i.e. part of the favourable environment). Likewise, receiving a home visit from the organisation members (i.e. CMO 5.1a), as a community-based practice, was linked with organisational justice, whereby not receiving visits from management was perceived as a manifestation of not being treated as an equal in their organisation.

Lastly, results from the mapping exercise helped identify two potential pathways through which organisational resources impact on humanitarian volunteers’ mental health. In normal settings with minimal expected harm, these resources are more linked
with promoting well-being (i.e. the positive continuum of mental health, Chapter 2.3.1.2), whereas, in an emergency, these are more linked to preventing anticipated psychological harm. An example of the former is from CMO7.1a, whereby the skills building contributes to the personal growth of volunteers leading to improving their well-being. Similarly, an example to the latter from CMO1.1a, whereby the guidance on tasks prevents volunteers from the negative impact of role ambiguity on volunteer mental health.

7.2.2 Step 2: Stressor-based Model

The literature review (Chapter 2.1.2 & 2.1.4) suggests that the broad spectrum of stressors within humanitarian work is responsible for the adverse mental health outcomes among humanitarian workers, including volunteers. The various types of stressors were further synthesised in Table 2.1 to include role-related stressors (e.g. working in dangerous situations), non-role-related stressors (e.g. conflicts within teams), and stressors associated with being in humanitarian settings apart from humanitarian work (i.e. the community stressors in the volunteers’ case, e.g. economic hardship). The stressors reported by WNB volunteers (Table 6.3) are also classifiable across the same categories. Correspondingly, this second step sought to build an explanatory theory for how organisational resources (mapped in Figure 7.1 above) can mitigate stressor-related mental health outcomes, using middle-range theorising.
To achieve this, the refined CMOs (Chapter 6.7) were first examined for contexts as stressors. Second, the Res.Ms/Rea.Ms of the refined CMOs were examined to identify the common mechanisms mitigating stress and strain. This process was carried out using retroductive reasoning and by incorporating the theories initially linked with the CMOs, namely organisational support theory (OST) (Eisenberger et al., 1986), the stress transactional model (R. S. Lazarus & Folkman, 1984), and conservation of resources (COR) theory (Hobfoll, 1989, 2001). Lastly, the identified mechanisms were drafted against the three contextual factors (i.e. categories of stressors) prior to concluding the CMOs. Put differently, identified mechanisms were configured with respect to the stressors’ categories as well as the preventive outcome. The result of this step is summarised in Figure 7.2 below.

![Stressor-based model](image)

**Figure 7.2: Mechanisms to prevent stressor-related mental health outcomes**

Three CMOs were identified as components of the Stressor-based model (Figure 7.2). The first CMO explains how introducing organisational resources for volunteers (as depicted in Figure 7.1) mitigates the negative impact of non-role related stressors by reversing the non-role-related stressors within the organisation. For example, in the
refined CMO 7.5a, the inequality between volunteers emerged as a non-role related stressful factor, which causes volunteers to feel disengaged in their work. Introducing organisational resources (i.e. in the form of organisational justice) reverses feelings of inequality. Similarly, whereas the conflict in teams was reported as a non-role-related stressor among volunteers (Table 6.1), introducing the organisational resource (as a form of team-building) reverses that stressor. This CMO supports what was initially hypothesised when reviewing the literature on health and well-being in the workplace (Chapter 2.3.3) whereby the organisational resources, as components of OST, were proposed as reversing the harmful effect of organisational stressors.

The second CMO explains how organisational resources protect against humanitarian work’s role-related stressors. Namely, when appropriate resources are introduced for volunteers, two mechanisms work in tandem to protect the mental health of the volunteers. The first mechanism is related to reversing stressors, as per the first CMO. For example, in the refined CMO 1.1a, the role-related stressor of providing services that volunteers are not specialised to deliver (i.e. ambiguity) was counter-acted by introducing the organisational resource of guidance to volunteers. The second identified mechanism is related to the ability to cope with non-role-related stressors. According to R. S. Lazarus and Folkman (1984) transactional stress model (Chapter 2.3.1.1), the secondary appraisal process involves evaluating what one can do to deal with stressful life situations, in order to maintain well-being. CMO 3.4a offers support for coping as a mechanism through which teams (as an organisational resource) mitigates the role-related stressor of feeling threatened by angry beneficiaries through providing a sense of security for volunteers. Similarly, from CMO4.n1, psychological preparedness gives the volunteers the cognitive capacity to react in stressful situations, thereby helping to mitigate the impact of a sudden threat.

The third CMO in this model is related to how organisational resources mitigate community-related stressors among volunteers. The principal mechanism from this CMO is linked to the principle of resource investment in the COR theory (Hobfoll, 2001). As explained in Chapter 2.3.2.5, people invest resources in order to protect against
resource loss (i.e. stressful conditions). Resource gain therefore occurs when appropriate organisational resources are introduced for volunteers. In this way, organisational resources work to boost the ability of volunteers to work within the stressors inherent to the context of communities facing humanitarian emergencies. The refined CMO7.1a offers a good example of this mechanism, whereby the knowledge and skills that volunteers gain from being in the organisation (i.e. resource gain) emerged as a key mechanism for volunteers to confront community challenges (i.e. unemployment).

7.2.3 Step 3: The Dual Effect Theory

Building on the previous two steps, this third step incorporates the case-study findings into a more holistic model to explain how organisational resources contribute to the mental health of humanitarian volunteers. As per the first step of this process (i.e. section 7.2.1 above), two possible pathways for how organisational support impacts on the mental health of volunteers were identified. Namely, organisational resources can promote mental health (i.e. the positive continuum of mental health, mental well-being) and prevent against adverse mental health (i.e. the negative continuum of mental health). These two possible pathways are further elaborated on in light of the health and well-being organisational theories presented in Chapter 2.3.2, the contextual factors that can affect volunteering (Chapter 2.2.4) and the results of the field case study of the WNB (Chapter 6.7), again using retroductive reasoning.

Specifically, the mechanisms within the refined CMOs were explored in depth, sharpened or grouped during this final synthesis process. Finally, these mechanisms were mapped on the dual pathway as a Middle Range Theory (MRT), differentiating between promotive and preventative organisational resources and promotive and preventative volunteer responses to these resources. The level of abstraction sought was one applicable to humanitarian volunteers more broadly, and not necessarily specific to the WNB case. This final theory is presented in Figure 7.3. The identified resources and corresponding responses below, in turn, are consistent with the theories of: SDT (Ryan & Deci, 2000; discussed in Chapter 2.2.2.3), OST (Eisenberger et al., 1986; discussed in Chapter 2.3.3.1; Kurtesis et al., 2015), the functional approach of volunteering (Clary &
Snyder, 1999; discussed in Chapter 2.2.2.2), COR (Hobfoll, 1989; discussed in Chapter 2.3.2.5; 2001; Hobfoll et al., 2007) and JD-R model (Demerouti et al., 2001; discussed in Chapter 2.3.2.4).
The Dual Effect Organisational Support Theory
A Middle Range Theory explains how organisational resources impact on the mental health of humanitarian volunteers

Figure 7.3: Dual effect theory, the impact of organisational support on the volunteer's mental health
7.2.3.1 Contextual factors and Outcomes: Dual Pathways

In general, introducing appropriate organisational resources in the context of humanitarian emergencies is likely to contribute to volunteer mental health by promoting well-being and preventing psychological distress. The contextual factors that determine this impact are not all related to the conditions inherent to a humanitarian setting (i.e. direct impact of emergencies), but also include the socio-economic conditions (i.e. education, employment), community coping strategies (e.g. socialising, material support) as well as the social norms (e.g. reciprocity) and values (e.g. collectivism) of the context in which humanitarian volunteers operate. Therefore, in the case of humanitarian volunteers, organisational resources must consider community-related, well-being promoting factors, and not just those factors that mitigate or protect against stress factors in order to achieve optimal positive mental health impact. This conclusion is drawn from the refined theory theme 5a (Chapter 6.7.5.4), synthesised with the literature review on humanitarian volunteers (Chapter 2.1.3.3), prosocial behaviour (Chapter 2.2.1.1), and volunteering and mental health (Chapter 2.2.4).

7.2.3.2 Promotive organisational resources

As depicted in Figure 7.3, promotive organisational resources are related to supportiveness (i.e. derived from team leaders/ supervisors and colleagues; as per CMO1.3a), using a community-based approach (i.e. the community’s ways of fulfilling the volunteers’ motivation; as per refined theory theme 5a); including volunteers in planning and decision making (i.e. volunteers have the autonomy to decide which activities they want to implement; as per refined CMO 7.3a); facilitating social recognition of volunteers (i.e. organisations include communities as partners in acknowledging the volunteers’ efforts; as per CMO 7.n1); implementing social activities (i.e. humanitarian organisations organise and fund favouring activities for volunteers to meet); developing volunteers’ skills (i.e. humanitarian organisations help volunteers to build important life skills, such as vocational training or first aid skills; as per refined CMO 7.1a). Together, these organisational resources work to promote positive mental health aspects among volunteers.
7.2.3.3 Promoting Well-being Responses

Promotive organisational resources then, in turn, increase mental well-being by activating different responses among volunteers. These responses include fulfilling the volunteers’ psychological needs of autonomy, competence, and relatedness (i.e. as a result of conducting volunteering activities; as per CMOs 1.3a & 7.6a); improving motivation and satisfaction (i.e. by matching the volunteers initial motives with what they experience within the organisation; as per refined CMO 7.2a); strengthening volunteer affiliation and belonging to an organisation; as per CMOs 5.2a & 7.3a); fostering trust and care (i.e. volunteers feel how much their organisation cares about their well-being and values their contribution; as per CMOs 1.1a & 4.1a); promoting social values (i.e. feeling appreciated by families and communities; as per refined CMO 5.1a); and through self-enhancement and esteem (i.e. volunteers view themselves positively due to their work and the skills they develop; as per refined CMOs 7.1 & 7.2).

7.2.3.4 Preventative organisational resources

As per Figure 7.3, preventative organisational resources are those responsible for preventing psychopathology among volunteers. These are related to coaching and guidance (i.e. volunteers receive ongoing instructions about their work; as per CMO 1.1a); training and preparedness (i.e. volunteers are trained on the tasks that are required from them and are prepared to expect and respond to harm; as per refined theory theme 4a); protection and insurance (i.e. humanitarian organisations have measures to ensure the security of volunteers in their mission and to cover any health-related incidences they may face; as per refined CMO 7.4a); building trust with communities (i.e. humanitarian organisations engage in communications with the communities and families to facilitate the volunteers’ participation and overcome any potential threat; as per refined CMO 5.1a); promoting fairness (i.e. volunteers have equal access to benefits, participation, training, recognition, information, and making complaints; as per CMO 5.7a); team-building (i.e. humanitarian organisations and volunteer leaders organise activities to build the volunteers’ abilities to work efficiently in teams; as per refined theory theme 3a); providing volunteers basic needs and work equipment (i.e. volunteers’
food and transportation are covered and work equipment is provided; volunteers working full-time receive enough of a per diem to cover their and their families’ basic needs; as per CMO 7.4a; psychosocial support and psychological first aid (i.e. volunteers are trained on identifying stress reactions, and how to mitigate these including making PFA available after critical incidents; as per refined CMOs 2.2a & 3.3a); and providing practical urgent help for volunteers (i.e. organisations support the volunteers and their families in the case of an emergency; as per CMO 7.n1).

7.2.3.5 Preventing Adverse Mental Health Responses

In turn, then, a number of volunteers’ responses are identified as triggered by the preventative organisational resources. Those are related to positive coping (i.e. organisational resources help volunteers to overcome stressful situations in positive ways, as per CMO 2.2a); stronger situational management (i.e. volunteers are able to manage the stressful situations they face in work with respect to anticipating and minimising harm; as per refined CMOs 3.4a & 4.n1); an improved perception of safety and security (volunteers feel more secure while working when they have the appropriate organisational resources; as per refined CMO 3.4a); increased self and collective efficacy (volunteers, individually and in groups, face challenging situations with confidence when organisational resources are available; as per refined CMOs 3.1a & 4.2); lessened helplessness (i.e. organisational resources help volunteers to feel less helplessness in the face of adversities; as per refined CMO 7.8a); perceived social support (i.e. the available social support volunteers perceive help volunteers better cope with the challenging situation of humanitarian work, including workload; as per refined CMOs 3.2a, 5.3a & 7.4); and lastly, organisational resources possibly facilitate help-seeking behaviours among volunteers.

7.2.3.6 Dual Processes

The above synthesis presents the organisational resources and the volunteer responses they may trigger. The JD-R model, however, suggests that job resources are those that are either functional in achieving work goals, reduce the job demands and their physical and psychological costs, or stimulate personal growth (Bakker &
Demerouti, 2007, p. 312). In applying this criterion, all the aforementioned *promotive and preventative resources and responses* can, therefore, act as *meaningful resources in and of themselves*.

Taken together, and again incorporating the dual processes of job resources from the JD-R model (Bakker & Demerouti, 2007), where job resources not only play a motivational role but also interact to protect against the high demands of a job, then theoretically speaking, *even promotive resources might buffer against stressors* (i.e. have a preventive role), employing the principle of *resource gain* (Hobfoll, 2001; discussed above). Therefore, promotive resources also protect against adverse mental health. This dual process also implies that a lack of resources places extra demands on the volunteers, leading to further stress and strain (i.e. to negative mental health outcomes). An example of this can be found in refined CMOs 1.3a & 7.5a, whereby a lack of resources was found to also contribute to negative mental health outcomes. In light of this, a simplified version of the Dual Effect theory is presented in Figure 7.4. In this simplified version, organisational resources play a promotive role for the mental well-being of volunteers through satisfaction and fulfilment of their needs, as aligned with community promotive factors. Contrastingly, a lack of organisational resources negatively impacts on mental health outcomes by increasing strain. The dual processes between these two pathways are also acknowledged.
7.3 Discussion

7.3.1 Situating the results within the Humanitarian Workers’ Literature

7.3.1.1 Rethinking Stress within Humanitarian Work

As discussed in Chapter 2.1.1, the study of mental health among humanitarian workers has, to date, mostly been underpinned by stressor-based models (e.g. Ehrenreich, 2006; Ehrenreich & Elliott, 2004; Jaime Abad & Gardner, 2011; Strohmeier et al., 2018; Young et al., 2018). Acknowledging that working for humanitarian organisations involves working in highly stressful situations, the results of the stressor-based model presented in section 7.2.2 and Figure 7.2 above, synthesises the mechanisms underlying the protective effect of organisational resources for mental health outcomes among volunteers.

Specifically, the study findings indicate that appropriate organisational support, including fostering a sense of fairness, social support and favourable supportive environments are important resources that can counter-act non-role related stressors.
among humanitarian volunteers. The study findings highlight the potential reversing role of organisational support for a category of stressors frequently reported among humanitarian workers (Brooks et al., 2015) and shown to be related to greater psychopathology among humanitarian volunteers (Thormar et al., 2013). Findings further propose a theoretical explanation of the role of organisational resources in light of organisational support theory (OST) (Eisenberger et al., 1986). Together, findings point to the aforementioned organisational resources as those responsible for promoting stronger feelings of organisational support among humanitarian volunteers.

With respect to role-related stressors (e.g. workload and secondary traumatisation, Table 2.1), which are among the most reported stressors among humanitarian workers (Young et al., 2018) and those thought to be primarily responsible for humanitarian worker psychopathology (Connorton et al., 2012), findings support that organisational resources act to protect against role-related stressors by enhancing the volunteer’s ability to cope in their role. These findings are consistent with other studies suggesting that positive coping and cognitive-appraisal approaches act as preventative factors for the mental health of humanitarian aid workers (Abad Vergara & Gardner, 2011; Veronese et al., 2017). The current study adds to these findings by extending the preventative mechanism of coping to further include environmental resources that can contribute to appraisal processes, over and above personal cognitive abilities. In this sense, volunteers with the appropriate organisational resources (Figure 7.2) are better able to cope with the role-related stressors, regardless of their individual coping abilities. This finding is consistent with others reporting that environmental coping resources (e.g. social support) serves as a protective factor against work-related stress (S. E. Taylor & Stanton, 2007).

Finally, and with respect to community stressors (Table 1.2), findings support a high presence of community stressors among humanitarian volunteers working in emergencies, as described in Chapter 6.6. Despite this unavoidable occurrence, however, results support that organisational resources can act to prevent the negative impact of these stressors on volunteers’ mental health through increasing the skills and tools of
humanitarian volunteers, consistent with the principle of resource gain (Hobfoll, 2001). The humanitarian worker literature however, tends to focus on resource loss and its impact on the psychopathology of humanitarian volunteers (i.e. COR) (Thormar et al., 2014), rather than highlight the importance of resource gain as a preventive mechanism. Findings support that the resources volunteers gain from working in their organisation acts to prevent adverse mental health outcomes and promote well-being in the face of the community, non-work-related stressors. This finding is consistent with the gain paradox principle (Hobfoll, Halbesleben, Neveu, & Westman, 2018), whereby resource gains become more important and valuable in the context of resource loss (i.e. intense community stressors, as reported in WNB).

Taken together, and applying the principle of dual processes, presented in 7.2.3.6 above, results further propose that resources gained from receiving adequate organisational resources, as presented in Figure 7.1, acts as an overarching mechanism through which the mental health of volunteers is protected from stressors. According to COR (Hobfoll, 1989) however, resource loss has primacy over resource gain. This theoretical conclusion should therefore be considered with caution in the event of massive resource loss (i.e. after disasters), where it is expected that the negative impact of resource loss will be stronger than the positive impact of resource gain (Littleton, Axsom, & Grills-Taquechel, 2009). Findings further propose other meaningful mechanisms through which organisational resources prevent stress-related adverse mental health adverse outcomes among volunteers (e.g. self and collective efficacy, safety, positive coping, and situation management, Figure 7.3). In sum, the findings presented here offer a more holistic model of prevention of adverse mental health outcomes among humanitarian volunteers.

