International Review of the Red Cross (2026), 1–24.
doi:10.1017/S1816383126101362

IRRC

Carrying the weight: Organizational responsibility for the mental well-being of humanitarian workers

Sarah T.D. Ellingham
Forensic Specialist, International Committee of the Red Cross, Dnipro, Ukraine
Email: ellingham.sarah@gmail.com

Abstract

Humanitarian and non-profit work places staff and volunteers in contexts of high moral responsibility and commitment to mission, which can simultaneously sustain and strain mental well-being. Drawing on literature from organizational psychology and studies of non-profit and voluntary organizations, this paper examines how workplace structure and dynamics shape psychological outcomes among humanitarian workers. It argues that distress is not solely a consequence of exposure to traumatic events but is significantly influenced by organizational factors, including hierarchical constraints, inequitable working conditions and limited autonomy in ethically complex environments. These conditions create a dual-edged experience: workers derive purpose and identity from their altruistic engagement, yet face structural and relational stressors

that contribute to burn-out, moral distress and reduced well-being. By foregrounding organizational responsibility, this paper identifies key determinants of mental well-being and highlights the need for systemic approaches that move beyond individual resilience-focused interventions.

Keywords: humanitarian aid work, occupational mental health, burn-out and moral injury, resilience, altruistic identity.

: : : : :

Introduction

Humanitarian aid workers operate in environments marked by acute crises, chronic instability and high operational demands, including active conflict, natural disasters, political insecurity and public health emergencies.[1] While research has historically focused on the psychological consequences of direct trauma exposure, such as post-traumatic stress disorder (PTSD), anxiety and depression, emerging evidence suggests that these individual-level outcomes represent only part of the picture. A substantial proportion of psychological distress in humanitarian personnel arises from organizational and structural factors, including workload, inequitable reward systems, role ambiguity, managerial practices and workplace culture.[2] These stressors are often chronic, cumulative and modifiable, highlighting the critical role of employers in shaping staff well-being.

Organizational structures influence both risk and resilience. Humanitarian workers face differential exposure to stressors based on contract type, role, deployment location and staff status (national versus international), while inequities in support, recognition and resources exacerbate vulnerability to burn-out and psychological distress.[3] At the same time, identity and meaning-making processes, such as altruistic and professional identities, mediate how workers experience and interpret stress, contributing to both resilience and vulnerability.[4] Persistent misalignment

1 Liza Jachens, Jonathan Houdmont and Roslyn Thomas, "Effort–Reward Imbalance and Burnout among Humanitarian Aid Workers", *Disasters*, Vol. 43, No. 1, 2019; Hannah Strohmeier and Willem F. Scholte, "Trauma-Related Mental Health Problems among National Humanitarian Staff: A Systematic Review of the Literature", *European Journal of Psychotraumatology*, Vol. 6, No. 1, 2015.

2 Cheryl Yunn Shee Foo, Alvin Kuowei Tay, Yexinyu Yang and Helen Verdeli, "Psychosocial Model of Burnout among Humanitarian Aid Workers in Bangladesh: Role of Workplace Stressors and Emotion Coping", *Conflict and Health*, Vol. 17, No 1, 2023; Kinan Aldamman *et al*., "Caring for the Mental Health of Humanitarian Volunteers in Traumatic Contexts: The Importance of Organisational Support", *European Journal of Psychotraumatology*, Vol. 10, No. 1, 2019.

3 Cheryl Shee Foo, Helen Verdeli and Alvin Kuowei Tay, "Humanizing Work: Occupational Mental Health of Humanitarian Aid Workers", in Tony Wall, Cary L. Cooper and Paula Brough, *The SAGE Handbook of Organizational Wellbeing*, SAGE, London, 2021; Hannah Strohmeier, Willem F. Scholte and Alastair Ager, "Factors Associated with Common Mental Health Problems of Humanitarian Workers in South Sudan", *PLoS One*, Vol. 13, No. 10, 2018.

4 Lynne McCormack and Stephen Joseph, "Psychological Growth in Humanitarian Aid Personnel: Reintegrating with Family and Community Following Exposure to War and Genocide", *Community, Work and Family*, Vol. 16, No. 2, 2013; Emilia Marie Wersig and Kevin Wilson-Smith, "Identity in Transition:

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

between personal values, organizational constraints and the ethical compromises that humanitarians must sometimes make can generate moral injury, further compromising mental health and engagement.[5]

This paper draws on a narrative review of the literature on occupational mental health in international and national humanitarian aid workers, focusing on the organizational determinants of psychological distress and highlighting how structural inequalities, workplace culture and institutional practices contribute to harm. Relevant academic sources were identified through databases including PubMed, PsychINFO and Google Scholar; additional sources were identified though reference list screening and the author's prior familiarity with the field. The research prioritized peer-reviewed empirical and theoretical contributions but is not intended to be exhaustive – rather, it aims to synthesize key themes and perspectives to inform the analysis presented.

Drawing on ideas such as the effort–reward imbalance model,[6] job demand–control frameworks[7] and conservation of resources theory,[8] alongside theories of identity and resilience, this paper argues that distress is rarely the result of individual fragility but instead reflects the interaction of personal, social and systemic factors, many of which are amenable to organizational intervention. By foregrounding employer responsibility, the review moves beyond individual resilience-focused narratives to identify structural determinants of mental well-being and their implications for practice. To do so, the article first examines the role of identity, meaning-making and resilience, before outlining key forms of occupational stress, including moral injury, burn-out and workplace mistreatment. It then introduces organizational frameworks for understanding psychosocial risk and integrates these perspectives to identify organizational leverage points. Finally, the article concludes with key operational implications for humanitarian organizations.

Humanitarian identity and mental well-being: A source of motivation and vulnerability

Humanitarian work is often underpinned by a strong moral identity, which plays a central role in shaping both motivation and vulnerability among aid workers. Many

An Interpretative Phenomenological Analysis of International Humanitarian Workers' Experiences of Returning Home", *Journal of International Humanitarian Action*, Vol. 6, No. 1, 2021.

5 Lisa Schwartz *et al.*, "Ethics in Humanitarian Aid Work: Learning from the Narratives of Humanitarian Health Workers", *AJOB Primary Research*, Vol. 1, No. 3, 2010; Maya L. K. Khera, Courtney Welton-Mitchell and Gwen V. Mitchell, "Moral Distress in Humanitarian Aid Workers: How Decolonising Aid Benefits Us All", *Intervention Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, Vol. 22, No. 1, 2024.

6 Johannes Siegrist, "Adverse Health Effects of High-Effort/Low-Reward Conditions", *Journal of Occupational Health Psychology*, Vol. 1, No. 1, 1996.

7 Robert A. Karasek, "Job Demands, Job Decision Latitude, and Mental Strain: Implications for Job Redesign", *Administrative Science Quarterly*, Vol. 24, No. 2, 1979.

