**Podcast Transcript**

# Avoiding the Road to Burnout
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*Introduction*

With global complex emergencies and humanitarian crises rising, relief workers are increasingly and continually exposed to trauma. Being witness to horrible things changes you. When an individual loses their sense of purpose and motivation, it can quickly lead to burn out. Many developmental workers begin their career enthusiastic, optimistic, patient and endlessly curious. What has to be done so they don't end up hopeless, bitter, impatient and cynical?

*Transcript*

'Doing good' can have so many unintended consequences, whether it is between individual or at organizational levels. There is a fine line each 'developmental worker' must find between providing help, and doing harm.

I want to begin this (podcast) by briefly explaining my own positionality within development. I find it necessary to do so, because we are never just observers within our field, as soon as you enter the situation, you change the dynamic. Who we are is relational – when we create an I or an Us we also create what is not me, a Them, a Other.

I am a white western woman, born and raised in Toronto, Canada. From a young age, I knew I wanted to 'do good' for a living. I have always had this deep want to be of help, of service to others. I never had these big dreams of changing the world, I just wanted to use my position to advocate on behalf of those who are less fortunate than me.

I am a human, who is strongly infused with emotion, a strong moral compass of values. I want to be generous, selfless. It makes sense that I wanted a profession driven by passion and empathy.

In 2017, I decided that the best way to learn about a 'developing' country, was to live and study in one. I went off to this faraway place, to learn how to become who I've always wanted to be, an aid worker; a helper. Living in Ghana was an extremely exciting, satisfying time in my life. And yet, I recall multiple memories of being deeply uncomfortable, out of place. I was welcomed in remote, rural locations in a celebratory way through dance and this sense of gratitude for my presences.

I want to make it clear, I was a young woman, freshly turned twenty-year-old. I was interning at a local NGO called NORSAAC that focused on enhancing the lives of women and girls. I was highly inexperienced, and given authority in places and speaking on matters I had no right too. I would be asked to run workshops on Sexual and Reproductive Health, when the only formal education I had on the matter, was my high school Sex Ed class. Villages would sound announcements upon my arrival, announcing that the 'Finical aid' had arrived. In other situations, I would be greeted and assumed to be the person running the programme. It was extremely awkward to explain to them that I was just a student, and that I had no real resources to offer.  I was also witness to devastating scenes – or extreme poverty, of hunger, of abuse, of harm.

Upon my return to Toronto, I felt myself slipping into depression. Depression runs deep in my family, it's in my blood. No matter my field, mental health is an issue I would always struggle with. With that being said, my time in Ghana played a significant role within my mental health.

I felt as if I was 'coming down' from this rush of being so close to fulfilling my deepest desire, to 'do good'. No longer being seen as 'useful' or as a 'resource' upset me in ways I hadn't anticipated. Which makes me wonder if my identity of a helper and saviour of others in need was a way of avoiding my own need, my own suffering.

All of these complex emotions, my history, along with the exposure to such intense neglect of human life led me down a road to depression.

Humanitarian work is stressful. There are indications that 1 in 5 human rights advocates show the symptoms of post-traumatic stress disorder (PTSD).  Humanitarians respond to the human costs of disasters, or to longer term issues, such as poverty, hunger and disease.  There is a wide variety of the type of work offered, whether it is relief in the days immediately following a disaster, or over long periods of time providing aid. Regardless of the job title, workers are repeatedly exposed to tales of terror, and may witness gruesome scenes, horrific experiences and exposure to serious danger. On top of this, many live in physically demanding, unpleasant conditions. Workloads are heavy, hours are long, and chronic fatigue is common.

There is minimal recognition in the humanitarian field of the emotional impact workers face. The humanitarian needs in countries affected by the crisis are at an unprecedented level. Slowly, there has been increased recognition of the exposure to stressors in humanitarian aid work, and their potential impact on an individual's mental health. The studies that have taken place, confirm the positive association between chronic stress and traumatic event exposure and common mental health problems among humanitarian workers. These jobs come with the reality of the world, there is no way to downplay the 'hardness' and 'ugliness' that comes with it. To cope, many of us numb our feelings and body to this harsh reality.