7.3.1.2 Towards Better Mental Health Models for Humanitarian Workers

As described in the previous section, symptomology and stressor-based models currently dominate the research on humanitarian worker mental health, including volunteers. Therefore, little is known about the positive mental health impact of humanitarian work. As previously explored in Chapter 2.3.1.2, the concept of mental
health also includes positive aspects (i.e. mental well-being), with humanitarian worker well-being linked to an increased sense of community (Cicognani et al., 2009); social support (Abad Vergara & Gardner, 2011); and social networking opportunities (Kranke et al., 2017). Despite these findings however, no current models of organisational resources and mental health among humanitarian volunteers depict the importance of promoting well-being outcomes. The findings of this study add to our existing knowledge by including positive aspects of organisational resources and their impact on humanitarian volunteer well-being. Specifically, and referring back to the dual effect theory presented in Figure 7.3, supportive organisational resources promote mental well-being among volunteers when they incorporate the volunteer’s community’s practices, build on the volunteer’s skills and encourage socialising among volunteers. Such an effect is well-documented in the staff-based, non-humanitarian research (McGrath, 2012), but has yet to be explored within humanitarian work. The dual effect theory further acts to highlight the likely causal pathways of this effect.

7.3.2 Situating the Results within the Volunteering Literature

The literature on volunteering and mental health presented in Chapter 2.2.4 proposes that volunteering itself might have a positive impact on mental health (Tabassum et al., 2016). The proposed pathways for this positive impact include through social networking opportunities (Wilson, 2000), the satisfaction gained from carrying out meaningful work (Wilson, 2012), matching motives (Stukas et al., 2015), and fulfilling the psychological needs of autonomy, competence, and relatedness (Weinstein & Ryan, 2010) resulting from participating in volunteering activities. A supportive environment within the volunteer organisation is therefore proposed as contributing to volunteers’ mental health through the fulfilment of the aforementioned psychological needs and through fostering social interaction.

While these proposed pathways initially contributed to the development of the IPTs, the results of this study suggest that the relationship between volunteering within an organisation and mental well-being is also driven by supportiveness from leaders and team members and that the impact on volunteers’ mental health likely occurs through
facilitating need fulfilment and motive satisfaction. These results are consistent with the vast majority of the volunteering literature (Einolf, 2018; Vareilles, Marchal, et al., 2015) whereby supportiveness was found as a factor for better volunteering and organisational outcomes.

Findings further identified other organisational resources with the potential to impact positively on volunteer mental health. Namely, through incorporating community traditions (i.e. employing a community-based approach) and facilitating social recognition campaigns for volunteers. While the lack of social recognition has been recognised as a risk factor of psychopathology among humanitarian volunteers (Thormar et al., 2016), this study’s findings emphasise the important role of the organisations as responsible for ensuring such recognition takes place. In other words, this study puts forward social recognition as an organisational resource.

Finally, findings identified community-based practices as another organisational resource with a positive impact on the volunteers’ mental health. Universally, cultural practices are more likely to be internalised leading to increased well-being (Chirkov, Ryan, Kim, & Kaplan, 2003). Therefore, embedding these practices within an organisation is likely to contribute to volunteer well-being (Figure 7.3).

In sum, organisational resources contribute to the well-being of volunteers not only by satisfying volunteer initial motivation but also by offering an opportunity to gain other resources related to working within an organisation.

7.3.2.1 Management Approaches and Well-being

While HRM practices in volunteering are generally linked with good organisational and volunteering outcomes (e.g. retention, satisfaction), this association has been predominantly derived from the study of Western organisations (Alfes et al., 2017). In addition, it is argued that volunteer management practices are contingent on both the volunteer representation and the mandate of an organisation, rather than being universal (Brudney & Meijs, 2014). Einolf (2018) further warns that fixed practices may produce bureaucracy, rather than producing positive outcomes among volunteers. This
study’s findings further contribute to the debate on how human resource management practices contribute to volunteer well-being.

First, with respect to SRCS, the VMC (explained in Table 5.1) is a model of HRM approach to volunteering. Whilst the theory theme 6: volunteer management policy (explored Chapter 6.7.6) was initially built on having a clear, fixed, approach in volunteer management, this theory was entirely refuted in the field case-study. Instead, a more community-based, flexible approach was found as the approach taken in the WNB context. Results indicate that ‘folk implementation’, as explained in the refined CMO 5.2a, is more likely to positively contribute to the well-being of volunteers by enhancing autonomy. Therefore, and with regards to mental health outcomes, findings are consistent with Einolf (2018)’s conclusion that the well-being of volunteers is more so related to the support and care received by volunteers from the organisation. The extent to which this approach is related to other volunteering and organisational outcomes, apart from well-being, however, is something that should be explored in future studies.

7.3.2.2 Volunteer Motivation, Financial Incentives, and Well-being

With regards to volunteer motivation and its relationship to volunteer mental health, findings suggest that organisational resources contribute to the fulfilment of volunteer motivations. Whereas motivation itself has been previously considered as a protective factor for humanitarian worker mental health (Barbara Lopes Cardozo et al., 2012), results indicate that organisational resources impact on well-being through the satisfaction of both extrinsic and intrinsic motives. Whilst it had been previously shown that a supportive working environment facilitates the internalisation of extrinsic volunteer motivation, leading to greater satisfaction (Vareilles, Marchal, et al., 2015), this study’s results only support this claim under the condition where the volunteers’ basic physical needs have been met. Therefore, and as suggested by the dual effect theory presented Figure 7.3, the organisational resources that fulfill a volunteer’s basic needs work to prevent adverse mental health outcomes. This effect is particularly important in the status of an emergency (Figure 7.1), where volunteers are asked to work at the expense of their other work and family commitments. Therefore, findings suggest that
in the context of emergencies, covering volunteers’ expenses is not considered or perceived as being part of a package of motivational incentives, but rather as fundamental to volunteer survival. Accordingly, covering essential expenses is related to volunteers’ well-being. This claim aligns with the IFRC’s volunteering policy whereby “National Societies [are supposed to] reimburse volunteers for preapproved expenditure related to their volunteering tasks” (IFRC, 2011c, p. 1). According to the IFRC’s policy, reimbursement should serve to ensure an equal opportunity for people and communities who face economic hardship to engage in volunteering (Hazeldine & Baillie Smith, 2015).

The relationship between volunteer motivation and monetary incentives is a topic of great debate in the extant literature. However, most of the research in this area comes from the literature on community health workers (CHWs), not from humanitarian volunteers. Some argue that regular wages blur the moral impact of volunteering behaviour (Glenton et al., 2010). On the other hand, Singh, Negin, Otim, Orach, and Cumming (2015)’s review of case studies from low and middle income countries on the topic of volunteering and remuneration concluded that monetary incentives are comprehensible, but argue that organisations should also include a social component (i.e. recognition) for better retention and higher motivation among CHWs. Regardless of motivation however, there is a wider ethical argument to consider when asking people who live in areas of severe economic hardship, such as WNB, to provide sustainable volunteering services without remuneration (K. Maes, 2012; K. C. Maes, Kohrt, & Closser, 2010).

In the case of humanitarian volunteers, the IFRC global review on volunteering (Hazeldine & Baillie Smith, 2015) acknowledges the complex nature of remunerating humanitarian volunteers. This complexity is related to working across different countries, contexts, and different capacities, and the challenges of NSs to implement the aforementioned policy in terms of their ability to pay volunteers. Furthermore, with respect to the project-funded approach, Hazeldine and Baillie Smith (2015) highlight that implementing foreign-funded, predesigned projects may act as “a smokescreen for
exploiting cheap labour” (p.11) when recruiting volunteers as service deliverers. Moreover, Hazeldine and Baillie Smith (2015) raise the risk of remuneration reinforcing inequalities between volunteers who get paid and the ones who do not. As such, remuneration “has the tendency to create a hierarchy and some discontent among volunteers. If the volunteers perceive a lack of transparency or clear process for assigning per diems it can also contribute to further disaffection and de-motivation” (P.59).

While the issue of remunerating volunteers is complex, and beyond the scope of this thesis, the study results indicate that fairness, in terms of receiving incentives, as an organisational resource does impact on volunteer well-being. Organisational justice, or the perception of fairness within the organisation (Greenberg, 1987) in terms distribution of benefits among employees (i.e. distributive justice), processing the decisions that impact that distribution (i.e. procedural justice), and the level to which employees are well-informed and treated with dignity within organisation (i.e. interactional justice) (Ndjaboué, Brisson, & Vézina, 2012), was also found to impact on volunteer mental health. Specifically, and as per Figure 7.1, organisational justice was identified as an overarching resource essential for the uptake of other organisational resources for its impact on volunteer mental health. Likewise, organisational inequality between international and national humanitarian workers emerged as one of the organisational, non-role related stressors, prevalent within HW (Table 1.2).

Consistent with the literature on organisational health and well-being identifying a lack of justice as a significant source of stress for employees (Harvey et al., 2017), the study’s results support the importance of organisational justice for volunteer humanitarian workers. The importance of organisational justice in terms of volunteer mental health is also consistent with other studies demonstrating a positive association between organisational justice and health outcomes (Ndjaboué et al., 2012). Despite a lack of research examining organisational justice among volunteers, one study suggests that distributive organisational justice predicts volunteer satisfaction and retention (Hurst, Scherer, & Allen, 2017). The findings from this study not only support this finding, but further extend to include procedural and interactional justice, through
highlighting the importance of access to volunteer information, promoting gender equality, and power dynamics and the implications of these components for humanitarian volunteer well-being.

7.3.3 Situating the results within Organisational Well-being Theories

Given the lack of health and well-being frameworks for humanitarian worker mental health, the JD-R model (Bakker & Demerouti, 2007; Demerouti et al., 2001) was incorporated as an overarching theory of humanitarian volunteers’ mental health, complementing previously suggested models within the humanitarian work literature (Brooks et al., 2016). Whereas OST (Eisenberger et al., 1986) was used initially as a framework to identify the resources available for volunteers within their organisation, findings uncovered other underlying volunteer-specific resources, all of which influence volunteer well-being. For example, organisational support resources for volunteers were strongly linked with supporting them in their communities instead of being limited to the intra-organisational sphere. This is consistent with Lewig et al. (2007)’s idea that volunteers might have different resources in the organisation compared with paid-staff.

From the JD-R perspective, incorporating both personal resources and job resources as a preventive approach offers a new promising direction (Bakker & Demerouti, 2017). Organisational support for volunteers in their communities may, therefore, be linked with both personal and job resources. Lastly, it has been proposed that volunteering prevents against adverse mental health outcomes, regardless of motivation type, compared to non-volunteers (Ramos et al., 2016). According to the dual effect theory, in humanitarian contexts, this claim is only supported when appropriate organisational resources are in place. In instances where there is a lack of organisational resources, as per Figure 7.1, increased demands in volunteering work will lead to greater strain (Bakker & Demerouti, 2007).

Lastly, with regards to traumatic exposure among humanitarian volunteers, the dual theory points out the role of organisational support resources in preventing adverse mental health outcomes. Whereas psychosocial support training and psychological first aid are included as preventive organisational resources, the model also suggests that
resource gains may also prevent against adverse mental health outcomes in the aftermath of trauma exposure, consistent with COR (Hobfoll, 1989; Hobfoll et al., 2007). A similar explanation is successfully used to explain how team support works to prevent emotional demands from affecting the mental health of volunteer firefighters (Tuckey & Hayward, 2011). The study results also manifest how culture is an important determinant of the resources, as reflected in the contextual components of the dual effect theory, consistent with Hobfoll’s (2001) who considers that resources have a cultural dimension (Hobfoll, 2001).

Consequently, and though this study is primarily concerned with volunteers’ mental health, additional positive organisational outcomes are expected to arise from appropriate organisational resources. According to the JD-R model, and as explained in Chapter 2.3.2.2., the process of decreasing demands and providing access to resources should lead to an increase in performance (Bakker & Demerouti, 2007). Furthermore, according to OST (Rhoades & Eisenberger, 2002; Walker, Accadia, & Costa, 2016), organisational support should enhance work-related behaviours among volunteers, including performance, retention, and organisational commitment based on the norm of reciprocity (Gouldner, 1960).

### 7.4 Chapter conclusions

This chapter offers a synthesis of the refined theories presented in Chapter 6, in the form of higher abstracted theorising. Three steps were followed, including mapping the organisational resources, building a stress-based model, and finally, putting forward a *Dual Effect Theory for Humanitarian Volunteer Mental Health*. The results of this fourth phase of the RE cycle were then discussed in light of their contribution to the existing humanitarian work, volunteering, and organisational literature, in fulfilment of the thesis’ research objectives. Chapter 8 will discuss the implications, limitations, and conclusions of this study.
Chapter 8: Contributions, limitations, and conclusions

8.1 Chapter overview

This closing chapter presents the contributions of this study to the growing field of realist methodology, as well as to theory and knowledge. The study limitations and the implications of this study for improved practices and policy within the humanitarian sector are also discussed. Lastly, and based on both findings and the study limitations, recommendations for future research on the topic of humanitarian volunteer mental health are presented.

8.2 Contributions and Implications of this Study

8.2.1 Methodological Contributions

This study utilised the RE approach to understand how, why, for whom, and in which contexts managerial practices within humanitarian organisations impact on the mental health of humanitarian volunteers. Whereas RE is originally used to evaluate social programmes and interventions (Pawson & Tilley, 1997), in this study, the RE approach was utilised to evaluate the impact of real-life volunteer management practices on the well-being of humanitarian volunteers. In this sense, this study differs from traditional realist evaluations in that instead of evaluating an intervention, the programme under investigation was defined as being a volunteer in a humanitarian organisation (Chapter 5.2.2). In this approach, the current study contributes two new methodological contributions to the growing field of realist evaluations.

First, and given the ongoing debate regarding the use of quantitative analysis in a realist evaluation (Chapter 5.5.1), this study adds to our current understanding of how quantitative data can be used in REs. Departing from Ford et al. (2018)’s approach of using SEM to test CMO configurations, this study used SEM as a way to identify associations in the development of the IPTs. Specifically, by using the underlying assumptions of POS (i.e. supportive supervision, fairness, favourable environment, perceived care) as part of the development of the IPTs, instead of using quantitative results as a justification for configuring the CMOs. In cases where a relationship was
found, retroductive approaches were used to question the nature of these associations, instead of accepting the statistical analysis as is. This approach is consistent with more recent trends in organisational psychology. For example, Abildgaard et al. (2019) used a RE framework to explain how participatory organisational interventions for the promotion of health and well-being in the workplace interact with organisational contexts, incorporating both SEM and RE. In their study, an RE framework was used to “aid in interpretation of the quantitative result, corroborate puzzling results and provide empirically founded explanations for the results” (Abildgaard et al., 2019, p. 12). Like Abildgaard et al. (2019), this study also uses RE as a method to examine the role of contexts in the field of health and well-being in the workplace.

The second methodological contribution of this study is the use of vignettes as a novel theory-teaching tool for RE. Detailed in Chapter 6.3.3, the vignettes were a successful tool to help volunteers be more engaged in the study, encouraging them to participate, and more importantly, to understand the programme theories such that they could reflect on them in light of their experiences within the SRCS. This novel approach is considered particularly important given the recognised challenges faced by RE researchers when trying to explain realist methodology principles, including the need to simplify ‘theories’, to participants. Using vignettes helped to overcome these challenges. A number of recommendations are made however, in order to be able to well develop the vignettes.

To start, it is important for the vignette developer to understand as much as possible about the population under study and the context, prior to developing the vignettes. In my case, being able to speak the same language, having Red Cross and volunteering experience and having prior experience in training and facilitating working groups were helpful, but still insufficient. Familiarising myself with culturally relevant names and understanding the volunteers’ living conditions and their day-to-day practices were crucial towards vignette development. Second, IPTs should be developed into short, straightforward stories. Therefore, it may not be possible to include a complete CMO, if it meant the vignette would become too long. Third, the
questions read after each vignette should be written as open-endedly as possible. Fourth, and before presenting vignettes to participants, one should explain the purpose of the vignettes and how they contribute to the session. Fifth, a vignette should be read aloud, presented in text, and volunteers should be given some time to think about the vignette prior to engagement. More importantly, one should stress that the discussion should be based on the participant’s experiences, and not those of the people presented in the vignette. One should also prepare different versions of the stories, in case participants do not understand. Finally, vignettes are only one tool and should be seen as an introductory tool for the teaching-learning process. In this way, vignettes should not be used as a stand-alone data collection method. Instead, vignettes should always be followed by the realist interviewing questions discussed in Chapter 6.3.1. In sum, the use of vignettes in this context was seen as a useful tool to overcome a number of recognised challenges associated with the teacher-learner process central to RE and future REs might benefit from adopting this method.

Finally, and departing from the traditional REs, whereby the programme under investigation is a set of initiatives, policies, strategies or interventions implemented in a social context, the SRCS had no fixed programme in place and an under-documented approach to manage their volunteers. Therefore, phase 1 of the research was used to identify the practices used in this context to promote volunteer well-being. This identification phase further benefited from the results of the quantitative study. The cumulative process, as part of RE, of identifying potential managerial practices (i.e. potential organisational resources) prior to testing how these resources work (i.e. the field case-study) represents an additional methodological contribution. Thus, this study demonstrates the possibility of using RE to understand social phenomena outside of a specific programme. A similar approach of identifying practices was used by Marchal, Dedzo, and Kegels (2010), whereby they investigated HRM practices within a well-performing hospital in Ghana (i.e. with a positive deviance model). In their study, Marchal et al. (2010) used RE to identify practices that were linked to identified outcomes (i.e. well-performance; organisational commitment of health workers). Unlike Marchal
et al. (2010) however, there was no evidence, prior to this research, suggesting that the SRCS volunteering management system is associated with positive volunteer mental health.