8 Stevan E. Hobfoll, "Conservation of Resources: A New Attempt at Conceptualizing Stress", *American Psychologist*, Vol. 44, No. 3, 1989.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

aid workers enter the field with a strong moral identity, grounded in altruistic motivations and a willingness to sacrifice aspects of their personal lives to alleviate the suffering of others.[9] Where personal identity is closely aligned with ethical commitments and the humanitarian mission, this has been described as altruistic identity.[10] While this alignment can be a strong source of meaning and engagement, it may also increase susceptibility to distress when individuals are unable to act in accordance with these values.[11]

Individuals are deeply embedded in social and cultural contexts, shaped by group-based norms, perceptions and cognitions. Consequently, most people have a dual self-perception, as individuals and as members of groups.[12] Social identity theory (SIT) posits that people self-identify as belonging to various groups, such as professional affiliations or ethnic communities.[13] Personal identity and social identity are not always equally salient, a phenomenon further elaborated by self-categorization theory (SCT), which views identity salience as context-dependent and modifiable according to social comparative cues.[14]

Drawing on SIT and SCT, research suggests that the humanitarian identity is highly salient during missions, reinforced by shared attitudes and norms within the "in-group" of fellow humanitarian workers.[15] Organizational membership often forms a central aspect of this social identity, providing a framework through which workers align with the organization's values and decision-making processes.[16] Individuals manage identification frames by aligning personal values with those of their work environment, though different work contexts may evoke multiple and sometimes conflicting frames, with certain frames gaining salience at

9 Anne-Meike Fechter, "The Personal and the Professional: Aid Workers' Relationships and Values in the Development Process", *Third World Quarterly*, Vol. 33, No. 8, 2012; Matthew R. Hunt, "Ethics Beyond Borders: How Health Professionals Experience Ethics in Humanitarian Assistance and Development Work", *Developing World Bioethics*, Vol. 8, No. 2, 2008; Lynne McCormack and Samantha Bamforth, "Finding Authenticity in an Altruistic Identity: The 'Lived' Experience of Health Care Humanitarians Deployed to the 2014 Ebola Crisis", *Traumatology*, Vol. 25, No. 4, 2019.

10 Lynne McCormack, Andrew Orenstein and Stephen Joseph, "Postmission Altruistic Identity Disruption Questionnaire (PostAID/Q): Identifying Humanitarian-Related Distress during the Reintegration Period Following International Humanitarian Aid Work", *Traumatology*, Vol. 22, No. 1, 2016; E. M. Wersig and K. Wilson-Smith, above note 4.

11 L. McCormack, A. Orenstein and S. Joseph, above note 10.

12 John C. Turner and Katherine J. Reynolds, "Self-Categorization Theory", in Paul A. M. Van Lange, Arie W. Kruglanski and E. Tory Higgins (eds), *Handbook of Theories of Social Psychology*, SAGE, London, 2012.

13 Henri Tajfel, *Differentiation between Social Groups: Studies in the Social Psychology of Intergroup Relations*, Academic Press, London, 1987; Henri Tajfel, "Social Psychology of Intergroup Relations", *Annual Review of Psychology*, Vol. 33, No. 1, 1982; John C. Turner, "Social Comparison and Social Identity: Some Prospects for Intergroup Behaviour", *European Journal of Social Psychology*, Vol. 5, No. 1, 1975; J. C. Turner and K. J. Reynolds, above note 12.

14 Penelope J. Oakes, "The Salience of Social Categories", in John C. Turner, Michael A. Hogg, Penelope J. Oakes, Stephen D. Reicher and Margaret S. Wetherell, *Rediscovering the Social Group: A Self Categorization Theory*, Blackwell, Oxford, 1987, p. 117.

15 A.-M. Fechter, above note 9; Lynne McCormack, Stephen Joseph and Martin S. Hagger, "Sustaining a Positive Altruistic Identity in Humanitarian Aid Work: A Qualitative Case Study", *Traumatology*, Vol. 15, No. 2, 2009.

16 Craig R. Scott, "Communication and Social Identity Theory: Existing and Potential Connections in Organizational Identification Research", *Communication Studies*, Vol. 58, No. 2, 2007.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

specific times. This is particularly relevant in humanitarian work, where frequent transitions between duty stations and agencies are common.[17]

This value-based sense of self simultaneously supports and constrains involvement in the sector and remains highly vulnerable to disruption. In the morally complex environment of humanitarian operations, the aspiration to relieve suffering often collides with financial, organizational and policy constraints.[18] Confronted with conditions that prevent them from enacting their core values, aid workers may experience identity dissonance, manifesting as existential distress and undermining professional coherence.[19] This destabilization is further compounded by structural conditions such as long working hours, resource scarcity, and blurred boundaries between work and private life in high-pressure environments.[20] Such conditions not only expose workers to trauma but also erode clarity of professional roles and self-concept. Identity erosion among humanitarian workers is not simply a by-product of exposure to traumatic events but is also closely tied to institutional dysfunction and systemic constraints, which prevent workers from enacting their core values and sustaining a coherent professional identity.[21] This highlights a critical organizational leverage point: institutions play a central role in either sustaining or undermining staff's ability to enact their core values. Organizational strategies that promote ethical clarity, reduce role ambiguity and support value alignment are therefore essential to preserving professional identity and preventing distress.

The process of returning from mission assignments can further disrupt self-concept, as re-entry into "normal" life may mark profound shifts and potentially the loss of the collective humanitarian identity. This transition often results in difficulties with social reintegration and a questioning of belonging.[22] McCormack[23] coined the term "altruistic identity disruption" to describe a post-deployment crisis characterized by isolation, doubt and self-blame. Many aid workers describe humanitarian work as a "bubble", a socially cohesive and immersive environment in which they feel valued and connected. The loss of this environment can make leaving the sector difficult, with some seeking to return to fieldwork in order to

17 Deborah Silva and Patricia M. Sias, "Connection, Restructuring, and Buffering: How Groups Link Individuals and Organizations", *Journal of Applied Communication Research*, Vol. 38, No. 2, 2010; Craig R. Scott and Keri K. Stephens, "It Depends on Who You're Talking To…: Predictors and Outcomes of Situated Measures of Organizational Identification", *Western Journal of Communication*, Vol. 73, No. 4, 2009.

18 M. R. Hunt, above note 9.

19 *Ibid.*; E. M. Wersig and K. Wilson-Smith, above note 4.

20 John H. Ehrenreich and Teri L. Elliott, "Managing Stress in Humanitarian Aid Workers: A Survey of Humanitarian Aid Agencies' Psychosocial Training and Support of Staff", *Peace and Conflict: Journal of Peace Psychology*, Vol. 10, No. 1, 2004; Liza Jachens, Jonathan Houdmont and Roslyn Thomas, "Work-Related Stress in a Humanitarian Context: A Qualitative Investigation", *Disasters*, Vol. 42, No. 4, 2018; L. Jachens, J. Houdmont and R. Thomas, above note 1.