Exposure to conflict and violence, traumatic events and chronic stress can lead to PTSD. Depression and anxiety are among the most common conditions of PTSD. Although there are some of us in this field who manage life in a crisis setting without developing symptoms of

mental illness, many do experience PTSD, depression, anxiety and burnout from this occupation.

This job is positively associated with mental health problems. Being constantly exposed to traumatic events and chronic stress is the characteristics of the environment humanitarian workers operate within. Many cope with challenging living conditions, substantial work demands, and increased risk to trauma, all of which put them at risk of depression, anxiety, PTSD and burnout. Compared to the general population, relief workers experience elevated trauma rates and suffer from more posttraumatic stress disorders, depression and anxiety. I want to be clear, the job presents danger that is emotional as well as physical; ongoing occupational trauma exposure has implications for mental health.

We've often been told that the people who control the suffering of people, or the plant are forced between being emotionally involved and being sane. Our qualities of passion and empathy that make us suitable for our jobs end up costing us our health or career. To disconnect from the job and our emotions has been normalized in the field as what is logical. Studies have examined avoidance as a common coping strategy for depression, anxiety and PTSD among humanitarian workers.

Extreme distress can result in negative health consequences, which in turn affect the functioning and productivity of the aid organizations. When mental health problems manifest, they have serious implications for the individuals social and occupational environment. Humanitarian organizations increasingly perceive staff stress and compromised mental health as a threat to organizational effectiveness and efficiency. Staff members who are 'stressed out' have higher accident rates, and higher rates of illness. They show less commitment to their employing agency, and have higher rates of turnover. This ultimately results in loss of skill, experienced staff.

NGO's seem to have unrealistic expectations of workers' adaptive capabilities. Staff working for international NGOs reported significantly more symptoms of depression than those working with UN and related organizations. A survey of an NGO's human resource staff found that psychological support of workers was considered less important than that of the local population. This thinking can easily flow over to the workers themselves thinking that their suffering is less relevant. This is exactly what we don't want.

When we lose our empathy, our hope and our ability to feel with those we care for, there are destructive consequences not just for ourselves, but also for the organizations we work for and the people and causes we serve. Ultimately, when you dial down an emotion in a given context, you cannot choose which emotion. By dialling down the bad stuff, the good stuff is also dialed out; like joy, gratitude, inspiration, and connection with others.

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enthusiastic, optimistic, patient and endlessly curious. What has to be done so they don't end up hopeless, bitter, impatient and cynical?

Organizational support for relief workers deserves more systematic and thorough research. The ongoing exposure to trauma creates occupation-specific health needs. This points to the need for organizations to support strategies that mitigate humanitarian workers chronic stress exposure. When recruiting and preparing aid workers for deployment, organizations must take into consideration their mental health, and take steps to decrease chronic stressors and strengthen social support networks. Reducing chronic stressors, enhancing team cohesion, promoting social support mechanisms has legitimate potential as a means of improving mental health. Staff should actively be given support strategies to mitigate the impact of stressors.

With global complex emergencies and humanitarian crises rising, relief workers are increasingly and continually exposed to trauma. Workers are highly susceptible to PTSD and trauma related mental illness. As the demand for humanitarian relief work continues to grow, continual trauma exposure has serious implications for occupational mental health.

Humanitarian organizations have finally begun to take note of this problem, and increasingly understand that compromised mental health of their workforce is an issue that impacts negatively on the functioning of the organization. There is an obligation for the organization to prevent and address mental health problems, and ensure the well-being of their staff to sustain organizational effectiveness and efficiency.

The most precious resource within development is 'people power'. To do good, we cannot afford to burn out our most passionate, empathic workers. The current development culture depletes us and replicates patterns of trauma, harm, oppression and workaholism. If this doesn't change, we will continue to lose our visionary leaders to exhaustion, depression and under-supported conflict.