8.2.2 Contribution to Knowledge

This study adds to our existing knowledge on the influence of organisational support on humanitarian volunteers’ mental health. Specifically, and to the best of my knowledge, this study is the first to use the dual-aspect of mental health in a study on humanitarian workers. Furthermore, instead of identifying factors associated with mental health outcomes, as is the case in the majority of the literature on humanitarian workers (Chapter 2.1.5 and Table 2.2), this study sought to explain the causal processes for these associations. Uncovering the underlying mechanisms through which organisational resources impact on the volunteers’ mental health, and linking these mechanisms to various contexts, contributes to unpacking the complexity of working for aid organisations within emergency settings. Furthermore, findings support the importance of cultural practices, values and norms as a significant source of collective coping to protect volunteers’ mental health. In addition, support was found for humanitarian volunteers’ motivation as positively impacting on mental health, when organisational support resources are in place. Finally, with respect to the dearth of research on humanitarian volunteers, this study adds to our current understanding of volunteering in emergencies. Specifically, that volunteers are unique compared to other humanitarian workers in terms of their stressors, their coping resources, their relationship with the humanitarian organisation and ultimately, in terms of organisational resources that are in place to support them.

8.2.3 Contributions to Theory

This study used a theory-driven approach whereby organisational theories were applied to the field of humanitarian workers’ mental health, as its initial theoretical contribution. Organisational support theory (Eisenberger et al., 1986) was employed as an overarching framework to understand the support within humanitarian organisations. Despite the fact that OST is a popular theory in staff-based, non-
humanitarian organisations, its applications to volunteering contexts are rare (e.g. Boezeman & Ellemers, 2008). Moreover, this is the first study to apply OST in the context of humanitarian organisations. Previous research on humanitarian volunteers has traditionally treated organisational support as one variable, without a clear theoretical background (e.g. Thormar et al., 2013). Therefore, utilising OST within a volunteer-based organisation in a humanitarian setting contributes to our understanding of the applicability of this theory among humanitarian volunteers.

Similarly, whereas the Job Demands-Resources model (Bakker & Demerouti, 2007; Demerouti et al., 2001) was previously proposed as a theoretical model to explain humanitarian worker mental health (Brooks et al., 2015), and has been applied to paid humanitarian workers (Strohmeier et al., 2018), this is the first time the JD-R model is used among humanitarian volunteers. Its application was useful to uncover job resources for volunteers (e.g. leader support, team support, autonomy), as well as specific volunteering resources not otherwise mentioned in the JD-R literature (e.g. social value). An additional theoretical implication of the JD-R model in this study is its conceptualisation of both the personal and job-related resources as preventing strain among volunteers (Bakker & Demerouti, 2017).

The principal theoretical contribution of this study however, is the product of Phase 4: The Synthesis Phase. Specifically, the dual effect middle-range theory represents a conceptual model that explains the impact of organisational resources on humanitarian volunteers’ mental health. The dual effect theory incorporates aspects of OST, JD-R, SDT, and COR theories with the results from the field case study to offer a comprehensive framework demonstrating how organisational and managerial practices impact on humanitarian volunteers’ mental health. In the proposed model, the contexts of volunteers were considered as per their cultural norms and community coping strategies, and not only as per the challenges inherent to humanitarian contexts. Furthermore, in the dual effect theory, the underlying mechanisms through which organisational resources work to promote well-being and prevent adverse mental health were also uncovered. Consistent with the RE principles of accumulating evidence
through replication (Pawson & Tilley, 1997), the dual effect theory would benefit from further applications and refinement in future research.

8.2.4 Implications and Recommendations for Practice

The results of this study have a number of implications for humanitarian volunteer-based organisations and for humanitarian agencies who deliver aid using volunteers. Findings support that the internal support structures within organisations are crucial to promote mental health and prevent mental disorders among volunteers. Many international standards for humanitarian work consider this link between staff management and their well-being (e.g. Sphere Association, 2018). However, the relationship between volunteer management and volunteers’ mental health in humanitarian settings is still blurred. This research builds strong parallels between both concepts, with many of the practical implications relevant to both volunteers and staff.

Firstly, volunteer development should always be considered as a strategy within volunteer-based humanitarian organisations. Findings support this as a critical component of caring for volunteers and humanitarian organisations should offer an environment for volunteers to develop their skills. In non-emergency day-to-day work, while the organisations provide services to communities, volunteers should receive the training required for them to carry out their job. In addition, they should also be given the opportunity to avail of reasonable opportunities to learn new skills. While preparing volunteers for emergencies, training, including psychosocial support training, should feature as part of the preparedness plan. Findings support that volunteers who get introduced to the psychological reactions of working in emergencies will be able to recognise and react more positively to stress.

Second, the role of leadership and supervision is vital not only for managing humanitarian work, but also for the mental health of volunteers. Leadership training should include how to motivate volunteers in a way that corresponds to their needs, as well as how to build volunteer teams and address any potential conflicts. Volunteer leaders should also be aware of the psychological challenges that volunteers might face in their work. Considering that leaders in these types of organisations are often
volunteers themselves, extra measures should be put in place to ensure that leaders are well-trained on supportive supervision methods. Whereas study findings suggest that training leaders on psychological first aid and psychosocial support are essential in this regards, organisations might benefit from the Caring for Volunteers toolkit (IFRC PS Centre, 2012) and the newly introduced model of PFA for groups (IFRC PS Centre, 2018, 2019), both available from the IFRC PS Centre. Furthermore, making appropriate links between organisations and communities is encouraged with respect to the volunteers’ protection, acceptance, motivation, and well-being.

Third, the findings suggest that volunteers enjoy, benefit, and are protected by being in teams. Therefore, volunteer-based organisations should prioritise team-building activities. As per the study results, socialising with - and receiving social support from- team members are important factors in both, the promotive and protective processes for mental health. Thus, volunteer-based organisations should consider allocating time, budgets, and resources for team building as well as psychosocial activities for volunteers in teams, including volunteer peer support systems (Aldamman, 2019).

Finally, and more importantly, findings indicate that favourable environments and fair and transparent systems for managing volunteers are important resources for volunteer well-being. Humanitarian organisations should therefore make extra efforts to ensure that volunteers are receiving fair and equal treatment within their organisation, including access to training, incentives, acknowledgements, and other opportunities. Particular concerns should be put in place to ensure that gender and inclusion considerations are mainstreamed within the organisation and well-embedded in volunteer management systems not only corresponding to the fact that female volunteers tend to have elevated intra- and extra- organisational stressors, but also to the fact the volunteering can empower females in their communities (Cadesky, Baillie Smith, & Thomas, 2019). Findings also support the importance of including volunteers in the planning and programming of activities, as contributing to their well-being. Favourable treatment for volunteers includes providing clear tasks, equipment to work, protection measures, health coverage, appropriate food, water, and sleeping facilities,
managing work-life balance and working hours, and making sure volunteers have the
time to rest and are taking the time to do so. The latter aspects are deemed particularly
crucial with respect to the volunteers’ mental health in emergencies. As the main work
of many humanitarian organisations takes place in emergencies, measures should be put
in place to ensure that the fulfilment of volunteers’ basic needs are as important as those
put in place for recipients of humanitarian assistance.

A number of recommendations are also made for humanitarian agencies delivering
humanitarian aid through recruiting volunteers from other volunteer-based
organisations (e.g. UN agencies). First, and given that volunteers are the main service
delivery workers worldwide, volunteer needs should be well integrated and budgeted
into the humanitarian programming system. As agencies reserve the power, funds and
the technical capacities within humanitarian programming, they should consider
allocating monetary ‘per-diems’ for the volunteers they recruit. That said, this study’s
findings suggest that volunteers’ needs extend beyond being paid daily per-diems. At
both policy-making and strategic levels, therefore, volunteers should be considered as
main stakeholders in humanitarian responses. Budgets and plans should include
volunteer development, and not only volunteer monetary incentives. Furthermore, there
is an urgent need to revise the fixed project approach requiring full-time paid workers
and where service delivery is conducted by volunteers. Since the volunteers work as
full-time workers in such cases, they should reserve the same rights of workers (e.g.
contracts, minimum wages). The findings of this study suggest that failure to do so
results in sentiments of under-reciprocation, negatively affecting volunteers’ perception
of organisational justice, organisational support, and ultimately, well-being.

Lastly, the results of this study suggest that both volunteer managers and mental
health professionals working within humanitarian aid agencies should work closely
together to positively influence the volunteers’ mental health. Specifically, the findings
of this research call for better integration of psychosocial support programmes for
volunteers within volunteer management to promote better volunteering outcomes in
humanitarian settings.
8.3 Limitations of the study

Despite the contributions of this study, it is not without limitations. These are discussed below in terms of methodological limitations across all four phases of the study.

8.3.1 Methodological Limitations

RE was originally developed to evaluate complex social programmes. This study deviated from this original purpose, utilising RE to study psychological outcomes (i.e. volunteers’ mental health) within complex social contexts. On the one hand, RE was an appropriate approach to help unpack the complexity of volunteering for humanitarian organisations. On the other hand, the application of RE for this purpose presented a number of methodological challenges.

As described in Chapter 3.5.2, mechanisms within RE are considered the ‘weaving process’ between resources (Res.Ms) offered to people and their reasoning (Rea.Ms) towards these resources (Pawson & Tilley, 1997, p. 66). According to RE, human volition is at the core of the reasoning part of mechanisms (Rea.Ms), whereby people’s choices determine the success or failure of a programme, rather than the preprogramme itself (Pawson, 2013; Pawson & Tilley, 1997). Consistent with Pawson and Tilley (1997)’s definition, the resources (Res.Ms) examined in this research were those contributing to the volunteers’ capacities (e.g. skills, information, opportunities, materials). This definition could not be fully adopted for reasoning mechanisms in the current study however, given the nature of the outcome of interest in this study (i.e. the state of mental health), and the recognised absence of volition in adverse mental health outcomes.

In acknowledgement of the absence of human volition in determining mental health outcomes, the term ‘volunteers’ responses’ was used instead of ‘reasoning’ in the dual effect theory (Figure 7.3). The volunteers’ responses therefore represent the emotional and behavioural status of the volunteers, as influenced by the interaction between the contexts (Cs) and the organisational resources (Res.Ms). Put differently, the long-term outcome (i.e. mental health) is explained by the volunteers’ responses to organisational resources within their contexts. In this sense, the RE approach was adapted in order to avail of its explanatory advantages. More recently, other researchers
have also used RE to explain mental health outcomes. Dalkin et al. (2019) for example, explained the reduction in perceived stress levels and the improvement of mental well-being among attendees of intensive advice service for health. In their study, Dalkin et al. (2019) suggest that resource mechanisms such as an ‘increase in the individual’s capabilities to meet their fundamental needs, [led] to the person feeling relieved’ (p.4) and ‘feel[ing] supported and develop[ing] trust’ (p.6); and ‘The client [being] relieved and ha[ving] increased trust due to CA [citizens advice] staff knowledge and consistent support’ (p.6) as explaining the phenomena of improved well-being and reductions in perceived stress levels of clients.

8.3.2 Limitations of Phase 1

Two limitations were identified in the first phase of the RE cycle (i.e. rough theories’ development). First, the desk review procedures had no fixed inclusion criteria for the documents, with access being the only criterion. While all stakeholders within the SRCS were asked to provide documents, reports, presentations, training materials, or any relevant documents available in either English and Arabic, many of these documents originated from within the organisation (i.e. internal documents). There may therefore have been some selection bias in which documents to put forward. Second, the informal interviews and observations occurring in this phase happened spontaneously, and are subject to my subjective interpretation of events and conversations.

8.3.3 Limitations of Phase 2

Phase 2 of the RE made use of a quantitative study and the key-informant interviews, each with their own set of limitations. First, given that internet access remains challenging in Sudan, using an internet-based survey platform may have acted as a barrier to reaching all volunteers. Second, as a cross-sectional study, the hypothesised relationships were modelled unidirectionally. In reality, however, the interaction between the variables is likely to be bidirectional. In other words, experiencing higher levels of adverse mental health may also affect one’s perception of their supervisor, organisational support, and stress levels. Moreover, the use of self-report measures, rather than clinical interviews, did not allow for an estimate of the
prevalence of mental disorders among the study population. Finally, adverse mental health was conceptualised using only two measures (i.e. depression and anxiety), omitting other known symptomologies of psychological distress (e.g. PTSD), and other workplace stress-related syndromes (e.g. burnout).

The key informant interviews might have also benefited from asking informants to reflect on the rough theories, in addition to using them to better understand the context of volunteering within SRCS. Given their in-depth knowledge of volunteer programming, a second round of interviews with KIs, asking them to reflect on the rough theories, might have strengthened the refinement process. Second, KI interviews were only analysed prior to the field case for security reasons (as explained in Chapter 4.7). Though interviews were re-checked before analysing the field case study, it would have been advantageous to allow more time between KIs and the field case-study as this might have helped to sharpen the IPTs more and better inform the development of the vignettes.

8.3.4 Limitations of Phase 3

Several limitations were identified in this phase of the research. First, participant recruitment happened through the WNB and may have introduced a number of recruitment or participant selection biases. In recruiting leaders for interviews for example, a balanced representation across both sexes was not achieved. Though this likely reflects the situation of males holding the overwhelming majority of leadership positions in Sudan, future studies may want to consider over-sampling from under-represented populations. A number of steps were also taken to attempt to reduce the participant selection bias at the level of the volunteer (i.e. the FGDs). To prevent the WNB from only informing particularly engaged and committed volunteers about the study, I increased the FGD number from six to eight participants. The hope was that this increase would result in wider dissemination of the invitation to participate in the study. This increase in participants may partly explain why dissatisfaction with management emerged mostly in later FGDs (i.e. FGD6). Likewise, one participant contacted me
directly wanting to discuss issues with volunteer leaders after hearing about the study and was recruited into that focus group (FGD 6).

The second limitation in this phase pertains to the large number of tested CMOs linking SRCS managerial practices and mental health and well-being outcomes. While having a large number of CMOs helped to explore how managerial practices are related to the volunteers’ mental health in a real-life setting, it was challenging to discuss so many CMOs in a single interview or FGD. As explained in Chapter 6.3.3, only 5-6 IPTs themes were discussed in each FGD. The large number of CMOs, therefore, was a barrier to discussing the seven themes in one FGD.

The third limitation is related to the analysis. Given that RE was used to explore managerial practices rather than an intervention, it was challenging to differentiate the context (C) from the resource (Res.M). This challenge is widely reported in the RE literature (Marchal et al., 2012) and it was particularly apparent in this study due to the absence of a fixed intervention. To overcome this, each CMO was treated as a whole unit when looking at external factors (i.e. potential Cs or Res.Ms). Specifically, if the potential factor was considered essential for the volunteers to uptake the initial Res.M, that factor was considered as a C. For example, in the refined CMO1.1a, the perceived supportiveness of a volunteer leader was considered a contextual factor for volunteers to accept or consider the guidance resource. Conversely, if the potential factor always occurs together with the initial Res.M in given contexts, this factor was then considered as a Res.M. For example, in the refined CMO 3.2, support received from team members consisted of both emotional support and sharing the demands of tasks, and thus both were considered as Res.Ms.

Finally, another limitation relates to having only one researcher conduct the analysis. Reflections among two or a team of researchers on the same data would have strengthened the retroduction process. As it was not feasible to train and work with other researchers on the analysis, I was the only researcher interviewing, facilitating the FGDs, and analysing the data. While my supervisor read my results, allowing me to revise, rethink, reconsider and reexplain the results, some results were difficult to
convey from the Arabic into English. Accordingly, it is recommended that where possible, realist evaluators work in teams on the same project.

8.3.5 Limitations of Phase 4

The synthesis phase of this research aimed to conceptualise the results into a Middle Range Theory, depicting the transferable knowledge of this study. The limitation of this phase relates to the level of abstraction. Specifically, MRTs are intended to be abstract enough such that they are not specific to any one case, yet not so abstracted that they are not linked with empirical data (Trish Greenhalgh et al., 2017f). While conceptualising the MRT, it was challenging in some parts not to be more abstract. Particularly, in regards to the resource gain mechanism, which theoretically might be related to all meaningful ‘things’ to humans, as explained by Hobfoll (2001). In other words, it is an abstracted principle that might be applied to everything. Despite this limitation, however, the dual effect theory is specific to volunteers, compared to paid-staff humanitarians, and can, therefore, be utilised for research with other humanitarian volunteers.

8.4 Recommendations for Future Research

A number of recommendations for future research emerged from the results of this study. Firstly, and aligned with RE, there is a need for future studies to develop further iterations of the research findings, both the individual refined theory themes in Chapter 6.7, as well as the MRT in Chapter 7.2, within other case studies. Therefore, future research may benefit from the dual effect theory in studying humanitarian volunteers’ mental health. As a core principle of RE, accumulating evidence over a number of case studies is what allows for scientific discovery (Pawson, 2013). Therefore, the dual effect theory is put forward for future refinement, falsification or support. Second, the current study conceptualises mental health as per its positive and negative aspects, and not as per specific symptomologies. More research is needed with respect to how the findings of this research (i.e. the dual effect theory) are related to specific mental health disorders (e.g. PTSD), and to other psychological phenomena (e.g. post-traumatic
growth) among volunteers. Third, a number of determinants of volunteer mental health emerged from this research. Among these, organisational justice was found to be a critical factor which has not previously been well-studied among volunteers. Future research is therefore required in order to better understand the role of organisational justice among volunteers and how it contributes to volunteer motivation and well-being. Fourth, and while this study focuses on volunteer mental health, more research is needed to better understand how macro social systems (e.g. norms, politics), in addition to organisational systems, influence volunteer mental health, especially in light of a lack of research among humanitarian volunteers. Lastly, and given the exploratory nature of this study, the resulting theory could be used to inform the design of better organisational interventions to improve volunteer mental health, such as training for humanitarian volunteer leaders and checklists of volunteers’ needs across the different levels of humanitarian emergencies.