21 M. R. Hunt, above note 9.

22 L. McCormack and S. Joseph, above note 4; Mark Snelling, "The Impact of Emergency Aid Work on Personal Relationships: A Psychodynamic Study", *Journal of International Humanitarian Action*, Vol. 3, No. 1, 2018.

23 L. McCormack, A. Orenstein and S. Joseph, above note 10.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

regain identity coherence and peer support networks, which are critical for coping with isolation and emotional burden.[24] At the same time, this period of disruption may also present an opportunity for identity reconstruction, allowing individuals to re-evaluate and integrate their humanitarian experience with other pre-existing roles, relationships and personal values. Structured reintegration support, including post-deployment debriefing, transitional programming (such as that used in the armed forces[25]) and continued peer connection, represents an important but often under-developed organizational strategy to mitigate identity disruption and support long-term workforce sustainability.

Resilience in aid work: A double-edged sword

Resilience is a term frequently invoked when discussing what constitutes a "good humanitarian", yet it is often misunderstood as a fixed personality trait or innate character feature. In reality, resilience is malleable, shaped by a complex interplay of internal capacities and external conditions.[26] Within emergency relief and humanitarian contexts, resilience operates both individually and collaboratively. It encompasses adaptive responses to disruption, trauma and loss, while being supported and facilitated by environmental factors, social networks and organizational structures.[27] From a communicative perspective, resilience is constructed through narratives, identities, emotions and social networks that allow workers to reintegrate or transform following exposure to challenging circumstances.[28] Environmental supports such as strong family connections, spiritual anchors and future-oriented goals can contribute to resilience, while organizations play a critical role by providing structural supports, clear norms, and resources that enable workers to navigate adversity and adapt creatively to evolving challenges.[29]

Humanitarian work offers opportunities for those who work in the sector to address both personal vulnerabilities and broader societal inequities in the communities they support, shifting focus from passive receipt of aid to active

24 E. M. Wersig and K. Wilson-Smith, above note 4.

25 James Whitworth, Ben Smet and Brian Anderson, "Reconceptualizing the U.S. Military's Transition Assistance Program: The Success in Transition Model", *Journal of Veterans Studies*, Vol. 6, No. 1, 2020.

26 Patrice M. Buzzanell, Suchitra Shenoy and Robyn V. Remke, "Responses to Destructive Organizational Contexts: Intersubjectively Creating Resilience to Foster Human Dignity and Hope", in Pamela Ludgen-Sandvik and Beverly Davenport Sypher (eds), *Destructive Organizational Communication: Processes, Consequences, and Constructive Ways of Organizing*, Routledge, New York, 2009.

27 *Ibid.*

28 Heather M. Foran, Amy B. Adler, Dennis McGurk and Paul D. Bliese, "Soldiers' Perceptions of Resilience Training and Postdeployment Adjustment: Validation of a Measure of Resilience Training Content and Training Process", *Psychological Services*, Vol. 9, No. 4, 2012; Jennifer E. C. Lee, Kerry A. Sudom and Mark A. Zamorski, "Longitudinal Analysis of Psychological Resilience and Mental Health in Canadian Military Personnel Returning from Overseas Deployment", *Journal of Occupational Health Psychology*, Vol. 18, No. 3, 2013.

29 J. E. C. Lee, K. A. Sudom and M. A. Zamorski, above note 28; H. M. Foran *et al.*, above note 28.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

engagement. Agarwal and Buzzanell[30] use the term "resilience labour" to describe the interplay of identity/identification networks which sustain aid workers' involvement and resilience. Resilience labour is shaped by three overlapping identity and identification networks: family networks, ideological networks and destruction–renewal networks. Family networks sustain resilience through self-directed and other-directed efforts to maintain strong emotional bonds with colleagues, peers and the broader community.[31] These networks, which workers frequently describe as being akin to family, provide essential emotional support, reduce stress and promote long-term engagement, even in voluntary or temporary roles.[32] Identification with these networks enables aid workers to maintain personal growth, adapt effectively to changing circumstances, and find meaning and satisfaction in their work.

Ideological networks similarly support resilience by aligning the personal values of aid workers with the broader organizational ideologies of humanitarian, egalitarian and secular principles. This alignment reinforces pride, recognition and meaning in one's work and provides a buffer against reputational, ethical or operational challenges.[33] Workers embedded within these ideological networks report greater capacity to sustain motivation, even when faced with bureaucratic, political or logistical constraints.[34]

Destruction–renewal networks capture the cyclical and high-intensity identification with the disaster response process, spanning from witnessing destruction to engaging in urgent response, participating in long-term rebuilding, and preparing for subsequent crises. Emotional labour and compassion are central within these cycles, producing both immediate satisfaction and a sense of spiritual significance, which in turn supports resilience and engagement in aid work.[35]

Through the interplay of these family, ideology and destruction–renewal networks, aid workers construct resilience labour that integrates functional dimensions (task-related competence), relational dimensions (emotional and interpersonal connections) and internal dimensions (meaning-making and community identity). This process operates at two interconnected levels: it supports the individual aid worker's sense of purpose and psychological endurance, while also reinforcing the

30 Vinita Agarwal and Patrice M. Buzzanell, "Communicative Reconstruction of Resilience Labor: Identity/Identification in Disaster-Relief Workers", *Journal of Applied Communication Research*, Vol. 43, No. 4, 2015.

31 Kathleen M. Galvin, "Diversity's Impact on Defining the Family: Discourse-Dependence and Identity", in Lynn H. Turner and Richard West, *The Family Communication Sourcebook*, SAGE, Thousand Oaks, CA, 2006.

32 V. Agarwal and P. M. Buzzanell, above note 30.

33 Patrice M. Buzzanell, "Resilience: Talking, Resisting, and Imagining New Normalcies into Being", *Journal of Communication*, Vol. 60, No. 1, 2010.

34 *Ibid.*

35 V. Agarwal and P. M. Buzzanell, above note 30; Katherine I. Miller, Jennifer Considine and Johny Garner, "'Let Me Tell You about My Job': Exploring the Terrain of Emotion in the Workplace", *Management Communication Quarterly*, Vol. 20, No. 3, 2007.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

collective identity and recovery process of the community they serve.[36] Critically, this implies that resilience is not an individual asset to be relied upon but an organizational outcome that must be actively designed and supported through institutional practices, leadership approaches and resource allocation.[37]

Despite the importance of organizational facilitation, the institutional role in promoting resilience and well-being is frequently overlooked. Responsibility is often placed solely on the aid worker to "be resilient", creating external and internalized expectations of toughness and heroic altruism.[38] These expectations can obscure signs of distress and prevent workers from seeking support when needed. Aid workers commonly fear that expressing vulnerability or accessing psychological support may be perceived as weakness or jeopardize future deployment opportunities.[39] Moreover, many minimize their own suffering, believing their needs to be trivial compared to those of the beneficiaries they serve.[40]

This dynamic can produce a "conspiracy of silence" in which workers refrain from sharing experiences because they perceive that no one outside their immediate context can truly understand them, further internalizing emotional distress.[41] In this sense, resilience functions as a double-edged sword: it can serve as a coping narrative that enables continued functioning under extreme conditions, yet it may also mask cumulative harm, encourage overwork, normalize prolonged exposure to danger and allow organizations to valorize "toughness" rather than addressing systemic sources of distress.[42] Recognizing this complexity is essential, as resilience in humanitarian settings is not merely a personal attribute but a socially and institutionally mediated process. It is shaped by organizational norms, expectations and support structures that influence how aid workers interpret and respond to prolonged stress. Without adequate recognition and support, resilience may reinforce harmful patterns such as overwork and emotional suppression; conversely, when appropriately supported, it can contribute to sustained engagement, psychological well-being and effective humanitarian response.[43]

Addressing this requires organizations to shift from valorizing individual toughness to actively monitoring workload, normalizing help-seeking, and embedding psychological support within routine operations. Without such structural changes, resilience narratives risk perpetuating harmful working conditions.