8.5 Conclusion

This study followed a realist evaluation (RE) approach to investigate the mechanisms through which managerial practices impact on humanitarian volunteers’ mental health in the context of the Sudanese Red Crescent Society (SRCS). Specifically, this study contributes to our growing understanding of how organisational factors, including perceived organisational support, supportive supervision and team support, are related to humanitarian volunteer mental health. Key literature, observations and interviews with key informants were used to generate a series of initial programme theories explaining how, why, for whom, and in which context managerial practices influence humanitarian volunteers’ mental health. The resulting refined theories were synthesised as a Middle Range Theory (MRT) – the Dual Effect Theory – as a key outcome of this study. Specifically, the Dual Effect Theory depicts the pathways between a volunteer’s context, organisational resources, volunteer responses to these resources, and volunteer mental health as a type of dual process. The first process facilitates the promotion of mental well-being (i.e. the positive aspects of mental health), and the second prevents adverse mental health outcomes (i.e. symptomologies). Results further
support the importance of organisational support, including leadership and supervision, team support, favourable environments, fulfilling volunteer needs, skill development, psychological preparedness, availability of psychological help, volunteer recognition, and using community practices, for humanitarian volunteers’ mental health. Taken together, this thesis evidences that volunteering for humanitarian organisations can positively influence volunteer mental health, if and when the appropriate organisational resources are made available to them. Similarly, that underestimating volunteer needs can contribute towards the adverse mental health of volunteers.

This study has several methodological contributions (in terms of using vignettes as a theory teaching tool in RE), theoretical contributions (in terms of building a model for humanitarian volunteers mental health within their organisations) and practical contributions (in terms of linking volunteer management with volunteer mental health in their day-to-day practices). Conclusively, humanitarian organisations should take actions to improve their internal organisation support systems to mitigate the stress associated with working in emergencies as well as to promote the positive aspect of mental health among volunteers as a fulfilment of their duty of care obligations.
References


in Asia: do rescuers become victims? *Prehospital and Disaster Medicine, 21*(3), 168-172.


Farquhar, J. D. (2012). What is case study research? In J. D. Farquhar (Ed.), Case Study Research for Business (pp. 3-14). doi:10.4135/9781446287910


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2956753/


IFRC. (2011a). The value of volunteers Imagine how many needs would go unanswered without volunteers. Retrieved from Geneva:


Sayer, A. (2000). Realism and Social Science: SAGE.


SRCS, & IFRC. (2017). Standard operating procedures on caring for volunteers by the IFRC PS Centre and SRCS. Retrieved from


Appendix 1: Ethical approval from TCD

Kinan Aldamman
Flat 5
29 Charleston Road
Ranelagh
Dublin 6

23 February 2018

Re: Managerial practices to ensure wellbeing of humanitarian volunteers in post-conflicts

Application 04/2018/02

Dear Kinan,

Thank you for your submission of the above proposal to the HPM/CGH REC.

The REC has given ethical approval to the proposed study.

Yours sincerely,

[Signature]

Prof Charles Normand
Chair of the HPM/CGH REC
Appendix 2: Ethical Approval From Sudan

Republic of Sudan
Federal Ministry of Health
General Directorate of Planning & International Health
Research Directorate

Date: 15/ 4/ 2018

NATIONAL ENDORSEMENT

This is to certify that the Federal Ministry of Health is accepting the request Dr. Elaheikh Elaiddig Badr, from Sudan Medical Specialization Board who has submitted the necessary ethics approvals documents, to conduct the study entitled (Managerial Practices to ensure wellbeing of humanitarian volunteers in post-conflicts) to be conducted in for the time period April 2018 – March 2020.

Dr. Isam Abdelaziz Mustafa
Director. Directorate of Research

رقم هاتف: 00249-183793259
البريد الإلكتروني: research.dep_fmoh@gmail.com

326
Appendix 3: Information Leaflet, in English

Study Title: Managerial practices to ensure the wellbeing of humanitarian volunteers in post-conflicts.
Name of Investigator: Kinan Aldamman, Trinity College Dublin
Name of Supervisor: Dr. Frédérique Vallières

This document is intended to give detailed information about the PhD project ‘Managerial practices to ensure the wellbeing of humanitarian volunteers in post-conflicts’, which is a part of the international and interdisciplinary research program CONTEXT- The Collaborative Network for Training and Excellence in PsychoTraumatology. (http://www.psychotraumanetwork.com/about/).

1. Research purpose and procedures:
The PhD-project is a collaboration between Trinity College Dublin, The IFRC Reference Centre for Psychosocial Support, Sudanese Red Crescent and the University of Southern Denmark. The overall aim of the research is to provide a better understanding about Red Cross Red Crescent volunteers care/management programmes and how these programmes can support volunteer wellbeing. The research data collection is expected to start in May 2018 and end on December 2018. The study includes two different phases.

Phase1: In this stage, all Sudanese Red Crescent volunteers are invited to fill an online survey aiming to explore the relationship between the support from the national society, colleagues, and supervisors and volunteers wellbeing. The survey will take about 20 minutes to be completed.

Phase2: In this stage, the research seeks to answer the question of how and why organisational practices support the volunteers’ wellbeing? This part of the study will help us understand how the Sudanese Red Crescent is implementing programme activities and policy, whether this implementation is facing barriers, and what could be done to further promote volunteers’ wellbeing.

This phase involves interviewing the managers and team leaders who are responsible for the programme implementation, as well as conducting Focus Group Discussions with the programme-targeted volunteers. The interviews (between the researcher and one other person) will last about (45-60) minutes, whereas the Focus Group Discussions (which mean facilitating the discussions between a number of volunteers) will last about (1.5-2) hours.

We are asking your involvement in the research in phase2. Because of your experience in developing and supporting SRCS in volunteer management programme, you are invited to participate in an interview with the researcher. Your participation will guide the researcher in future interviews with SRCS staff and volunteers. The interview will be audio recorded then transcribed by the researcher. Your involvement includes:

1- Recruitment (this current stage)
During this stage, you are being contacted via email and invited to take part in the study and have been given this participant information leaflet to consider. You have the opportunity to ask questions by phone or email using the researcher’s contact details at the end of this document. You will subsequently be given 7 days to consider your participation and to give back your answer to the researcher.

2- The consent
When you decide to be involved in the study, and before starting the interview, you will be requested to give your consent by signing a consent document. You will receive a copy of your consent form for your records.

3- The interview
The interview will be held by Skype. It will approximately last about (1-1.30 h). You have the right to terminate the interview at any point.
In the interview, you will be asked about the volunteers’ management programme you have implemented with SRCS. Furthermore, the interview will discuss some hypotheses about the relationship between organisational support and volunteers’ wellbeing.

The interview will be audio recorded and transcribed by the researcher. After the interview has been transcribed, you may have the right to ask for your transcript to revise or delete any answers or identity details.
2. Risks and discomforts:
   - **Research-related injury:** No injuries or physical discomforts are anticipated in the study. However, being interviewed about the volunteers’ wellbeing and the response to their needs may trigger some uncomfortable emotions. In the situation of having a bad emotion and to protect your wellbeing, the researcher may take procedures as giving a break, or even ending the interview. You should know that you have the right to ask the researcher for any further help if such situations.
   - **Unforeseeable risks:** No other risks are foreseen in this study, however involvement in any study may result in currently unforeseeable risks.

3. Potential benefits: There is no direct benefit for your participation in the research for you. However, it is hoped that this research finding will contribute to developing the Red Cross Red Crescent volunteers care programmes.

4. Alternative procedures or treatments: No alternative procedures for this phase of the research.

5. Provisions for confidentiality: All record will be kept strictly confidential, accessible only to the Researcher Kinan Aldamman and the supervisor of the project. The interview will be audio recorded and transcribed. The and the audio recording files and transcripts will be kept on an encrypted and password secured computer, with all identifying information removed from the transcriptions. A numerical code and pseudonyms will be assigned every interview and a single file which link your identity with your number will be kept in a separate place from the transcript on a password-protected computer, accessible form only form the researcher, Kinan Aldamman. While analyzing the transcript, only your pseudonyms number not your name will be used. The only document which contains your identity details will be the consent document which will be kept in a lock and key secure accessible only from the researcher. After the ending of the analysis, all data will be destroyed.

6. Voluntary participation and the right to discontinue participation without penalty: Participation in this study is entirely voluntary and declining to participate will not involve any penalty. You may withdraw from the study at any time without obligations to explain why and without incurring any penalty or loss of benefits. Declining to take part in the study will not affect your status with Sudanese Red Crescent.

7. Contacts for additional information: The researcher, Kinan Aldamman, or his supervisors may be contacted with any questions in relation to the study and to the research subject’s rights. Contact information can be found at the end of this document.

8. Termination of participation by the investigator: In the event of any of the following, the Researcher reserves the right to terminate your involvement in the study: If it is in your best interest to terminate your involvement. Protecting your wellbeing and safety takes precedence over the research protocol or are not complying with the study requirements. This includes being harmful towards any member of the research team. Also, If the study is discontinued. In the unlikely event of any of the above, you will be notified and the reason for terminating your involvement will be given.

9. Permissions: This study is conducted with the permission from Sudanese Red Crescent. The research got an ethical approval form the Sudanese Health Ethical board in Khartoum as well as the Ethics committee Centre for Global Health, Trinity College Dublin, Ireland.

10. Access to transcripts: Following transcription of the audio recording of all interviews copies of the transcripts of your interview will be made available to you and you will be entitled to delete any potentially identifying information and correct any inaccuracies.

11. Dissemination The findings of this study will be used in the writing of the Researcher’s doctoral dissertation, which may be published in the future and used for other types of dissemination, e.g. presentations. Quotes from your interview will be strictly anonymized, with no identifying information. The interview, once anonymized, might also be used in research studies in the future.

Contact information
Researcher
Kinan Aldamman
Email: kaldamma@tcd.ie
Phone: (+45 24 79 97 85)
Appendix 4: Information Leaflet in Arabic

اسم البحث: الممارسات الإدارية لضمان معايزة متوسطي العمل الإنساني بعد النازعات.
البحث: كان ضمن ممارسات إدارية لضمان معايزة متوسطي العمل الإنساني بعد النازعات. هذا البحث هو جزء من برنامج بحث عالمي لـ Professor Dr. Fredrik Fahlström (جامعة دين، إسكتلندا).

هذين البحث وإجراءاته:

سيقام هذا البحث بالتعاون بين جامعة دين، وإدراة الموارد البشرية، وجامعة جنوب الدانمرك. ويتضمن البحث تقييم ممارسات إدارية لضمان معايزة متوسطي العمل الإنساني بعد النازعات. ينتمي البحث لمجموعة مختلطة من الأكاديميين.

المراحل الأولى: في هذه المرحلة، كل متوسطي العمل الإنساني مدعو للمشاركة في استبيان على الإنترنت. يهدف هذا الاستبيان لتشخيص العلاقة بين العمل المقدم من الجمعية الوطنية والمشتركة والمزاولة على معايزة المتدربين، وبحث مستوى مهارات العمل.

المراحل الثانية: وفي هذه المرحلة، يهدف البحث إلى الإجابة على سؤال كيف ومتى تدرب الإجراءات الإدارية على معايزة المتدربين؟ ومتى يمكن هذا إلى فهم الباحثات المعنية. ستتقدم هذه المرحلة إجراء مقابلات مع مسؤولين في إدارات الم태عجي الوطنية في التطبيق والموافقة، بالإضافة إلى إجراء المقابلات الفردية في السابق مع العاملين الذين طالبوا بالencial بالموظفين.

نحن نشترط بدءك كأي مسار عمل إداري متعدد في الهلال الأمهر السوداني أو إثباتك في المرحلة الثانية من هذا البحث. يتم تقديم مساعدة متابعة في مجال العمل الإداري من خلال فرض إجراءات متبقيات من مهارات العمل الإداري المتدربين، وسنتقدم للمهارات متابعة وتحقيق النتائج.

1- طلب المشاركة (هذه المرحلة):

خالال هذا، نحن نشترك بمفاوض مع مكان العمل وفرص المشاركة في pregunta. الأولى بارزة في اخر فلاش و Thief اتصل التسويق بطريق التخصص مع الباحث (عناوين البريد الإلكتروني والهاتف) مع إمكانية توصيل الاقتراحات.

2- المقابلة:

جاء في حوار المقابلة في الدروس، سترفع الطلب منك أن تلقي مواقف قبل بدء المقابلة، سيطلب منك الزياره تنوع على هذه المواقف قبل المقابلة، وسيتم الالتزام بمساحة من مكان الزياره.

3- المقابلة في المقابلة:

سوف يتم إجراء مجموعات المقابلة في مكان العمل بحيث تستغرق حوالي الساعة. سيكون بمقدورك طلب اهتمام مشاركتك فيت الشهادة في حل رابط هذه المقابلة. في حالة التحدي الخاص، وما هي الفرص التي تنتج من خلال العمل. سوف يなもの مع التصنيف، سيربح المشاركون على العمل الطبق، والتجارب التي تنقلها إلى مدراء المتدربين. سوف نقوم بهذه المقابلات بصورة عشوائية وسيتم كتابة محتوي هذا القانون قبل العرض قبل تحليله. لدك الحق بطلب شطبعز أو تعديل أي معلومات قد تكون她在 المقابلة أو تحتوي معلومات شخصية.

الإعجابات أو المخطط الممكنة

329
المتخصصة في البحث:
ليس هناك أنظار إيجابية من المشاركة في هذا البحث، فقد تشكل بعدانًا أو الاستغلال عند سوالك عن العلاقة النفسية في حال الحصول على وكالة مالية خاصة، يمكن للمشارك القيام برفع الإجراءات مثل اكتساب اكتساب، حتى إنهاء المقابلة يجب أن نعلم أنه تدفق الحق لأن تطلب من الباحث مساعدة أكبر في حال اجتهد في مثل هذه الظروف.

القيود الممكنة من المشاركة:
ليس هناك قيود مباشرة بالنسبة لك من جراء مشاركتك في هذا البحث. ومع ذلك، نأمل أن تساهم نتائج الدراسة في تطوير برامج رعاية متعلقة في النس欢喜 الآخر، والتعليم.

الخيارات الأخرى لمشاركتك:
ليس هناك خيارات أخرى لهذه المرحلة من البحث.

المشارك في العملية والحق في الإسهام:
يتعتبر قرار مشاركيك في هذا البحث طريعا بشكل كامل، إنه يتضمن قرارك بعد المشاركة أو أجراء مضامن. يمكنك الإسهام من البحث في أي وقت من طريق الكتابة إلى الباحث من دون أن تطلب منك تقديم سبب ذلك. بالإضافة إلى ذلك، قرارك بالمشاركة في البحث أو عدم المشاركة يؤثر أديأ على علاقاتك بالهار الأصر السوادي.

التواصل واتصالات إضافية:
يمكن التواصل في حال وجود أي أسئلة أو استفسارات مع الباحث كنان ضمن (باللغة العربية) أو مع شرفته. معلومات التواصل موجودة في هذا البحث.

إنهاء مشاركتك من قبل الباحث:
لتأتي الثقة في إنهاء مشاركتك في البحث في الحالات التالية: 1- إذا كان ذلك من مصلحة الفصل حيث تتطلب مصالحك على أي مصلحة أخرى من وجهة نظر الباحث. 2- في حال عدم مشاركتك لمتابعة الدراسة بما فيها النسبي إيداع أي أحد من فريق البحث. 3- في حالة إنهاء الرسالة بعد ذاك. 4- في حال حدث أمر كذلك سوف يتم اتخاذنا بشكل رئيسي على أي استجابات في البحث.

الموافقات:
إنه أمثلة البداية معًا بمكانة الحلال الأصر السوادي. بالإضافة إلى ذلك، اتصل البحث جملة الإعدادية للجنة البحث العلمية في جامعة دينب بتأثير 15/4/2018 من لجنة البحث للجنة العامة في جامعة دينب بتأثير 15/2/2018.

ال الوصول للنص الكامل:
بعد قراءة محتوى النقاط كتابة، سيكون لك الحق أن تطلب نسخة من كلامك، وسيتم منحك الحق في حذف أو تصحيح أي معلومة وردت على طلبك.

النشر والنشر:
يستخدم نتائج البحث في كتبة رسمة الدكتوراء الخاصة بالباحث وأيضا يمكن أن تكون موضوعا للنشر في الدوريات العلمية والمؤتمرات وأي أشكال أخرى. سيتم تضمين الأفكار من هذه البيانات من خلال النسخة المطبوعة من اللومة والهوية ومن دون أي معلومات شخصية، يمكن أن تستخدم بيانات هذه المقالة، بعد إخلال كل المعلومات الشخصية، في بحث مستقبلي.

التواصل:
الرجاء التواصل مع الباحث باستخدام المعلومات في أسفل هذه الصفحة.

شكرًا جزيلاً للتحقيق وشكراً في قراءة هذا المستند.

شرفة البحث:
Dr. Frédérique Vallières, PhD
Assistant Professor
Centre for Global Health, Trinity College Dublin, the University of Dublin
fvallier@tcd.ie
Tel: +353 1 896 2130

Dr. Frédérique Vallières, PhD
Assistant Professor
Centre for Global Health, Trinity College Dublin, the University of Dublin
fvallier@tcd.ie
Tel: +353 1 896 2130
Appendix 5: Consent Form in English

This consent is for participation in the research by participating in key informant interview in the phase of initial programme theory development.

Project title: Managerial Practices to ensure the wellbeing of humanitarian volunteers in post-conflicts

Researcher: Kinan Aldamman (Trinity College Dublin)

Thank you for expressing an interest in participating in the research entitled “Managerial practices to ensure the wellbeing of humanitarian volunteers in post-conflicts”.

The overall outcomes of this research will contribute to developing the volunteers’ care programmes within Red Cross Red Crescent context by investigating the underlying mechanisms by which the programme works to support volunteers.

As part of the research, you are invited to be interviewed by the researcher, this interview last for about (1-1,30 h) aiming to develop the “initial programme theory” which is the way that you think the programme should work through, and which contains the researcher’s hypotheses about the research.

The researcher will facilitate this interview and audio record, then transcribe it, your transcript will be available to you upon your request and you can contact the researcher to ask for.

Your participation in this interview is voluntary and may involve risks that are currently unforeseeable. There is no penalty or credit for your participation. It is your own decision to participate and your relationship with your employer will never be affected by that.

Confidentiality:
The answers you provide through your participation in the interview are entirely confidential. Your name will not be written on any form, except for on this consent form, which will be kept in a lock and key closet with only the researcher having access. When analysing the data, only your participant number and not your name will be used to identify you. The file which links the names and numbers is saved in a password-protected document, on a password-protected computer and only the researcher has access to it.

Transcripts from the interview in which you participated will be made available to you upon your request and will be stored in a safe location with only the research team having access to the data.

If you think that your identity as [Organisation name] can be identified, and you don’t want that, you have the right to ask the researcher not to mention that in the body of research.

Right to Discontinue
Throughout the entire course of this interview, you do not have to answer any questions that you do not want to answer, and you may withdraw from this study at any time even after signing this document. You can write to the researcher at any time asking for it without being requested to provide any reasoning. Should you decide to no longer participate in the study, this will not influence employment status or your relationship with your employer.

In the event of any of the following the Researcher reserves the right to terminate your involvement in the study: It is in your best interest to terminate your involvement, protecting your safety and wellbeing takes precedence over the research protocol; you are not complying with the study requirements, this includes being harmful towards any member of the research team and; if the study is discontinued. In the unlikely event of any of the above, you will be notified and the reason for terminating your involvement will be given.

Before starting the survey please confirm the following:

Checklist

I have been informed about the research project “managerial practises to ensure the wellbeing of humanitarian volunteers in post-conflicts”
I have been informed about the purpose of my participation in the key informant interview.
My decision to participate in this research is voluntary. I understand that there is no credit or penalty for my participation. I understand that my participation will not impact my relationship with my employer.
I agree to the interview being audio recorded and transcribed. I understand that, following transcription of the discussion, I have the right to get a copy of my answers transcript and may correct any inaccuracies or delete any information.
I have been made aware that all identifying information will be removed from the interview transcripts and that all information will be kept confidential at all times. I have been informed that only a participant number will be used in the analysis process and the file which matches number with adenitis will be kept in a password-protected computer, accessible only to the researcher.
I have been informed that the audio recording will be kept confidential at all times in a password-protected computer and encrypted terminals and only the researcher will have access to it.
I agree that quotes from the interview, in which I participate, may be used for dissemination purposes and I am assured that these will be strictly anonymized, with no identifying information accompanying any quotes used. I further agree to that the information obtained from my interview being analysed and used in the writing of the Researcher’s doctoral thesis. I agree to the publication and dissemination of this study in the future. I further agree to my data, once anonymized, being used in research studies in the future.
I am aware that, should I be affected by any of these issues that arise in the course of this research, I can ask the researcher for help, I am aware that the researcher will prioritize for my best interest while dealing with that issues even if that requires to stop the interview.
I had the opportunity to ask questions and get answers about my participation in this research.
I agree to participate in the key informant interview.

DECLARATION:
I have read the information leaflet for this project and I understand the contents. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to participate in this research study, though without prejudice to my legal, ethical and professional rights. I understand that I may withdraw from this study at any time and I have received a copy of this agreement.

PARTICIPANTS NAME:

CONTACT DETAILS:

PARTICIPANTS SIGNATURE:

DATE:

Statement of investigator’s responsibility: I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that might be involved. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

Investigators signature: Date:
Appendix 6: Consent form in Arabic

اسم البحث: الممارسات الإدارية لضمان معالجة متطوعي العمل الإنساني بعد الالزاء.

الباحث: كمال الصامت (جامعة دبلن، أيرلندا)

عزيزي متطوع هلال الأمرة السوداني

شكرًا جزيلًا لإدراكك الإضافي في المشاركة في البحث، نعذراً إذا لقد كنت تشعر أنك قد تلقى أعمالاً أو منظومة من قبل الجهات الرسمية في أي طريق يمكن أن تجعلك تشعر ببعض الانتقادات، ونُنصحنا بذلك لأنك تدعو للعلاقة بينك وبين عناصر تعليمية عامة في تطوير برامج رياضة متطوعي الحياة الدولية للهلال الأحمر والصليب الأحمر.

تتضمن دعواتك في هذا البحث المشاركة في مجموعة النشاط الرياحية. تتلقى مجموعة النشاط الرياحية حوالي 30% متطوعين سنويًا، ونُنصح بتقييم المناقصات الرياحية، ومن ثم نُنصح بتقييم هذه الشحنات للسماح بالبحث. منشورتك في هذا البحث طوعية بحيث لا يوجد أي متغيرات على قرار مشاركتك أو عدمه، وقد تُنصحك هذه المشاركة بعض الارتباطات الهامة.

ضرائب الخصوصية والسرية

ستكون كل بيانات مشاركتك في هذا البحث سريًا ويكون الوصول لهذه البيانات موقعة غير فريق البحث وحده. ستتم حفظ ملف الصوت والاتصالات في جزءة مكتوب محفوظة بكلمة مرور، ويتم إزالة كل المعلومات الشخصية عن هذه البيانات، وعرضك على ذلك سيم تحكم رفياً خاصًا أثناء النزاعات. هذا الرقم سيكون محفوظًا بمجرد نشر بياناتك الشخصية وحافز في ملف أخر محمي بكلمة مرور مع إمكانية الوصول إليها من قبل الباحث حصرًا. عند تطبيق البيانات، ستتم التعامل فقط مع رموز الشخص وليس اسمك مرسومًا مع إمكانية الوصول إليها من قبل الباحث حصرًا. عند تطبيق البيانات، ستتم التعامل فقط مع رموز الشخص وليس اسمك مرسومًا مع إمكانية الوصول إليها من قبل الباحث حصرًا.

المشاركة الطوعية والاحترام بالإنساني

يعتبر قرارك مشاركتك في هذا البحث بطولاً بشكل كامل ولن يتضمن قرارك عند المشاركة أي أجراء ممل. يمكنك الانسحاب من البحث في أي وقت عن طريق الكتابة إلى الباحث من دون أن تطلب منك تقديم بياناتك، بالإضافة إلى ذلك، قرارك بالمشاركة في البحث أو عدم المشاركة لن يؤثر أبداً على علاقتك مع هلال الأحمر السوداني.

عندما تسجل في هذا البحث ستكون لديك الحق في إزالة كل المعلومات الشخصية عن هذه البيانات، وعرضك على ذلك سيم تحكم رفياً خاصًا أثناء النزاعات. هذا الرقم سيكون محفوظًا بمجرد نشر بياناتك الشخصية وحافز في ملف أخر محمي بكلمة مرور مع إمكانية الوصول إليها من قبل الباحث حصرًا. عند تطبيق البيانات، ستتم التعامل فقط مع رموز الشخص وليس اسمك مرسومًا مع إمكانية الوصول إليها من قبل الباحث حصرًا.

قبل بدء مجموعة النشاط الرياحية من فضلك أكذ ما يلي:

قد تم إعلامي حول البحث المعون (الممارسات الإدارية لضمان معالجة متطوعي العمل الإنساني بعد الالزاء).

لقد تم الإعلامي حول هذه المشارك في مجموعة النشاط الرياحية.

قرارك بإنسحاب من هذا البحث سريًا ويكون الوصول لهذه البيانات موقعة غير فريق البحث وحده. ستتم حفظ ملف الصوت والاتصالات في جزءة مكتوب محفوظة بكلمة مرور، ويتم إزالة كل المعلومات الشخصية عن هذه البيانات، وعرضك على ذلك سيم تحكم رفياً خاصًا أثناء النزاعات. هذا الرقم سيكون محفوظًا بمجرد نشر بياناتك الشخصية وحافز في ملف أخر محمي بكلمة مرور مع إمكانية الوصول إليها من قبل الباحث حصرًا. عند تطبيق البيانات، ستتم التعامل فقط مع رموز الشخص وليس اسمك مرسومًا مع إمكانية الوصول إليها من قبل الباحث حصرًا.

أوافق على أن أسجل هذه الجملات صوتياً ومن ثم يرفعها ك🔒的衣服 للحيلال. وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث. وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث.

عندما تسجل في هذا البحث ستكون لديك الحق في إزالة كل المعلومات الشخصية عن هذه البيانات، وعرضك على ذلك سيم تحكم رفياً خاصًا أثناء النزاعات. هذا الرقم سيكون محفوظًا بمجرد نشر بياناتك الشخصية وحافز في ملف أخر محمي بكلمة مرور مع إمكانية الوصول إليها من قبل الباحث حصرًا. عند تطبيق البيانات، ستتم التعامل فقط مع رموز الشخص وليس اسمك مرسومًا مع إمكانية الوصول إليها من قبل الباحث حصرًا.

أوافق على أن أسجل هذه الجملات صوتياً ومن ثم يرفعها ك🔒的衣服 للحيلال. وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث.

أوافق على أن أسجل هذه الجملات صوتياً ومن ثم يرفعها ك🔒的衣服 للحيلال. وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث، وقد تم إعلامي حول حفظ محتويات مخزنة من أجل البحث.
 lành قرأت، أو قرأني، استمرت المعلومات لهذا البحث وأنا أفهم محتوياتها. أتيت إلى الفرصة للمساهمة وحصلت على الأجوبة الممتعة.

أوافق بشكل خاص وصريح على المشاركة في هذا البحث، من دون المساس بحقوق إرادة القانونية والأخلاقية، وأفهم أنه يمكنني الانسحاب من هذه الدراسة في أي وقت واني قد استمتعت بشهادة هذا المستند.

اسم المشارك

معلومات التواصل (مثل الهاتف).

التاريخ

توقيع

مسؤولية الباحث:

لقد شرحنا طبيعة البحث العلمي والهدف من إجراءه، وكذلك كيف سيتم إجراء المحاكمة الممتعة التي قد تحدث. لقد وفرت الفرصة للألمام، وقد قمت بالإجابة عليها بشكل كامل. أنا مقتني أن المشارك قد فعل عبادي وقد أعطى موافقه هذا بشكل حر.

التاريخ

الباحث كان الضرور

kaldamma@tcd.ie

هاتف: +3538709989607

WhatsApp (يمكن التواصل على نفس الرقم)

Dr. Frédérique Vallières, PhD
Assistant Professor
Centre for Global Health, Trinity College Dublin, the University of Dublin
fvallier@tcd.ie
Tel +353 1 896 2130
Appendix 7: Rough theories

I. In working with community volunteers, who are usually not professionals delivering services for their communities, trained managers and supervisors will enhance volunteer wellbeing by providing appropriate support. Appropriate support includes guidance on tasks where volunteers feel they can rely on their supervisors, and acting as an example and inspiration towards self-development which will lead to feelings of autonomy, relatedness, and self-efficacy and greater engagement within their group. As a result, volunteers will be less stressed, work better in teams, be motivated in their work and want to remain in this role.

II. When delivering humanitarian aid in emergencies, training volunteer managers in Psychological First Aid for volunteers will contribute to their volunteers’ wellbeing. Managers will feel more confident in handling critical situations that their volunteers may face and managers will be skilled in providing emotional support to volunteers. Managers will be able to react empathetically, understandingly and helpfully. Moreover, they will be able to detect stress reactions among their volunteers, and refer them when needed. Volunteers will perceive such emotional support positively and will feel safe in the workplace, more connected with their organisation and team, which, in turn will reduce their stress and improve their coping process.

III. When volunteers, who are usually affected by the same conditions as the communities where they work, work effectively in teams, wellbeing is maintained. Working in teams creates the opportunity to share experiences related to volunteering and life, builds a sense of belonging to the same group (i.e. the team) and acts as a platform for receiving social support from peers. Social support buffers against the demands of volunteering, resulting in more engaged, more motivated, and less stressed volunteers. Belonging to the team further fosters optimism and hope.

IV. Training volunteers on specific tasks will directly influence their wellbeing. Training will provide knowledge and skills to volunteers so that they can work autonomously and confidently. Volunteers then receive recognition for their work within their communities, which will lead to motivation and self-esteem, greater trust in their national society and less stress. Furthermore, specific training on everyday stressors and their common manifestations will improve the ability of volunteers to recognise stress among themselves and their colleagues, which will lead to better self-care practices and increase the likelihood they will ask for help, when needed.

V. When working with volunteers within communities, using community-based activities help to promote wellbeing. Using traditional approaches common to those communities they serve (e.g. sharing meals/breaking fast/tea ceremonies) will improve their sense of belonging and familiarity to the organisation. This familiarity not only helps them to feel autonomous in their work, but also in feeling supported by peers and managers within the organisation. When using community-based traditional activities, volunteers will feel greater ownership over their voluntary work while also maintaining community traditions. As a result, they will feel more supported, motivated, and engaged in their work.
VI. Having a transparent and accessible volunteer care/management policy within the National Society will contribute to volunteers’ wellbeing. Policy components providing clear mitigatory procedures against strains and dangers (e.g. safety regulations, rights and responsibilities, stress briefing, referral if needed) in written form will raise intra-organisational awareness about the importance of volunteer wellbeing. Making manager aware of this policy and their obligation to follow reporting procedures will contribute to the implementation of the policy. As a result, volunteers will the organisation cares about their wellbeing, which will in turn, improve their wellbeing.

VII. Volunteers in humanitarian context will perceive their organisation’s procedures as supporting their wellbeing. Procedures that promote the recognition of volunteer efforts, that take into account volunteer perspectives in decision-making, promote fairness in treatment, supportive supervision, and respond positively to complaints, will enhance the sense of equity, belongingness, organisational commitment, and fulfilment of volunteer psychosocial needs. The outcomes of this organisational support will be reflected in the volunteers’ motivation to work, positivity in their job, less stress and better wellbeing.
Appendix 8: The survey with consent, Google Forms

This consent is neither created nor endorsed by Google - RoundEarth. Terms of Service. Report Abuse.

The survey is available in English and Arabic. The consent form is written in English.

The survey questions are in Arabic and English. The options for each question are in English.
338
مجال النشر العام، كم نسبة على النشر العام؟

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

مجال النشر العام، كم نسبة على النشر العام؟

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

مجال النشر العام، كم نسبة على النشر العام؟

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

مجال النشر العام، كم نسبة على النشر العام؟

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

مجال النشر العام، كم نسبة على النشر العام؟

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%
تقدير جمعي التدريب الأسيوي بالمنزل في العمل

لا أرغب
لا أريد مشاركة
لا أريد التحليق
مقدار
عظيم جدا
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر على
أؤثر auf
Appendix 9: The scales used in Quantitative study

The Arabic translation for the scales used. Original translations were updated according to:
(1) Reassessment from the researcher (Native Arabic speaker).
(2) Feedback from two native Arabic professionals (one Arabic psychologist and one Sudanese medical doctor with a PhD in global health).
(3) Feedback and field test in Sudan with SRCS staff members.
Notes: PSS and WEMWBS are in the long version in this document (14 items), not in the short as in the study

Reversed items are highlighted

The perceived Stress Scale
(Arabic validated translation)