36 V. Agarwal and P. M. Buzzanell, above note 30.

37 *Ibid.*

38 L. McCormack, S. Joseph and M. S. Hagger, above note 15.

39 *Ibid.*

40 Ruth A. Barron, "Psychological Trauma and Relief Workers", in Jennifer Learning and Susan M. Briggs (eds), *Humanitarian Crises: The Medical and Public Health Response*, Harvard University Press, Boston, MA, 1999.

41 L. McCormack, S. Joseph and M. S. Hagger, above note 15.

42 L. McCormack and S. Bamforth, above note 9.

43 R. A. Barron, above note 40.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

Occupational stress in humanitarian work

Ethical dilemmas and moral injury

Building on the dual-edged nature of resilience, humanitarian work also exposes personnel to profound ethical tensions that can have lasting psychological consequences. Aid workers operate in environments where ethically appropriate action is often constrained, ambiguous or unattainable, generating persistent moral tension and psychological distress.[44] These dilemmas arise not only from the immediate exigencies of crisis contexts but also from the structural and organizational conditions of aid delivery.

At the operational level, resource scarcity constitutes a central ethical challenge. Humanitarian professionals frequently confront distributive justice dilemmas, deciding how to allocate care and assistance under conditions of profound insufficiency, often with the awareness that alternative outcomes would be possible under different political or structural arrangements.[45] Organizational policies and donor-driven agendas intensify these tensions, as mandates restricting eligibility for care or prioritizing specific outcomes frequently conflict with practitioners' moral and professional commitments.[46]

This dissonance between humanitarian ideals and everyday practice has been conceptualized as "moral labour": the psychological effort required to continue working within systems perceived as being ethically compromised.[47] Organizational cultures often reinforce this strain through heroic narratives of sacrifice and resilience, morally policing motivation and framing ambivalence, exhaustion or distress as ethical failure.[48] In such contexts, resilience can function less as a protective factor and more as a mechanism of institutional compliance, normalizing excessive workloads and discouraging ethical dissent.[49]

Recent work increasingly frames these experiences through the lens of moral injury, defined as psychological harm arising from exposure to events that violate deeply held moral beliefs and cannot be reconciled within existing ethical frameworks.[50] Humanitarian workers report moral injury when perceiving

44 L. Schwartz *et al.*, above note 5; Gemma Houldey, "The Vulnerable Humanitarian: Discourses of Stress and Meaning-Making among Aid Workers in Kenya", PhD thesis, University of Sussex, 2018; M. L. K. Khera, C. Welton-Mitchell and G. V. Mitchell, above note 5.

45 L. Schwartz *et al.*, above note 5.

46 Michael Barnett and Thomas G. Weiss (eds), *Humanitarianism in Question: Politics, Power, Ethics*, Cornell University Press, Ithaca, NY, 2008.

47 Anne-Meike Fechter, "Aid Work as Moral Labour", *Critique of Anthropology*, Vol. 36, No. 3, 2016; Emma Crewe, "Doing Development Differently: Rituals of Hope and Despair in an INGO", *Development in Practice*, Vol. 24, No. 1, 2014.

48 G. Houldey, above note 44.

49 *Ibid.*

50 Tine Molendijk, "Addressing Moral Injury in Practice: Suggestions for Organisational, Political and Societal Interventions", *European Journal of Psychotraumatology*, Vol. 16, No. 1, 2025; Kate S. Thompson, "A Sticking Plaster on a Gaping Wound: 'Moral Injury', Stress and Burnout in Humanitarian Aid Workers", in Kate S. Thompson, *Psychological Support for Workers on the Move*, Routledge, London, 2023;

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

themselves as complicit in inequitable or discriminatory systems, particularly when they recognize their capacity to act differently but feel powerless to challenge entrenched organizational practices.[51] Structural inequalities, especially between international and national staff in decision-making authority, remuneration, security and risk exposure, constitute recurring moral stressors, generating guilt, shame, anger and erosion of professional identity.[52]

When these moral violations remain unacknowledged or structurally embedded, the psychological consequences can be severe. Moral injury has been linked to loss of meaning, reduced compassion, burn-out, disengagement, and withdrawal from one's profession.[53] Attrition from the sector is frequently reported in response to sustained moral distress and organizational inflexibility.[54] Framing these outcomes as failures of individual resilience obscures the collective and institutional responsibility for creating morally injurious working conditions, underscoring that such experiences are not simply personal vulnerabilities but are embedded within the operational and ethical landscape of humanitarian work. Organizational strategies must therefore include mechanisms for ethical reflection and inclusive decision-making as well as safe channels for challenging policies that generate moral distress, ensuring that staff are not left to individually absorb structurally produced ethical tensions.

Burn-out and psychological distress

Alongside moral injury, humanitarian aid workers frequently experience burn-out, a consistently identified occupational outcome arising from chronic psychosocial hazards. Burnout has significant implications for mental health, job satisfaction, and workforce sustainability.[55] Defined by the World Health Organization's (WHO) *International Classification of Diseases 11th Revision* as resulting from chronic workplace stress that has not been successfully managed, burn-out is operationalized across three dimensions: emotional exhaustion, reflecting emotional and physical depletion; depersonalization, capturing relational disengagement and cynicism towards service recipients; and reduced personal achievement, denoting

Adrian J. Bravo *et al.*, "Moral Injury among Humanitarian Aid Personnel: A Preliminary Examination of Associations with Rumination and Mental Health", *Journal of International Humanitarian Action*, Vol. 11, No. 1, 2026; M. L. K. Khera, C. Welton-Mitchell and G. V. Mitchell, above note 5.

51 M. L. K. Khera, C. Welton-Mitchell and G. V. Mitchell, above note 5.

52 *Ibid.*

53 Kent D. Drescher *et al.*, "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans", *Traumatology*, Vol. 17, No. 1, 2011; Philip Held, Brian J. Klassen, Alyson K. Zalta and Mark H. Pollard, "Understanding the Impact and Treatment of Moral Injury among Military Service Members", *Focus*, Vol. 15, No. 4, 2017; Wendy Haight, Erin P. Sugrue and Molly Calhoun, "Moral Injury among Child Protection Professionals: Implications for the Ethical Treatment and Retention of Workers", *Children and Youth Services Review*, Vol. 82, 2017.