<table>
<thead>
<tr>
<th>Number of Item</th>
<th>English original</th>
<th>Arabic original</th>
<th>Arabic revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In the last month, how often have you been upset because of something that happened unexpectedly?</td>
<td>خلال الشهر الماضي كيف كانت أشيائك غير متوقع؟</td>
<td>خلال الشهر الماضي، كيف كانت أشيائك غير متوقع؟</td>
</tr>
<tr>
<td>2</td>
<td>In the last month, how often have you felt that you were unable to control the important things in your life?</td>
<td>خلال الشهر الماضي كيف كنت لا تستطيع التحكم في الأمور الهامة في حياتك؟</td>
<td>خلال الشهر الماضي، كيف كنت لا تستطيع التحكم في الأمور الهامة في حياتك؟</td>
</tr>
<tr>
<td>3</td>
<td>In the last month, how often have you felt nervous and “stressed”?</td>
<td>خلال الشهر الماضي كيف كنت مريضًا أو العصبية؟</td>
<td>خلال الشهر الماضي، كيف كنت مريضًا أو العصبية؟</td>
</tr>
<tr>
<td>4</td>
<td>In the last month, how often have you dealt successfully with day to day problems and annoyances?</td>
<td>خلال الشهر الماضي كيف كنت مرتاحًا مع أمور الحياة المزعجة أو الملفقة؟</td>
<td>خلال الشهر الماضي، كيف كنت مرتاحًا مع أمور الحياة المزعجة أو الملفقة؟</td>
</tr>
<tr>
<td>5</td>
<td>In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?</td>
<td>خلال الشهر الماضي كيف كنت مرتاحًا مع التغييرات الهامة التي حدثت في حياتك؟</td>
<td>خلال الشهر الماضي، كيف كنت مرتاحًا مع التغييرات الهامة التي حدثت في حياتك؟</td>
</tr>
<tr>
<td>6</td>
<td>In the last month, how often have you felt confident about your ability to handle your personal problems?</td>
<td>خلال الشهر الماضي كيف كنت مرتاحًا مع المشكلات الشخصية؟</td>
<td>خلال الشهر الماضي، كيف كنت مرتاحًا مع المشكلات الشخصية؟</td>
</tr>
<tr>
<td>7</td>
<td>In the last month, how often you felt that things were going your way?</td>
<td>خلال الشهر الماضي كيف كنت مرتاحًا عند الأمور التي تستغل؟</td>
<td>خلال الشهر الماضي، كيف كنت مرتاحًا عند الأمور التي تستغل؟</td>
</tr>
<tr>
<td>8</td>
<td>In the last month, how often have you found that you could not cope with all the things that you had to do?</td>
<td>خلال الشهر الماضي كيف كنت مرتاحًا عند الأمور التي تستغل؟</td>
<td>خلال الشهر الماضي، كيف كنت مرتاحًا عند الأمور التي تستغل؟</td>
</tr>
<tr>
<td>Number</td>
<td>English original</td>
<td>Arabic original (from <a href="https://www.phqscreeners.com">https://www.phqscreeners.com</a> )</td>
<td>Arabic revised</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------</td>
<td>--------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>1</td>
<td>Feeling nervous, anxious or on edge</td>
<td>الشعور بالغضب أو القلق أو الانفعال الشديد</td>
<td>الشعور بالغضب أو القلق أو الانفعال الشديد</td>
</tr>
<tr>
<td>2</td>
<td>Not being able to stop or control worrying</td>
<td>عدم القدرة على إيقاف القلق أو التحكم فيه</td>
<td>عدم القدرة على إيقاف القلق أو التحكم فيه</td>
</tr>
<tr>
<td>3</td>
<td>Worrying too much about different things</td>
<td>القلق المفرط محتفظًا بأشياء مختلفة</td>
<td>القلق المفرط محتفظًا بأشياء مختلفة</td>
</tr>
<tr>
<td>4</td>
<td>Trouble relaxing</td>
<td>الصعوبة في الاسترخاء</td>
<td>الصعوبة في الاسترخاء</td>
</tr>
<tr>
<td>5</td>
<td>Being so restless that it is hard to sit still</td>
<td>شدة الاضطراب لصعوبة البقاء في هدوء</td>
<td>شدة الاضطراب لصعوبة البقاء في هدوء</td>
</tr>
<tr>
<td>6</td>
<td>Becoming easily annoyed or irritable</td>
<td>السرعة في الالزاعج أو الانفعال</td>
<td>السرعة في الالزاعج أو الانفعال</td>
</tr>
</tbody>
</table>

The GAD-7 Index (Translation from the website)
The Patient health questionnaire 8 PHQ-8
(Translation from the website)

<table>
<thead>
<tr>
<th>Number of Item</th>
<th>English original</th>
<th>Arabic original (from <a href="https://www.phqscreeners.com">https://www.phqscreeners.com</a> )</th>
<th>Arabic revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Little interest or pleasure in doing things</td>
<td>قلة الاهتمام أو الاستمتاع بمارسه الأشياء</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Feeling down, depressed, or hopeless</td>
<td>الشعور بالحزن أو ضيق الصدر أو اليأس</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Trouble falling or staying asleep, or sleeping too much</td>
<td>السعادة في اللحظة التي تترك النوم أو النوم بالخلط أو النوم أكثر من العادة</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Feeling tired or having little energy</td>
<td>الشعور بالتعب أو بقلة الحيوية للنوم</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Poor appetite or overeating</td>
<td>قلة الشهية أو كثرة الأكل</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>الشعور بعد الرضا عن النفس أو بالفشل أو بالاحباط نحو دوامة أو بالقلق أو بقلة إنذار أو ظن غائرتيك</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>صعوبة التركيز على الأشياء مثل قراءة الصحف أو مشاهدة التلفزيون</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>ببطء في الحركة أو الكلام بمجرد ملحوظة من الأطراف أو على المحسن من ذلك كثرة التمثيل والتحرك إلى درجة فوق العادة</td>
<td></td>
</tr>
</tbody>
</table>

The Wellbeing Scale 14

<table>
<thead>
<tr>
<th>Number of Item</th>
<th>English original</th>
<th>Arabic original (from <a href="https://warwick.ac.uk/fac/sci/-med/research/platform/wemwbs/-using/translations">https://warwick.ac.uk/fac/sci/-med/research/platform/wemwbs/-using/translations</a>)</th>
<th>Arabic revised</th>
</tr>
</thead>
</table>
Please tick (√) the box that best describes your experience of each over the last 2 weeks

<table>
<thead>
<tr>
<th>Number of Item</th>
<th>English original</th>
<th>Arabic original (From <a href="https://www.perceivedsupervisionscale.com">https://www.perceivedsupervisionscale.com</a>)</th>
<th>Arabic revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I've been feeling optimistic about the future</td>
<td>لدي شعور بالتفاؤل نجاح المستقبل</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I've been feeling useful</td>
<td>شعر بانتي ذو فائدة في الحياة</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I've been feeling relaxed</td>
<td>شعر براحتك وعما الفلق</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I've been feeling interested in other people</td>
<td>ادي اهتماما بالآخرين</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I've had energy to spare</td>
<td>لدي وفرة من الطاقة لإنجاز اعمالي</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>I've been dealing with problems well</td>
<td>اتعامل بشكل جيد مع المشاكل التي تعرضني</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I've been thinking clearly</td>
<td>عندما افكر في أمر، فإني افكر بصفاء ذهني دون تشويش</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I've been feeling good about myself</td>
<td>لدي شعور بالرضا عن نفسي</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I've been feeling close to other people</td>
<td>الشعر بانتي قريب من الناس</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I've been feeling confident</td>
<td>لدي شعور بالثقة في النفس</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I've been feeling loved</td>
<td>الشعر بانتي محبوب</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>I've been able to make up my own mind about thing</td>
<td>لدي القدرة على اتخاذ قراراتي بنفس قراراتي بنفس</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I've been interested in new thing</td>
<td>ادي اهتماما بالأشياء الجديدة</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>I've been feeling cheerful</td>
<td>اشعر بالحيوية والبهجة</td>
<td></td>
</tr>
</tbody>
</table>

Perceived Supervision Scale

(Translation from the website)

Mandatory Note: برجي وضع علامة في المربع الذي يصف حالتك خلال الأسبوعين الماضيين؟

1=لا (لا)
2=رarily
3=نادرًا يعبي في بعض الأوقات
4=غالبًا
5=كل الأوقات

كيف تصف حالتك خلال الأسبوعين الماضيين؟
Please indicate the extent to which you agree or disagree with the following statements in regard to your supervisor.

Please answer every question by ticking the appropriate box, not leaving any blank.

1 = Strongly disagree 
2 = Disagree 
3 = Neither agree nor disagree 
4 = Agree 
5 = Strongly agree

<table>
<thead>
<tr>
<th>Number of Item</th>
<th>English original</th>
<th>Arabic original (no available Arabic original )</th>
<th>Arabic revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My supervisor meets with me regularly</td>
<td>يقابلني المشرف بانتظام</td>
<td>يقابلني المشرف بانتظام</td>
</tr>
<tr>
<td>2</td>
<td>My supervisor appreciates me</td>
<td>يقدرني المشرف على معي</td>
<td>يقدرني المشرف على معي</td>
</tr>
<tr>
<td>3</td>
<td>My supervisor meets with me regularly to discuss problems and solutions</td>
<td>يقابلني المشرف بصورة دورية لمناقشة المشاكل والحلول</td>
<td>يقابلني المشرف بصورة دورية لمناقشة المشاكل والحلول</td>
</tr>
<tr>
<td>4</td>
<td>My supervisor takes into consideration my views and ideas</td>
<td>يضع المشرف في اعتباره وجهات نظري وآفكاري</td>
<td>يضع المشرف في اعتباره وجهات نظري وآفكاري</td>
</tr>
<tr>
<td>5</td>
<td>My supervisor is a good communicator</td>
<td>يتمتع المشرف بقدرات تواصل جيدة</td>
<td>يتمتع المشرف بقدرات تواصل جيدة</td>
</tr>
<tr>
<td>6</td>
<td>My supervisor helps me to update my knowledge</td>
<td>يساعدني المشرف على تحديث معرفتي</td>
<td>يساعدني المشرف على تحديث معرفتي</td>
</tr>
</tbody>
</table>

Perceived Organisational Support (POS)

(No previous Arabic translation available)
Listed below and on the next several pages are statements that represent possible opinions that YOU may have about working at ____. Please indicate the degree of your agreement or disagreement with each statement by filling in the circle on your answer sheet that best represents your point of view about ____. Please choose from the following answers:

0 = Strongly Disagree
1 = Moderately Disagree
2 = Slightly Disagree
3 = Neither Agree nor Disagree
4 = Slightly Agree
5 = Moderately Agree
6 = Strongly Agree

<table>
<thead>
<tr>
<th>Number of Item</th>
<th>English original</th>
<th>Arabic original (no available Arabic original )</th>
<th>Arabic revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The organization values my contribution to its well-being.</td>
<td>تتم ودقت جمعية الاله الاحمر السوداني مساهمتها في نجاح عملها</td>
<td>ً</td>
</tr>
<tr>
<td>2</td>
<td>The organization fails to appreciate any extra effort from me. (R)</td>
<td>لا تقد جمعية الاله الاحمر السوداني الجهد الاضافية التي ابذلتها في عمل التطوع</td>
<td>ً</td>
</tr>
<tr>
<td>3</td>
<td>The organization would ignore any complaint from me. (R)</td>
<td>إذا تقدمت بشكوى، ستتمام جمعية الاله الاحمر السوداني هذه الشكوى</td>
<td>ً</td>
</tr>
<tr>
<td>4</td>
<td>The organization really cares about my well-being.</td>
<td>تهم جمعية الاله الاحمر السوداني بالغينى ورحامي</td>
<td>ً</td>
</tr>
<tr>
<td>5</td>
<td>Even if I did the best job possible, the organization would fail to notice. (R)</td>
<td>حتى عندما أقدم أفضل عمل ممكن، لا تلاحظ جمعية الاله الاحمر السوداني على الرضا في عمل متنوع</td>
<td>ً</td>
</tr>
<tr>
<td>6</td>
<td>The organization cares about my general satisfaction at work.</td>
<td>تهم جمعية الاله الاحمر السودانى بموضوع الرضا في عمل مختلف</td>
<td>ً</td>
</tr>
<tr>
<td>7</td>
<td>The organization shows very little concern for me. (R)</td>
<td>تقد جمعية الاله الاحمر السودانى اهتماما أقل من الذي تستحقه متنوع</td>
<td>ً</td>
</tr>
<tr>
<td>8</td>
<td>The organization takes pride in my accomplishments at work.</td>
<td>تفتخر جمعية الاله الاحمر السوداني بالجائزات في العمل</td>
<td>ً</td>
</tr>
</tbody>
</table>

Team Support
(No Arabic translation available)
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I really feel that I belong to a team</td>
<td>1</td>
<td>لا أافق نهائيا</td>
</tr>
<tr>
<td>2</td>
<td>I look forward to being with the members of my work group each day</td>
<td>2</td>
<td>لا أافق</td>
</tr>
<tr>
<td>3</td>
<td>There is a lot of support and encouragement within my work group</td>
<td>3</td>
<td>محايد</td>
</tr>
<tr>
<td>4</td>
<td>It is very difficult to settle problems in my work group (R)</td>
<td>4</td>
<td>أافق</td>
</tr>
<tr>
<td>5</td>
<td>The people I work with cooperate to get the job done</td>
<td>5</td>
<td>أافق بشدة</td>
</tr>
<tr>
<td>6</td>
<td>Group members keep their thoughts to themselves, rather than risk speaking out (R)</td>
<td></td>
<td>بتحفظ أعضاء فريق بوجهات نظرة لأنفسهم أكثر مما يشاركونا من المجموعة</td>
</tr>
<tr>
<td>7</td>
<td>I often work in groups as part of my job</td>
<td></td>
<td>غالبًا ما عمل بشكل مجموعات خلال عملية التطوعي في الهلال الأحمر السوداني</td>
</tr>
</tbody>
</table>

**WEMWBS**

1. لدي شعور بالتفاول تجاه المستقبل
2. أشعر بالراحة وتفاؤلة في الحياة
3. أشعر بالإستراخة وراحة البال
4. أدى اعتمادي بالآخرين
5. لدي وفرة من الطاقة لإنجاز أعمال
6. أتعامل بشكل جيد مع المشكلات التي تعرضني
7. أشعر بمشاركة أو تآخي
8. أشعر بالضغط أو القلق
9. أشعر بالمرح من الأشياء
10. أشعر بالثقة بالنفس
11. أشعر بأنني محبوب
12. أشعر بالقوة على اتخاذ قراراتي بنفس
13. أدى اعتمادي بالأشياء الجديدة
14. أشعر بالحيوية والبهجة

**GAD-7**

1. الشعور بالضيق أو القلق أو الأغلق الشديد
2. عدم القدرة على القيام بأي شيء من الأشياء أو التحكم فيه
3. الشعور بالقلق متزايد أكثر من الأشياء أو التحكم فيه
4. الشعور بالضعف أو القلق
5. الشعور بالقلق أو الاسترخاء
6. الشعور بالإرهاق أو الستشهادة
7. الشعور بالخوف وكان شيئًا قليلاً قد يحدث

**PHQ-8**

1. قلة الاهتمام أو الاستماع بمشاركة الأشياء
2. الشعور بالحزن أو اليأس
3. صعوبة التدخين أو مواجهة الشيء، أو الأشياء أو الأفكار
4. الشعور بالتعب أو بقية اليوم
5. قلة الشهية، أو كثرة الأكل
الشهر بعد الانتهاء من النفس، أو الشعور بالقلق أو يشتبه في ذلك بنفسك أو غير عاملك:

1. خلال الشهر الماضي، كمرأة أطبعت بسبيوحتش نم عن موضع؟
2. خلال الشهر الماضي، كمرأة شعرت بذلك لا تستطيع التحكم بأمور مهمة في حياتك؟
3. خلال الشهر الماضي، كمرأة أحسنت بالسلوك، أو العضوية، أو النزاهة؟
4. خلال الشهر الماضي، كمرأة تعاملت بنجاح مع أمور الحياة المزعجة أو المقلة
5. خلال الشهر الماضي، كمرأة أحسست بذلك تتكيف بشكل مكمل مع التغيرات المهمة في حياتك؟
6. خلال الشهر الماضي، كمرأة أحسست بذلك تتكيف بشكل مكمل مع التغيرات المهمة في حياتك؟
7. خلال الشهر الماضي، كمرأة أحسست بأن الأمور تسير لصالح؟
8. خلال الشهر الماضي، كمرأة أحسست بذلك لا تستطيع القيام بكل الأشياء التي كان يجب عليك القيام بها؟
9. خلال الشهر الماضي، كمرأة كنت قادراً على التحكم بالأمور المزعجة (المقلة) في حياتك؟
10. خلال الشهر الماضي، كمرأة أحسست أنك مسيطر على الأمور؟
11. خلال الشهر الماضي، كمرأة غضبت بسبب حدوث أشياء خارجة عن ارادتك؟
12. خلال الشهر الماضي، كمرأة استقرت في التفكير كان الأمور التي يجب عليك إنجازها؟
13. خلال الشهر الماضي، كم كنت قادراً على التحكم في طرق قضاء وقتك؟
14. خلال الشهر الماضي، كمرأة أحسست بأن الصعوبات تراكم إلى درجة لا تستطيع التغلب عليها؟

**Perceived supportive supervision**

1. يقبل المشرف المسؤول عن النظام
2. يقبل المشرف المسؤول عن نظام
3. يجمع المسؤول على معيصرية دورية لمتابعة المشاكل والحلول
4. يضع المسؤول على أمور في اجتماعات وجوهات أقمار
5. يقبل المسؤول على معيصرية تواصل جيدة
6. يقبل المسؤول على تطوير معايير ومراقبة

**Team support**

1. خلال عمل التطوعي، أشعر بأنني أتمنى قرين
2. أطلع (أлибо) إلى التواجد مع قرين كل يوم
3. هناك الكثير من الدعم والتشجيع ضمن قرائي التطوعي
4. إن حل المشكلات في قريني شيء صعب جداً
5. يتعاون أعضاء قرائي لإنجاز العمل المطلوب
6. يحتفظ أعضاء قريني بهويات نظيرم أكثر مما يشاركونها مع المجموعة
7. غالبًا ما أعمل بشكل مجموعات خلال عمل التطوعي في الهلال الأحمر السوداني.
Appendix 10: IPTs interview guide

IP Ts development interview guide

* This guide will lead the discussion with programme experts to help in refining theories before interviewing the volunteer managers and conducting FGDs with volunteers

Part 1: introduction, consent, explaining purpose of participation

Part 2: explaining about the methodology and how I will use this to formulate the hypotheses

Part 3: questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Logic and tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could you please explain the programme steps you did in Sudan?</td>
<td>Introduction</td>
</tr>
<tr>
<td>- How did you identify the problem</td>
<td>General explanation about context</td>
</tr>
<tr>
<td>- How did you think to address that</td>
<td></td>
</tr>
<tr>
<td>How do you describe the organisational, climate in SRCS? and how that impacts the implementation of the programme?</td>
<td>Context</td>
</tr>
<tr>
<td>- Personal danger on Volunteers</td>
<td>Try to reflect how this context affects programme implementation. Retroduction for mechanism</td>
</tr>
<tr>
<td>- Gender inequality/practices against women volunteer.</td>
<td>Ask for examples and take the learner mode</td>
</tr>
<tr>
<td>- Other practices in volunteering.</td>
<td></td>
</tr>
<tr>
<td>What are the outcomes of your programme</td>
<td>Programme outcomes</td>
</tr>
<tr>
<td>- How do you describe matching programme expectation with programme outcome?</td>
<td>Link with Mechanisms.</td>
</tr>
<tr>
<td>- How do you think this will be reflected on the volunteer’s wellbeing?</td>
<td>Ask for examples</td>
</tr>
<tr>
<td>What are the resources that the programme provided to the volunteers.? Or to SRCS?</td>
<td>Mechanisms</td>
</tr>
<tr>
<td>- What are the challenges, gaps, and strength point</td>
<td>Context + mechanisms</td>
</tr>
<tr>
<td>What is your impression about volunteers managers in SRCS?</td>
<td>Looking for Context</td>
</tr>
<tr>
<td>- Specific features?</td>
<td></td>
</tr>
<tr>
<td>- Gaps in training?</td>
<td></td>
</tr>
<tr>
<td>- Strength points?</td>
<td></td>
</tr>
<tr>
<td>How training managers will help volunteers (specify the volunteers’ management)</td>
<td>Looking for outcomes of training</td>
</tr>
<tr>
<td></td>
<td>Looking for mechanisms</td>
</tr>
<tr>
<td>What are the skills needed from managers to be able to affect volunteers wellbeing</td>
<td>Looking for resources and reasoning</td>
</tr>
<tr>
<td>- How will volunteers react when having a skilled manager with these?</td>
<td>Link with context</td>
</tr>
<tr>
<td>- Why?</td>
<td>Ask for example and take the learner mode again, then stress a rival theory (maybe managers who take over everything can promote dependence among volunteers making them stressed or out of control?)</td>
</tr>
<tr>
<td>- How can that be linked with the community needs / the current situation in Sudan?</td>
<td></td>
</tr>
</tbody>
</table>
There is the idea about providing coaching. It is widely used in the RC movement. How can this affect volunteers? How do they react about being coached? (teacher mode)

<table>
<thead>
<tr>
<th>Managers can influence volunteers motivation and provide inspiration, would it that be important for volunteers? Why?</th>
<th>Ask for examples and take the learner mode after.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use an example in the negative form. Take the learner mode more and more</td>
<td></td>
</tr>
</tbody>
</table>

What about teams in RC? Is there a role of managers in encouraging teamwork?  
- How would that be possible?  
- What if teams work together?  