54 M. L. K. Khera, C. Welton-Mitchell and G. V. Mitchell, above note 5.

55 Office of the United Nations High Commissioner for Refugees (UNHCR), *Staff Well-Being and Mental Health in UNHCR: Survey Report 2016*, Geneva, 2016.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

feelings of inefficacy and diminished accomplishment.[56] Across studies of humanitarian aid workers, burn-out is typically measured using the Maslach Burnout Inventory – Human Services Survey,[57] which enables comparative prevalence estimates across different settings. Consistently high rates of burn-out have been reported, particularly among international aid workers. Cross-sectional studies indicate that approximately 40% of expatriate humanitarian aid workers exhibit symptoms in at least one of the three dimensions of emotional exhaustion (24–45%), depersonalization (9–24%) and reduced personal achievement (10–43%).[58]

Non-specific psychological distress is another common outcome, encompassing a constellation of psychological and somatic symptoms observed across several mental health disorders.[59] Longitudinal studies demonstrate that staff of international non-governmental organizations (INGOs) experience higher levels of depression and emotional exhaustion following deployments compared to pre-deployment, with symptoms persisting for up to six months post-return.[60] Anxiety and depersonalization similarly increase after deployment, although these appear to resolve over time.[61] These psychological outcomes also have significant organizational consequences, including increased accident and illness rates, reduced productivity, disengagement, and attrition from the humanitarian workforce.[62] Collectively, these findings indicate that burn-out and psychological distress undermine both the sustainability and the ethical integrity of humanitarian operations. They point to the need for organizational interventions that address workload, job design and resource allocation at a systemic level, rather than relying solely on individual coping strategies.

Vulnerability to burn-out is further shaped by demographic and career-stage factors. Younger humanitarian aid workers demonstrate higher risk for both emotional exhaustion[63] and depersonalization,[64] while first-time deployees are more likely to develop mental health problems compared to those with repeated field experience.[65] These patterns are interpreted as reflecting survivorship and

56 WHO, *ICD-11: International Classification of Diseases 11th Revision*, 2022, available at: https://icd.who.int/en/ (accessed May 2026).

57 Christina Maslach, Susan E. Jackson and Michael P. Leiter, "Maslach Burnout Inventory: Third Edition", in Carlos P. Zalaquett and Richard J. Wood (eds), *Evaluating Stress: A Book of Resources*, Scarecrow Press, Lanham, MD, 2024.

58 Cynthia B. Eriksson *et al.*, "Social Support, Organisational Support, and Religious Support in Relation to Burnout in Expatriate Humanitarian Aid Workers", *Mental Health, Religion and Culture*, Vol. 12, No. 7, 2009; C. Y. Shee Foo *et al.*, above note 2; L. Jachens, J. Houdmont and R. Thomas, above note 20; H. Strohmeier, W. F. Scholte and A. Ager, above note 3.

59 L. Jachens, J. Houdmont and R. Thomas, above note 1.

60 Barbara Lopes Cardozo *et al.*, "Psychological Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study", *PLoS One*, Vol. 7, No. 9, 2012.

61 *Ibid.*

62 Penelope Curling and Kathleen B. Simmons, "Stress and Staff Support Strategies for International Aid Work", *Intervention*, Vol. 8, No. 2, 2010; C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

63 C. B. Eriksson *et al.*, above note 58.

64 L. Jachens, J. Houdmont and R. Thomas, above note 1.

65 B. Lopes Cardozo *et al.*, above note 60.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

adaptation effects, whereby older and more experienced workers are those who have committed to humanitarian work as a long-term career and have developed more effective coping strategies for occupational stressors.[66] Gender differences also emerge, with female staff consistently being identified as more vulnerable to burn-out across multiple studies.[67]

Predictors of burn-out extend beyond individual characteristics to include structurally specific features of humanitarian work. Region of deployment, organizational location, contract type, and role within the organization all influence burn-out risk.[68] A survey by the Office of the United Nations High Commissioner for Refugees (UNHCR) found elevated emotional exhaustion among Europe-based staff and increased depersonalization in the Middle East and North Africa region, while headquarters-based employees in Geneva showed the greatest risk for both emotional exhaustion and depersonalization.[69] Psychological stress at HQ level was attributed to high pressure, limited job resources, low job control and constrained decision-making autonomy.[70] These findings challenge assumptions that institutionalized organizations necessarily offer protective working conditions, and highlight cultural and structural differences within organizations as salient stressors. Socio-cultural norms regarding work pace, bureaucratic processes and work–life balance also shape burn-out risk.[71]

Differences between national and international staff further highlight the organizational dimension of burn-out. International staff in South Sudan have been found to report higher – although not statistically significant – levels of emotional exhaustion and depersonalization compared to national staff.[72] National staff, however, carry a greater cumulative burden of psychosocial stressors overall.[73] Paradoxically, national staff may benefit from stronger social support networks, a protective factor consistently identified across multiple studies.[74] This dynamic underscores the importance of considering how organizational positioning interacts with the availability of protective resources.

Inequities between national and international staff are a particularly salient source of stress. National staff, who now constitute over 90% of humanitarian field personnel, are increasingly exposed to operational risks under localization agendas, as international organizations reduce their presence in high-risk settings or residentialize positions under budget constraints, transferring disproportionate risk onto

66 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

67 UNHCR, above note 55.

68 C. Y. S. Foo, Helen Verdeli and Alvin Kuowei Tay, above note 3.

69 UNHCR, above note 55.

70 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

71 Alastair Ager *et al.*, "Stress, Mental Health, and Burnout in National Humanitarian Aid Workers in Gulu, Northern Uganda", *Journal of Traumatic Stress*, Vol. 25, No. 6, 2012.

72 H. Strohmeier, W. F. Scholte and A. Ager, above note 3.

73 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

74 A. Ager *et al.*, above note 71; B. Lopes Cardozo *et al.*, above note 60.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

local staff.[75] These pressures are compounded by financial insecurity, limited recognition, restricted decision-making power and inequitable treatment, contributing to elevated anxiety and emotional exhaustion. National staff also often experience the same emergencies personally that they are tasked with responding to within their communities.[76]

Distinct stress profiles further highlight differences across staff groups. National staff commonly identify financial insecurity and limited career progression as primary stressors, whereas international staff more frequently report social isolation, cultural adjustment difficulties, and challenges maintaining work–life balance due to prolonged separation from family and support networks.[77] These findings reinforce the inadequacy of uniform interventions focused on individual resilience and emphasize the need for organizational strategies that address structurally produced inequalities rather than placing the onus solely on individual workers. Organizational responses must therefore be differentiated and equity-focused, addressing the distinct risk profiles, resource access and structural vulnerabilities of national and international staff.