<table>
<thead>
<tr>
<th>What is it about training managers on PFA? Why is it needed for managers?</th>
<th>Looking at overarching mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking at resources</td>
<td></td>
</tr>
<tr>
<td>How would managers feel and react after receiving such training? What happened in Sudan case?</td>
<td></td>
</tr>
</tbody>
</table>
| As outcomes, what did the training achieve?  
- Confident managers? |
| Looking at outcomes |

Rephrasing the theory and asking for confirmation  
“PFA training in emergencies will provide, knowledge and skills. That makes managers able to identify stress and confident about providing help.”  
- What do you think about that?  
Can you give me an example? Or a reflection from your experience in Sudan?

<table>
<thead>
<tr>
<th>So, confident skilled managers will provide PFA when it is needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking at resources</td>
</tr>
<tr>
<td>How can help their volunteers?</td>
</tr>
</tbody>
</table>
| In providing PFA, how managers would help volunteers?  
- What are resources that PFA will add when it needed?  
- Empathy -understanding Ability to refer |
| Looking at resources |
| Take the learner mode |
| How do you expect volunteers would receive that?  
What will the feel after |
| Looking for reasoning |
| So, what is expected from PFA? What are the outcomes? |
| Looking for outcomes |

Rephrasing the theory and asking for confirmation  
There is an idea that  
“Trained managers, who are confident and skilled about providing PFA will provide the needed support, understanding, and empathy, to fulfill the volunteers’ needs after critical situations. Such practice will facilitate positive coping, bring calmness to volunteers who will feel more connected to the team. Furthermore, managers
through PFA will be able to refer volunteers who need specialised help; then they will receive it.
What do you think about it?  

Do you think training managers with PFA can contribute to their work? How?  
**Linking with Supportive S. and other outcomes**

**Theory 3 Teamwork**

Why do you think is important to work in teams in RC in relation to protection/work engagement/wellbeing.  
**Focusing the dialogue on teamwork**

What are the characteristics of teams in the context of SRCS? How your programme is linked to this?  
**Looking for context**

How can teams help communities in the face of adversity? Why groups can help volunteers?  

How to promote teamwork?  
**Ask for examples for the work in SRCS**

How do you think working with team can facilitate wellbeing among volunteers?  
**Looking for mechanisms**

What about  
- critical situation?  
- Hardship in the community  
- **(link with Context from INTRO)**
Do you think teams can help volunteers? How  
**Looking for linking C+M**

What are the results of working with teams?  
How will that impact work and volunteers?  
**Outcomes? Take the learner position and ask example**

There is an idea about group identity, means being in a team will give a collective identity to the volunteers according to belonging, feeling reference, having a place of sharing.  
- Do you think this is applicable in SRCS teams?  
- If yes. How?  
- If no, what is more appropriate  
**Take the learner mode after. Ask for examples**

**Theory 4 Training volunteers on PSS**

Why do you think it is important to train volunteers in PS, or at least to have PS briefing?  
**Introduction**

What are stressful conditions in Sudan, according to your experience  
**Looking at context**

What are the specific components that training will give  
**Looking for resources Take the learner mode and ask for examples**

What about  
- skills and knowledge  
- confidence  
- self and peer awareness  
**Teacher learner, ask for examples**

How will this impact volunteers wellbeing?  
**Looking at outcome Ask for examples Ask about each mechanisms**

Training can be perceived as good reward letting volunteers feel motivated in work and trust of their national Society, can PSTraining help in working?  
**Teacher-learner Looking for CMOc**

**Theory 5 Volunteers management policy**
<p>| Your programme aims to implement policy, How that would work? What are the components of such policy? What are opportunities that the volunteers management policy would give? | Looking for resources Looking for outcomes (ripple effect ) Looking for mechanisms Looking for context Ask for examples Take more than one TL cycle to fulfil the theory Ask example and take the learner mode Take a separate TL for each and ask for context Ask for examples |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| How that affect volunteers themselves? IS it related is there any direct effect or that will indirectly help volunteers? What do you think about that? | How policy would help in making organisation obligated toward making volunteers? | Looking for resources Looking for outcomes (ripple effect ) Looking for mechanisms Looking for context Ask for examples Take more than one TL cycle to fulfil the theory Ask example and take the learner mode Take a separate TL for each and ask for context Ask for examples |
| What about implementing? How that can be done? Is there any barriers for a good implementing in the context of Sudan? - How that is linked with the organisational climate - How that linked with (from intro ) | There is an idea that such policies will help in - programming for volunteers care - Awareness within NS - Building trust and transparency between NS and volunteers What do you think about it? | Theory 6 working community- based In the context of SRCS, there are a lot of initiatives close to the community, using the same tradition, which is something remarkable. What is your experience with that? Introduction toward the topic Looking at context How volunteers would perceive this CP approach? What should it include?? What can CP provide to the volunteers? Looking at reasoning and resources Take TL cycle to motivate the interviewee if needed How this related to the bigger context? Link CP with a border contextual factors There is an idea that CP will help volunteers to feel familiar with the organisation, feel ownership of work. Would you give me your opinion about that? Looking at mechanisms What outcomes may that include? How would that work? Looking at outcomes.. Motivation in work, Use example for western approach, use Rival as well where volunteers may not consider this an added value Theory 7 Perceived organisational Support What about when volunteers perceive these efforts form organisation to support them? How do you think that would impact them? and why? General question, introducing the theory Give an example when needed (e.g. feeling that organisation is supporting me giving me a bigger motivation toward doing good job) Generally, what do you think volunteers need form organisation to feel supported? What are factors. Topics, procedures can promote this? Looking at resources Prepare for Teacher mode Ask for example and comment on how that reflect on volunteers |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you think about volunteers needs form organisation? How can this be linked with the support and acknowledgement of their role?</td>
<td>Looking at resources&lt;br&gt;Try to link with volunteers reasoning and build for the next question</td>
</tr>
<tr>
<td>There is an idea that how much organisation support volunteers, how much they support the organisation back. What do you think about it? How can be that linked with volunteers management programmes? - Any examples ?</td>
<td>Teacher mode, Then&lt;br&gt;Taking a learner mode to investigate CMO</td>
</tr>
<tr>
<td>What would be the outcomes of this support?</td>
<td>Looking for outcomes&lt;br&gt;Asking for examples</td>
</tr>
</tbody>
</table>

Part 4 : Further questions from interviewee
Part 5: wrap up
### Appendix 11: Field case study interview guide

#### Part 1: Introduction, consent, explaining purpose of participation

#### Part 2: Explaining about the methodology and how I will use this to formulate the hypotheses

#### Part 3: Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Logic and tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>- How do you describe the situation of volunteers in SRCS?</td>
<td>Introduction</td>
</tr>
<tr>
<td>- Could you please explain a bit on how you manage volunteers?</td>
<td>General explanation about context</td>
</tr>
<tr>
<td>- How do you describe the organisational situation in your branch?</td>
<td></td>
</tr>
</tbody>
</table>

**How do you describe the organisational, climate in SRCS?**

| - Personal danger on Volunteers                                          | Context                                                                      |
| - Gender inequality/practices against women volunteer.                   | Try to reflect how this context affects programme implementation. Retroduction for mechanism |
| - Other practices in volunteering?                                        | Ask for examples and take the learner mode                                  |
| - Other stressors volunteers may face?                                    |                                                                              |

**What are the resources that organisation provide to the volunteers?**

| - What are the challenges, gaps, and strength point?                     | Mechanisms                                                                   |
| - Any constraints?                                                       | Context + mechanisms                                                         |

**Theory 1 Trained managers/Supportive Supervision**

**What is your impression about volunteers managers in SRCS?**

| - Specific features?                                                     | Looking for Context                                                          |
| - Gaps in training?                                                      |                                                                              |
| - Strength points?                                                       |                                                                              |

**How training managers will help volunteers (specify the volunteers management)**

| Looking for outcomes of training                                         |                                                                              |
| Looking for mechanisms                                                   |                                                                              |

**What are the skills needed from managers to be able to affect volunteers wellbeing**

| Looking for resources and reasoning                                       |                                                                              |
| - How volunteers will react when having a skilled manager with these?    |                                                                             |
| - Why?                                                                  | Link with context                                                            |
| - How that can be linked with the community needs / the current situation in Sudan? | Ask for example and take the learner mode again, then stress a rival theory (maybe managers who take over everything can promote dependence among volunteers making them stressed or out of control?) |

**There is the idea about providing coaching. It is widely used in the RC movement. How this can affect volunteers? How do they react about being coached? (semi-teacher mode)**

| Ask for examples and take the learner mode after.                       |                                                                              |
| - Looking for PT                                                        |                                                                              |

**Managers can influence volunteers motivation and provide inspiration, would it that be important for volunteers? Why?**

| Use an example in the negative form. Take the learner mode more and more |                                                                              |
### Theory 2: Training managers on PFA

**What about teams in RC?** Is there a role of managers in encouraging teamwork?
- **Looking for other outcome**
  - **Ask for example and take the learner mode**

<table>
<thead>
<tr>
<th>Question</th>
<th>Looking for outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it about training managers on PFA? Why it is needed for managers?</td>
<td>Looking at overarching mechanisms</td>
</tr>
<tr>
<td>What are the skills or knowledge that training provides?</td>
<td>Looking at resources</td>
</tr>
<tr>
<td>How managers would feel and react after receiving such training? What happened in Sudan case?</td>
<td>Looking at reasoning</td>
</tr>
<tr>
<td>As outcomes, what did the training achieve?</td>
<td>Looking at outcomes</td>
</tr>
<tr>
<td>- confident managers?</td>
<td></td>
</tr>
<tr>
<td>Rephrasing the theory and asking for confirmation</td>
<td>Looking at CMO configuration</td>
</tr>
<tr>
<td>“PFA training in emergencies will provide, knowledge and skills. That makes managers able to identify stress and confident about providing help.”</td>
<td>Then, take a learner mode and example</td>
</tr>
<tr>
<td>- What do you think about that?</td>
<td></td>
</tr>
<tr>
<td>- Can you give me an example? Or a reflection from your experience in Sudan?</td>
<td></td>
</tr>
<tr>
<td>So, confident skilled managers will provide PFA when it is needed</td>
<td>Using a ripple trick, the outcome becomes context for the following theory.</td>
</tr>
<tr>
<td>- How that can help their volunteers?</td>
<td>Generally looking at mechanisms.</td>
</tr>
<tr>
<td>In providing pfa, how managers would help volunteers?</td>
<td>Looking at resources</td>
</tr>
<tr>
<td>- What are resources that pfa will add when it needed?</td>
<td>Take the learner mode</td>
</tr>
<tr>
<td>- Empathy - understanding</td>
<td></td>
</tr>
<tr>
<td>- Ability to refer</td>
<td></td>
</tr>
<tr>
<td>How do you expect volunteers would receive that?</td>
<td>Looking for reasoning</td>
</tr>
<tr>
<td>What will the feel after</td>
<td></td>
</tr>
<tr>
<td>So, what is expected from PFA? What are the outcomes?</td>
<td>Looking for outcomes</td>
</tr>
<tr>
<td>Rephrasing the theory and asking for confirmation</td>
<td>Looking at CMO configuration</td>
</tr>
<tr>
<td>There is an idea that trained managers, who are confident and skilled about providing pfa will provide the needed support, understanding, and empathy, to fulfil the volunteers needs after critical situations. Such practice will facilitate positive coping, bring calmness to volunteers who will feel more connected to team. Furthermore, managers through pfa will be able to refer volunteers who need a specialised help, then they will recive it.</td>
<td>Then, take a learner mode and example</td>
</tr>
<tr>
<td>What do you think about it?</td>
<td></td>
</tr>
<tr>
<td>Do you think training managers with PFA can contribute to their work? How?</td>
<td>Linking with Supportive S. and other outcomes</td>
</tr>
</tbody>
</table>

### Theory 3: Teamwork

<table>
<thead>
<tr>
<th>What do you think about it?</th>
<th>Linking with Supportive S. and other outcomes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What do you think about it?</th>
<th>Linking with Supportive S. and other outcomes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What do you think about it?</th>
<th>Linking with Supportive S. and other outcomes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What do you think about it?</th>
<th>Linking with Supportive S. and other outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>Learning Outcome</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Why do you think is important to work in teams in RC in relation to protection/work engagement / wellbeing.</td>
<td>Focusing the dialogue on teamwork</td>
</tr>
<tr>
<td>What are the characteristics of teams in the context of SRCS? How your programme is linked about this?</td>
<td>Looking for context</td>
</tr>
<tr>
<td>How teams can help communities in the face of adversity? why teams can help volunteers?</td>
<td>Looking at outcomes</td>
</tr>
<tr>
<td>How to promote teamwork?</td>
<td>Looking for mechanisms of working as teams</td>
</tr>
<tr>
<td>How do you think working with team can facilitate wellbeing among volunteers?</td>
<td>Looking for mechanisms</td>
</tr>
<tr>
<td>What about - critical situation? - Hardship in the community - [link with Context from INTRO]</td>
<td>Looking for linking C+M</td>
</tr>
<tr>
<td>Do you think teams can help volunteers? How</td>
<td></td>
</tr>
<tr>
<td>What are results of working with teams? How that will impact work and volunteers?</td>
<td>Outcomes?</td>
</tr>
<tr>
<td>There is an idea about group identity, means being in a team will give a collective identity to the volunteers according to belonging, feeling reference, having a place of sharing. - Do you think this is applicable in SRCS teams? - If yes. How? - If no, what is more appropriate</td>
<td>Take the learner position and ask for example</td>
</tr>
<tr>
<td>Take the learner mode after. Ask for examples</td>
<td></td>
</tr>
<tr>
<td><strong>Theory 4 Training volunteers on PSS</strong></td>
<td></td>
</tr>
<tr>
<td>Why do you think it is important to train volunteers in PS, or at least to have PS briefing?</td>
<td>Introduction</td>
</tr>
<tr>
<td>What are stressful conditions in Sudan, according to your experience</td>
<td>Looking at context</td>
</tr>
<tr>
<td>What are the specific components that training will give</td>
<td>Looking for resources</td>
</tr>
<tr>
<td>What about - skills and knowledge - confidence - self and peer awareness</td>
<td>Teacher learner, ask for examples</td>
</tr>
<tr>
<td>Take the learner mode and ask for examples</td>
<td>Looking at resource and reasoning mechanisms</td>
</tr>
<tr>
<td>How this will impact volunteers wellbeing?</td>
<td>Looking at outcome</td>
</tr>
<tr>
<td>Training can be perceived as good reward letting volunteers feel motivated in work and trust of their national Society, can training in PS help in working?</td>
<td>Teacher-learner</td>
</tr>
<tr>
<td><strong>Theory 5 Volunteers management/PS policy</strong></td>
<td></td>
</tr>
<tr>
<td>Your programme aims to implement policy, How that would work? What are the components of such policy?</td>
<td>Looking for resources</td>
</tr>
<tr>
<td>What are opportunities that the volunteers management policy would give?</td>
<td>Ask for examples</td>
</tr>
<tr>
<td>How that affect volunteers themselves?</td>
<td>Looking for outcomes (ripple effect)</td>
</tr>
<tr>
<td>Question</td>
<td>Approach</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IS it related is there any direct effect ? or that will indirectly help volunteers? What do you think about that?</td>
<td>Take more than one TL cycle to fulfil the theory</td>
</tr>
<tr>
<td>How policy would help in making organisation obligated toward making volunteers?</td>
<td>Looking for mechanisms</td>
</tr>
<tr>
<td>What about implementing ? How that can be done? Is there any barriers for a good implementing in the context of Sudan? - How that is linked with the organisational climate - How that linked with (from intro)</td>
<td>Looking for context</td>
</tr>
<tr>
<td>There is an idea that such policies will help in - programming for volunteers care - Awareness within NS - Building trust and transparency between NS and volunteers What do you think about it?</td>
<td>Take a separate TL for each and ask for context</td>
</tr>
<tr>
<td>Take a separate TL for each and ask for context</td>
<td></td>
</tr>
<tr>
<td>Ask for examples</td>
<td></td>
</tr>
<tr>
<td>Theory 6 working community- based</td>
<td></td>
</tr>
<tr>
<td>In the context of SRCS, there are a lot of initiatives close to the community, using the same tradition, which is something remarkable. What is your experience about that?</td>
<td>Introduction toward the topic</td>
</tr>
<tr>
<td>How volunteers would perceive this CP approach ? What should it include?? What can CP provide to the volunteers?</td>
<td>Looking at context</td>
</tr>
<tr>
<td>How this related to the bigger context?</td>
<td>Looking at reasoning and resources</td>
</tr>
<tr>
<td>Take TL cycle to motivate the interviewee if needed</td>
<td></td>
</tr>
<tr>
<td>There is an idea that CP will help volunteers to feel familiar with the organisation, feel ownership of work. Would you give me your opinion about that?</td>
<td>Link CP with a border contextual factors</td>
</tr>
<tr>
<td>What outcomes that may include? How would that work?</td>
<td>Looking at outcomes..</td>
</tr>
<tr>
<td>Motivation in work, Use example for western approach, use Rival as well where volunteers may not consider this an added value</td>
<td></td>
</tr>
<tr>
<td>Theory 7 Perceived organisational Support</td>
<td></td>
</tr>
<tr>
<td>What about when volunteers perceive these efforts form organisation to support them? How do you think that would impact them ? and why?</td>
<td>General question, introducing the theory</td>
</tr>
<tr>
<td>Generally, what do you think volunteers need form organisation to feel supported? What are factors. Topics, procedures can promote this?</td>
<td>Give an example when needed (e.g. feeling that organisation is supporting me giving me a bigger motivation toward doing good job)</td>
</tr>
<tr>
<td>Looking at resources</td>
<td></td>
</tr>
<tr>
<td>Prepare for Teacher mode</td>
<td></td>
</tr>
<tr>
<td>Ask for example and comment on how that reflect on volunteers</td>
<td></td>
</tr>
<tr>
<td>How do you think about volunteers needs form organisation? How this can be linked with the support and acknowledgement of their role?</td>
<td>Looking at resources</td>
</tr>
<tr>
<td>Try to link with volunteers reasoning and build for the next question</td>
<td></td>
</tr>
<tr>
<td>There is an idea that how much organisation support volunteers, how much they support the organisation back. What do you think about it?</td>
<td>Teacher mode, Then</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>How that can be linked with Volunteers management programmes?</td>
<td>Taking a learner mode to investigate CMO</td>
</tr>
<tr>
<td>- Any examples?</td>
<td></td>
</tr>
<tr>
<td>What would be the outcomes of this support?</td>
<td>Looking for outcomes</td>
</tr>
<tr>
<td></td>
<td>Asking for examples</td>
</tr>
</tbody>
</table>