Despite explicit commitments to staff well-being articulated at the World Humanitarian Summit[78] and increasing numbers of organizational guidelines addressing staff welfare,[79] implementation remains inconsistent and fragmented.[80] Structural inequalities within the humanitarian workforce further exacerbate psychosocial risks. Employment insecurity is widespread due to short-term, donor-dependent contracts, particularly in smaller non-governmental organizations (NGOs).[81] Organizational affiliation also matters, with staff working for INGOs reporting higher levels of depression and anxiety compared to those employed by UN-affiliated agencies.[82] These disparities likely reflect differences in institutional capacity to provide formalized staff support and welfare mechanisms, but may also relate to variations in roles and working conditions across organizations. For instance, UN personnel are often based in capital or coordination hubs, whereas NGO staff may be more frequently deployed in front-line or "deep field" settings, potentially increasing exposure to operational stressors. However, such distinctions are not uniform and remain under-explored in the literature. This

75 A. Ager *et al.*, above note 71; ALNAP, *The State of the Humanitarian System 2018*, London, December 2018.

76 Cynthia B. Eriksson *et al.*, "Factors Associated with Adverse Mental Health Outcomes in Locally Recruited Aid Workers Assisting Iraqi Refugees in Jordan", *Journal of Aggression, Maltreatment and Trauma*, Vol. 22, No. 6, 2013.

77 Antares Foundation, Managing Stress in Humanitarian Workers: Guidelines for Good Practice, 2nd ed., Amsterdam, July 2006; WHO, WHO Guidelines on Mental Health at Work, Geneva, 2022.

78 World Humanitarian Summit Secretariat, Restoring Humanity: Synthesis of the Consultation Process for the World Humanitarian Summit, WHO, Geneva, 2015.

79 WHO, above note 77; Antares Foundation, above note 77; Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Geneva, 2007.

80 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

81 ALNAP, above note 75.

82 A. Ager *et al.*, above note 71; B. Lopes Cardozo *et al.*, above note 60.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

suggests that strengthening institutional capacity for staff support, particularly in under-resourced organizations, should be a strategic priority in the sector.

Bullying, harassment and discrimination

Burn-out and psychological distress in humanitarian aid workers are closely intertwined with workplace cultures and organizational practices, including exposure to bullying, harassment and discrimination. Humanitarian staff frequently report experiencing abusive supervision and negative interpersonal behaviours, which in studies conducted in other care professions has been found to exacerbate emotional exhaustion, depersonalization and reduced personal accomplishment, and can contribute to long-term psychological harm.[83] Continual exposure to hostile management practices is linked to diminished self-esteem, heightened stress and physical health consequences, while also generating organizational harms such as lower job satisfaction, higher turnover and reduced performance.[84]

Abusive supervision, defined as subordinates' perception of sustained hostile verbal or non-verbal behaviours by managers, constitutes a key source of workplace bullying.[85] It can manifest as public humiliation, coercion, withholding information and/or general hostility.[86] Staff may respond with counterproductive work behaviours, including withdrawal or sabotage, and reduce engagement in organizational citizenship behaviours, consistent with social exchange and power dependence theories.[87] Negative emotions arising from bullying, such as persistent anger, frustration and disengagement, further exacerbate harm to both individuals and organizations.[88] Inadequate organizational responses can undermine morale, perpetuate stress and reinforce destructive behaviours.[89]

In humanitarian and non-profit contexts, these dynamics are amplified by structural and contextual factors. Bullying and harassment occur at similar or

83 UNHCR, above note 55; Marie Hutchinson, Margaret Vickers, Debra Jackson and Lesley Wilkes, "Workplace Bullying in Nursing: Towards a More Critical Organisational Perspective", *Nursing Inquiry*, Vol. 13, No. 2, 2006; Aytolan Yildirim and Dilek Yildirim, "Mobbing in the Workplace by Peers and Managers: Mobbing Experienced by Nurses Working in Healthcare Facilities in Turkey and Its Effect on Nurses", *Journal of Clinical Nursing*, Vol. 16, No. 8, 2007; Li-Chuan Chu, "Mediating Toxic Emotions in the Workplace – the Impact of Abusive Supervision", *Journal of Nursing Management*, Vol. 22, No. 8, 2014.

84 M. Hutchinson *et al.*, above note 83; A. Yildirim and D. Yildirim, above note 83.

85 Bennett J. Tepper, "Consequences of Abusive Supervision", *Academy of Management Journal*, Vol. 43, No. 2, 2000; Helge Hoel, Cary L. Cooper and Brian Faragher, "The Experience of Bullying in Great Britain: The Impact of Organizational Status", in Cary L. Cooper (ed.), *From Stress to Wellbeing*, Vol. 2, Palgrave Macmillan, London, 2013.

86 B. J. Tepper, above note 85; Bennett J. Tepper *et al.*, "Abusive Supervision, Intentions to Quit, and Employees' Workplace Deviance: A Power/Dependence Analysis", *Organizational Behavior and Human Decision Processes*, Vol. 109, No. 2, 2009.

87 Paul E. Spector and Suzy Fox, "An Emotion-Centered Model of Voluntary Work Behavior", *Human Resource Management Review*, Vol. 12, No. 2, 2002; Nathan A. Bowling and Jesse S. Michel, "Why Do You Treat Me Badly? The Role of Attributions Regarding the Cause of Abuse in Subordinates' Responses to Abusive Supervision", *Work and Stress*, Vol. 25, No. 4, 2011; L.-C. Chu, above note 83.

88 L.-C. Chu, above note 83.

89 P. E. Spector and S. Fox, above note 87.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

higher levels than in other sectors, with approximately 15% of employees reporting such experiences, and organizational responses are often poor.[90] Sexual harassment, particularly affecting local aid workers and female staff, is a major concern.[91] Features such as hierarchical structures, volunteer involvement, donor dependence and "heroic" leadership styles facilitate bullying while limiting recognition, reporting and intervention.[92] Staff members' commitment to organizational missions may lead them to tolerate abuse, and management may shield high-performing leaders, creating a self-perpetuating cycle of harm.[93] These effects are intensified in hardship duty stations, where work and private life are often inseparable and staff may share living quarters with perpetrators.

Pathological power dynamics stabilize bullying, intensifying psychological distress, reinforcing inequitable hierarchies and disproportionately affecting marginalized staff, including women and volunteers.[94] The resulting organizational "shadow" preserves the myth of virtue while silencing those experiencing mistreatment,[95] and organizational inaction is often more damaging than the bullying itself.[96] Effective organizational strategies must therefore prioritize prevention, including leadership accountability, independent reporting mechanisms and enforcement of zero-tolerance policies rather than reactive or symbolic responses. Exposure to harassment and discrimination interacts with structural inequalities, including employment insecurity, unequal access to resources, and hierarchical divisions between national and international staff, creating cumulative stress burdens.[97] National staff, disproportionately exposed to operational risks under localization policies, may simultaneously face harassment or discrimination that limits their voice in decision-making processes. International staff, while sometimes shielded from certain operational risks, remain vulnerable to cross-cultural misunderstandings, isolation, and organizational power imbalances that can exacerbate harassment experiences.[98]

90 Margaret Hodgins, Lisa Pursell, Yariv Itzkovich, Sarah MacCurtain and Charlotte Rayner, "A Scoping Review of Bullying and Harassment in Nonprofit and Voluntary Organizations", *Nonprofit Management and Leadership*, Vol. 35, No. 4, 2025.

91 Erynn E. Beaton, Megan LePere-Schloop and Rebecca Smith, "A Review of Sexual Harassment Prevention Practices: Toward a Nonprofit Research Agenda", *Nonprofit and Voluntary Sector Quarterly*, Vol. 51, No. 4, 2022.

92 Tosca Bruno-van Vijfeijken, "'Culture Is What You See When Compliance Is Not in the Room': Organizational Culture as an Explanatory Factor in Analyzing Recent INGO Scandals", *Nonprofit Policy Forum*, Vol. 10, No. 4, 2019.

93 *Ibid.*

94 M. Hodgins *et al.*, above note 90; E. E. Beaton, M. LePere-Schloop and R. Smith, above note 91.

95 Maureen O'Hara and Aftab Omer, "Virtue and the Organizational Shadow: Exploring False Innocence and the Paradoxes of Power", in Arthur C. Bohart, Barbara S. Held, Edward Mendelowitz and Kirk J. Schneider (eds), *Humanity's Dark Side: Evil, Destructive Experience, and Psychotherapy*, American Psychological Association, Washington, DC, 2013.

96 Patricia Ferris, "A Preliminary Typology of Organisational Response to Allegations of Workplace Bullying: See No Evil, Hear No Evil, Speak No Evil", *British Journal of Guidance and Counselling*, Vol. 32, No. 3, 2004.

97 A. Ager *et al.*, above note 71; ALNAP, above note 75.

98 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

Experiences of burn-out, harassment and moral injury illustrate that psychological distress in humanitarian work is rarely an individual failing but is instead deeply embedded in organizational structures, operational policies and culturally mediated expectations. These psychosocial risks are shaped by the interplay of workload, reward systems, managerial practices and social hierarchies. To systematically understand how these organizational conditions influence stress, well-being and resilience, there are four occupational and organizational models that offer conceptual tools for identifying both risk factors and protective mechanisms, and crucially, for informing the design of targeted organizational strategies that can mitigate harm and promote sustainable workforce resilience. These are the effort–reward imbalance, job demand–control, conservation of resources, and perceived organizational support models.

Organizational frameworks for understanding psychosocial risk

The effort–reward imbalance model

The effort–reward imbalance (ERI) model provides one of the most robust explanatory frameworks for understanding burn-out and psychological distress among humanitarian aid workers. The model conceptualizes distress as arising when sustained high effort is not met with commensurate rewards (whether financial, social or professional), resulting in emotional strain and adverse health outcomes.[99] In humanitarian contexts, where workloads are intense and recognition, job security and career progression are often limited, ERI offers a particularly salient lens through which to understand both burn-out and moral injury, as unmet expectations of fairness and reciprocity may erode professional identity and ethical meaning.

Across multiple studies, ERI, which is measured though a self-report questionnaire,[100] has consistently outperformed trauma exposure as a predictor of burn-out and mental health outcomes among aid workers.[101] In a large UNHCR sample, ERI prevalence reached 72%, exceeding rates of any specific mental health outcome. Each unit increase in ERI score was associated with a 4.62-fold increase in the risk of emotional exhaustion, a 2.32-fold increase in depersonalization, and a 1.45-fold increase in reduced personal accomplishment.[102] Importantly, these associations remained robust even after adjusting for PTSD and secondary traumatic stress, reinforcing the primacy of organizational stressors over exposure-related explanations.[103]

99 J. Siegrist, above note 6.

100 Johannes Siegrist *et al.*, "The Measurement of Effort–Reward Imbalance at Work: European Comparisons", *Social Science and Medicine*, Vol. 58, No. 8, 2004.

101 Liza Jachens, Jonathan Houdmont and Roslyn Thomas, "Effort–Reward Imbalance and Heavy Alcohol Consumption among Humanitarian Aid Workers", *Journal of Studies on Alcohol and Drugs*, Vol. 77, No. 6, 2016; L. Jachens, J. Houdmont and R. Thomas, above note 1; UNHCR, above note 55.

102 UNHCR, above note 55.

103 L. Jachens, J. Houdmont and R. Thomas, above note 1.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

Associations between depersonalization and high effort, as well as between depersonalization and over-commitment, were reported among female aid workers, with ERI also being linked to increased heavy alcohol use in this group.[104] These findings suggest that organizational expectations and gendered role norms may interact to amplify burn-out and maladaptive coping in already marginalized groups. However, these patterns are only sporadically documented, and gendered dynamics are not a major focus of the present review.

From an organizational perspective, these findings point to the need for transparent and equitable reward systems, including fair compensation, recognition, and career progression pathways, as well as attention to how gendered expectations shape both effort and reward within humanitarian roles.

The job demand–control model

While ERI emphasizes reciprocity and reward, the job demand–control (JDC) model complements this perspective by focusing on how work design itself shapes psychological risk. The JDC model conceptualizes negative work-related outcomes as a function of the interaction between job demands and job control.[105] Job demands are most commonly defined as quantitative workload and time pressure,[106] but also include role conflict and physical and emotional demands.[107] Job control, or decision latitude, refers to the degree to which individuals can influence their work and is typically conceptualized through skill discretion and decision authority.[108]

According to the JDC model, jobs characterized by high demands and low control ("high-strain jobs") carry the greatest risk for psychological and physical ill-health, whereas low demands combined with high control ("low-strain jobs") are associated with more favourable outcomes.[109] Two mechanisms explain this relationship: the strain hypothesis posits that high demands and low control independently or interactively increase the likelihood of ill-health,[110] while the buffer hypothesis proposes that job control mitigates the negative effects of high demands on well-being.[111]

104 *Ibid.*

105 R. A. Karasek, above note 7.

106 Margot Van Der Doef and Stan Maes, "The Job Demand-Control (-Support) Model and Psychological Well-Being: A Review of 20 Years of Empirical Research", *Work and Stress*, Vol. 13, No. 2, 1999; Jan Alexander Häusser, Andreas Mojzisch, Miriam Niesel and Stefan Schulz-Hardt, "Ten Years On: A Review of Recent Research on the Job Demand–Control (-Support) Model and Psychological Well-Being", *Work and Stress*, Vol. 24, No. 1, 2010.

107 Robert Karasek and Töres Theorell, *Healthy Work: Stress, Productivity, and the Reconstruction of Working Life*, Basic Books, New York, 1990.