**Part 4: Further questions from interviewee**

**Part 5: wrap up**
Appendix 12: FGDs Guide

Total time 2.30 h

Number of participants 4-7 volunteers
Language Arabic
Materials
- 2 copies of the consent form for each participant
- Pens
- Flipcharts and markers.

A. Part 1 10 min
Introduction, consent, and ground rules
Activities
- Welcoming participants, name and job, introduction.
- Explaining the FGD objective and methods, ensuring that participants understand the meaning of their participation and recapping information leaflets
- Signing consents
- Ground rules to ensure a healthy and encouraging environment through FGD. Including that the researcher will guide the discussion according to the designed track.

B. Part 2 20 min
Understanding the larger context of volunteers work
Activities

<table>
<thead>
<tr>
<th>Actions</th>
<th>Objectives</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting a general vignette on flipchart*</td>
<td>Icebreaker. To encourage volunteers to talk</td>
<td>5 min</td>
</tr>
<tr>
<td>Giving 2 min to think of their situations compared to the vignette.</td>
<td>about their wider context.</td>
<td></td>
</tr>
<tr>
<td>Plenary discussion guided by the questions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1- How do you describe your situation as a volunteer in SRCS?</td>
<td>To understand contextual factors outsider/insider</td>
<td>15 min</td>
</tr>
<tr>
<td>2- What are the situation you work with? Could you please explain about your community and personal situation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3- How do you describe the organisational situation? Your management and relationship with the branch?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Vignette will include a virtual positive context of volunteers living, organisational situation. This should encourage them to talk about theirs.

C. Part 3 40 min
Testing the theories on the level of “the programme’s target group.”

Theory 1, Trained managers

<table>
<thead>
<tr>
<th>Actions</th>
<th>Objectives</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting a vignette on the flipchart and giving volunteers 3 min to think about it**.</td>
<td>Introducing the “overarching” theory. Encouraging volunteers to think and reflect their situation.</td>
<td>5 min</td>
</tr>
</tbody>
</table>
Asking volunteers to brainstorm and consider to write on the flipchart what they think about:
- How managers help volunteers?
- How do volunteers feel when they are guided by managers?

Plenary discussion. Guided by questions:
1. I am interested to know about how do you feel toward your team leaders?
2. What are the ways you usually receive supervision (meetings, instructions..) How do you describe those ways?
3. How do you respond toward (each resource)

How that is reflected on you? Especially wellbeing?

A Platform to capture some key features. 5 min

Context
(Incorporate the keywords from brainstorming exercise)
20 min

Resources and reasoning
Looking at outcomes.

Configuring CMO

Looking for refinement

Generating a further discussion between the group 5 min

**“The vignette translate the programme theory into a scenario, aiming to interduce the topic and motivate thinking.**

Theory 2. Managers trained with PFA***

*** Looking at the outcome level aiming to test whether the theory “related to training managers on PFA and psychosocial support” is reflected on their practices with volunteers. The whole theory will be tested on the level of managers. However, volunteers involvement will be used to reflect the “reasoning + outcomes”.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Objectives</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing in same plenary discussion without using the “vignette”. Asking questions:</td>
<td>Understanding context Resources</td>
<td>10 min</td>
</tr>
<tr>
<td>1. We are continually talking about your relationship with managers and team leaders, have you ever felt that you need specific psychological help and asked them? Or they, by themselves, offered to provide such support to you?</td>
<td>Looking at outcomes</td>
<td></td>
</tr>
<tr>
<td>2. Could you please explain how that happened? What are they offered? (or, in contrast, what do you need and they didn’t provide?</td>
<td>Teacher-learner cycle-CMOc.</td>
<td></td>
</tr>
<tr>
<td>3. How did you feel about the support? Could you tell me some examples?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. So, I will try to rephrase what did you said “…” What do you think about this?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Theory 3, Teamwork

<table>
<thead>
<tr>
<th>Actions</th>
<th>Objectives</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting a vignette on the flipchart and giving volunteers 3 min to think about it, the same principle will be used.</td>
<td>Introducing the “overarching” theory. Encouraging volunteers to think and reflect their situation</td>
<td>5 min</td>
</tr>
<tr>
<td>Asking volunteers to brainstorm about</td>
<td>To capture key features.</td>
<td>5 min</td>
</tr>
<tr>
<td>- How does teamwork help volunteers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- In your opinion, what it is essential for teams to function well?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plenary discussion, guided with questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1- How do you describe your team in the RC?</td>
<td>Context</td>
<td>20 min</td>
</tr>
<tr>
<td>2- How do you work in teams? What are the roles of teams?</td>
<td>looking for resources</td>
<td></td>
</tr>
<tr>
<td>3- Do you prefer working in a team or individually? What are the added values you feel when being and working in team?</td>
<td>Looking at outcome</td>
<td></td>
</tr>
<tr>
<td>- Work demand?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Social connection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Problems and conflicts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Learning and sharing experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4- How do you think being in teams impact your wellbeing? Would you please give me examples?</td>
<td>Looking at outcome</td>
<td></td>
</tr>
<tr>
<td>Teacher learner mode for the whole theory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Theory 4, Training volunteers on their tasks

<table>
<thead>
<tr>
<th>Actions</th>
<th>Objectives</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting a vignette on the flipchart and giving volunteers 3 min to think about it, the same principle will be used.</td>
<td>Introducing the “overarching” theory. Encouraging volunteers to think and reflect their situation</td>
<td>5 min</td>
</tr>
<tr>
<td>Asking volunteers to brainstorm and consider to write on the flipchart what they think about:</td>
<td>A Platform to capture some key features.</td>
<td>5 min</td>
</tr>
<tr>
<td>- How does training volunteers on their tasks help them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What are the important issues should volunteers be trained about?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plenary discussion, guided with questions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1- What are the missions you deliver through your voluntary work? What is the training you attended accordingly?</td>
<td>Looking at context of work and training</td>
<td></td>
</tr>
</tbody>
</table>
Looking at the outcome level aiming to test whether the theory "related to having a policy" is reflected on the volunteers' perspective about work. The whole theory will be tested on the level of managers. However, volunteers, as a "programme targeted group", should be sensitive about "reasoning + outcomes".

<table>
<thead>
<tr>
<th>Actions</th>
<th>Objectives</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing in same plenary discussion without using the “vignette”. Asking questions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1- Could you please explain what do you know about SRCS volunteers management policy?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Theory 5, the volunteer care policy

Looking at resources

Looking at reasoning

Looking at outcomes

Looking at mechanisms

Looking for outcomes

Looking at context

CMOc
2- How that is linked to your trust of your NS? Could you please give me examples of that?
3- What resources are offered by policy to you as volunteers?

Then, TL cycle
4- So, I will try to rephrase what did you said “....” What do you think about this?

Teacher-learner cycle-CMOc.

**Theory 6, using community based approach**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Objectives</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting a vignette on the flipchart and giving volunteers 3 min to think about it.</td>
<td>Introducing the “overarching” theory.</td>
<td>5 min</td>
</tr>
<tr>
<td>Asking volunteers to brainstorm and consider to write on the flipchart what they think about:</td>
<td>Encouraging volunteers to think and reflect their situation.</td>
<td>5 min</td>
</tr>
<tr>
<td>- What do you think about using the traditional ways in the community to support?</td>
<td>A Platform to capture some key features.</td>
<td>5 min</td>
</tr>
<tr>
<td>- What are other things from the community which may help volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plenary discussion, guided with questions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1- What are the common ways in your community that people support each other with? What is the link between these ways and your activities within NS?</td>
<td>Looking at context.</td>
<td>20 min</td>
</tr>
<tr>
<td>2- What is it about being part of such gatherings/ Iftar... etc, that your NS usually use? Would you please explain how this helps you?</td>
<td>Looking mechanisms.</td>
<td></td>
</tr>
<tr>
<td>3- What are the opportunities regarding this?</td>
<td>Rescores and reasoning.</td>
<td></td>
</tr>
<tr>
<td>4- How do you perceive these practices</td>
<td>Looking at outcomes.</td>
<td></td>
</tr>
<tr>
<td>5- How this impact you? If you say that “...” What is the link between this and your wellbeing?</td>
<td>Generating discussion between the group</td>
<td></td>
</tr>
<tr>
<td>6- Is there any other opinion according to this? Otherwise, can I know some examples?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take a TL Cycle for whole the theory</td>
<td>Looking at CMO</td>
<td></td>
</tr>
</tbody>
</table>

**Theory 7, Perceived Organisational Support**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Objectives</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Presenting a vignette on the flipchart and giving volunteers 3 min to think about it.

Asking volunteers to brainstorm and consider to write on the flipchart what they think about:
- Do you think how volunteers perceive the support from their NS can be link to their wellbeing?
- What are other things from the community which may help volunteers

In plenary, discussion guided by:

1. What are the efforts in place to support you as volunteers in SRCS
2. Is there any gaps in these? How is this linked to the working environment?
3. Let us talk about each component of those efforts, could you please give me examples? What are the added values of that to you?
4. What about
   - fairness and equity
   - Acknowledgment for volunteers
   - Participation in decision making
   - Dealing with complaints?
5. How do you feel when this “R” is offered?
6. Take TL and ask for examples
7. So, what are the results of such support or not supported environment, could you please give me some examples?
8. Any other opinions about these?
9. You are saying that “.....” is this right? Could you elaborate on this?

Introducing the “overarching” theory. 5 min
Encouraging volunteers to think and reflect their situation.

A Platform to capture some key features. 5 min

Looking at context

Looking at resources

Looking at reasoning

Looking at outcomes

Discussion

TL aiming to Configure CMO

F. Recap and further questions
G. Thank you and closing the session
Appendix 13: The Vignettes in English and Arabic

The Vignettes

Ashraf and Zainab are volunteer managers in the Red Crescent. Their volunteers reflect how supported they are by their managers. That support reflects many practices that Ashraf and Zainab use with their volunteers. They are always available to provide guidance on tasks, where they knew that volunteers are not professionals. Ashraf and Zainab used to meet regularly with their volunteers not just to follow up with their work, but also to ensure that the team works well and volunteers feel satisfied with their work. In fact, they provide the best example and in inspire volunteers to develop their skills. Accordingly, their volunteers always expressed that they feel more confident while working and less stressed through situations they face. Ashraf and Zainab’s teams used to be known as very efficient teams with higher engagement. Their volunteers always feel motivated in their work…

Fatima, a Red Crescent volunteer, faced a critical situation while working. She was providing the first aid to a 10-years old boy after an accident when he passed away. Fatima felt very emotional after this crisis. She went directly to team leader, Zainab, who started to talk to her and actively listening to what she faced. Zainab, was very helpful in that case when she provides some information to Fatima about her feelings. Fatima felt very safe afterwards, especially when Zainab phoned her in the following days. After that, Fatima was able to deal with the situation. In addition, she felt very proud of being part of Zainab Red Crescent team. The result was very positive when finally Fatima successfully coped with what she did face.

Salim, Hiba and Adel are Red Crescent volunteers in a flood-affected community. They always feel that working together while delivering their humanitarian aid helps them to feel ok. Whereby they used to carry out their activities in teams, that was very helpful to share experience on volunteer work and life, to feel more secure while working, and to strengthening the belonging to their Red Crescent group. Furthermore, team members used to support each other in the face of what their community is straggling with as well as all the hardship in their voluntary work. Being actively involved in teamwork helps Salim, Hiba and Adel in keeping motivation and being engaged in the job as well as in releasing them from stress. Furthermore, and after working in teams for some months, they develop some bright sense of their future even with all the adversity they live through.

"The Vignettes in English and Arabic: Ali and Zainab are volunteer managers in the Red Crescent. Their volunteers reflect how supported they are by their managers. That support reflects many practices that Ali and Zainab use with their volunteers. They are always available to provide guidance on tasks, where they knew that volunteers are not professionals. Ali and Zainab used to meet regularly with their volunteers not just to follow up with their work, but also to ensure that the team works well and volunteers feel satisfied with their work. In fact, they provide the best example and in inspire volunteers to develop their skills. Accordingly, their volunteers always expressed that they feel more confident while working and less stressed through situations they face. Ali and Zainab’s teams used to be known as very efficient teams with higher engagement. Their volunteers always feel motivated in their work…"
When Amal joined the Red Crescent as a volunteer, she was a bit worried about the new community she will be part of it. But then, she felt very familiar to the National Society when she started to participate in the widespread volunteers activities like dinners, meetings, and everything else she used to do in her community. The national society used this approach with volunteers as part of helping them to develop belonging and to feel comfortable while working. These activities were designed consistently with the community traditions which makes Amal and her colleagues feel motivated and engaged in work.

All the group, Salim, Hiba, Adel, Laila and Kasim highlighted how their national society procedures support them. In addition to what did they say before, they mentioned how National Society emphasises the importance of volunteers in work and how much efforts volunteers give. The equal treatment and including volunteers in of decisions making, as well as the role of their managers, Ashraf and Zeinab, were mentioned as crucial factors for this support. Exchangeably, as a team they feel more engaged in their work. Besides, these procedures give them a feeling of accomplishment toward themselves, which makes them feel positive.

Laila and Kasim are Red Crescent volunteers assigned to distributing food for people fled out from conflict. Before starting their work, they received training about how to assess the people’s needs and organise distribution. Accordingly, they were able to do their job with confidence. Because they were delivering their aid using all the information and skills they got from the training, they used to receive positive feedback from the community they serve. This feedback always motivates them to work more, give them a level of satisfaction on themselves. Laila highlights how trustful she is in her national society. Kasim says that being trained is like a stress relief for him.

شعرت أم لمل بالألقية بشكل كبير ضمن جميتها الوطنية عندما بدأت تشارك بنشاطة المتطوعين الجماعية مثل الزوارات وتناول الطعام والاجتماعات، وكان الأشياء الأخرى التي أعطتها من قبل في قريتها. استخدمت الجمعية الوطنية هذا النوع من الأنشطة لتساعد المتطوعين على الإحساس بالانتماء للفريق والراحة أثناء العمل. وقد جعلت هذه الأنشطة أم لمل ورفاقها مندفعين أكثر للعمل التطوعي.

أثنى كل المتطوعين على إجراءات جمعيتهم الوطنية لدعمهم، كما وقعتهم جمعيتهم الوطنية على دور المتطوعين في عملكم وعلى أهمية جهودهم. وتعاملهم بسفسة جميعهم، وشاركهم في اتخاذ القرار. كذلك فقد كان دور مشرفهم عملاً مهمًا في ذلك الدعم. ونتيجة لذلك الدعم أبدى المتطوعين حساسًا عاليًا في عملهم مما ساعدهم بشعور بالإنجاز تجاه أنفسهم.