108 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

109 R. A. Karasek, above note 7.

110 Natasja Van Vegchel, Jan De Jonge and Paul A. Landsbergis, "Occupational Stress in (Inter)action: The Interplay between Job Demands and Job Resources", *Journal of Organizational Behavior*, Vol. 26, No. 5, 2005.

111 M. Van Der Doef and S. Maes, above note 106.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

In humanitarian settings, where operational demands are high and decision-making autonomy may be constrained by security protocols, donor requirements or hierarchical management structures, the JDC model provides a valuable framework for understanding how loss of control contributes to burn-out, disengagement and moral distress. Empirical support for this structural explanation is strengthened by work integrating the JDC and ERI models. In a 2019 study, Jachens, Houdmont and Thomas[112] demonstrated that a combined ERI–JDC model provided superior prediction of psychological distress compared to either framework alone, highlighting how excessive demands, insufficient rewards and constrained autonomy interact to produce adverse mental health outcomes. This highlights the importance of organizational strategies that increase staff autonomy and decision-making latitude, even within constrained operational environments, for example though participatory management approaches, clearer role definitions, and decentralized decision-making where feasible.

Taken together, findings from the ERI and JDC models consolidate burn-out and psychological distress among humanitarian aid workers as phenomena rooted less in individual vulnerability and more in organizational design, reward systems, and cultural expectations of endurance and self-sacrifice, all of which represent modifiable targets for organizational intervention.

Conservation of resources theory

Conservation of resources (COR) theory provides a complementary framework for understanding burn-out and psychological distress among humanitarian aid workers by conceptualizing stress as the result of actual or threatened loss of valued resources, or insufficient return on resource investment.[113] Resources extend beyond material assets to include emotional energy, social relationships, professional identity and meaning.[114] Humanitarian work is characterized by chronic exposure to conditions that systematically erode these resources, including sustained high workload, insecurity, moral compromise, social isolation and organizational instability. COR theory emphasizes that resource loss is more salient than resource gain and that initial depletion increases vulnerability to further loss, creating loss spirals that progressively undermine well-being and functioning.[115]

Although COR has rarely been applied explicitly to humanitarian aid workers, its core propositions closely align with empirical findings in the sector. Organizational stressors such as poor managerial support, role ambiguity,

112 L. Jachens, J. Houdmont and R. Thomas, above note 1.

113 Stevan E. Hobfoll, Jonathon Halbesleben, Jean-Pierre Neveu and Mina Westman, "Conservation of Resources in the Organizational Context: The Reality of Resources and Their Consequences", *Annual Review of Organizational Psychology and Organizational Behavior*, Vol. 5, No. 1, 2018.

114 Mina Westman, Stevan E. Hobfoll, Shoshi Chen, Oranit B. Davidson and Shavit Laski, "Organizational Stress through the Lens of Conservation of Resources (COR) Theory", in Pamela L. Perrewe and Daniel C. Ganster (eds), *Research in Occupational Stress and Well-Being: Exploring Interpersonal Dynamics*, Emerald, Bingley, 2004.

115 S. E. Hobfoll *et al.*, above note 113.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

inequitable treatment, employment insecurity and exposure to harassment and discrimination have been shown to predict burn-out and psychological distress more strongly than trauma exposure alone.[116] From a COR perspective, these conditions represent cumulative resource losses across the emotional, relational and professional domains. Structural inequalities between national and international staff further intensify these loss processes, as unequal access to security, remuneration, decision-making power and career progression constrains opportunities for resource replenishment.[117] Organizationally, this underscores the need to actively protect and replenish staff resources through adequate rest policies, supportive supervision, equitable access to opportunities, and mechanisms that prevent cumulative resource depletion, particularly among structurally disadvantaged staff groups.

COR theory is particularly useful in integrating burn-out, bullying and moral injury within a single explanatory framework. Harassment and abusive supervision function as mechanisms of resource depletion, undermining self-esteem, social standing and perceived organizational support, while moral injury reflects the erosion of moral identity and meaning in ethically compromising contexts.[118] Organizational narratives that emphasize individual resilience without addressing structural drivers of resource loss risk perpetuating these loss spirals.[119] COR theory therefore reinforces the need for organizational interventions that prioritize resource protection and restoration, including equitable reward structures, psychosocial safety, supportive leadership and explicit recognition of moral and relational harm. Without such interventions, organizations risk perpetuating resource loss cycles that undermine both staff well-being and operational sustainability.

Perceived organizational support

While the ERI, JDC and COR models primarily identify structural sources of psychological risk, they offer more limited insight into why similar organizational conditions result in different psychological outcomes across individuals or teams. Organizational support theory provides a complimentary perspective by highlighting the role of perceived organizational support (POS) as a key moderating factor.[120] From this perspective, POS shapes how employees interpret and respond to high demands, resource loss, and effort–reward imbalances, and has emerged as a critical buffer against occupational stress.[121]

116 A. Ager *et al.*, above note 71; C. B. Eriksson *et al.*, above note 58.

117 ALNAP, above note 75.

118 S. E. Hobfoll *et al.*, above note 113; M. L. K. Khera, C. Welton-Mitchell and G. V. Mitchell, above note 5.

119 M. Westman *et al.*, above note 114.

120 Robert Eisenberger and Florence Stinglhamber, "Perceived Organizational Support", in Robert Eisenberger and Florence Stinglhamber, *Perceived Organizational Support: Fostering Enthusiastic and Productive Employees*, American Psychological Association, Washington, DC, 2011; James N. Kurtessis *et al.*, "Perceived Organizational Support: A Meta-Analytic Evaluation of Organizational Support Theory", *Journal of Management*, Vol. 43, No. 6, 2017.

121 R. Eisenberger and F. Stinglhamber, above note 120.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

Higher POS has been consistently associated with lower perceived stress and better mental well-being among humanitarian volunteers, middle managers and field staff across multiple contexts.[122] Longitudinal evidence further indicates that low POS predicts greater psychopathology well beyond the deployment period,[123] underscoring the enduring psychological impact of organizational climate. Interpersonal dynamics within teams play a central role in shaping POS and function as both risk and protective factors, and higher team cohesion has been associated with better mental health outcomes.[124] These findings reinforce the importance of relational work environments in sustaining meaning, engagement and ethical integrity under stressful working conditions. Strengthening POS therefore requires deliberate organizational investment in leadership development and team functioning, as well as communication practices that visibly demonstrate care, fairness and recognition.

Critically, the relevance of POS becomes most apparent where it is lacking. Bullying, harassment and discriminatory practices reflect not only interpersonal harm but also institutional failure, signalling to staff that well-being is subordinate to performance or hierarchy.[125] Organizational tolerance of mistreatment undermines perceptions of care, fairness and ethical consistency, thereby exacerbating burn-out and psychological distress. In humanitarian contexts, where work is explicitly value-driven, such failures may carry additional moral weight, intensifying dissonance between organizational ideals and everyday practice.[126] Addressing these gaps necessitates not only policy-level commitments but also consistent enforcement and accountability mechanisms which ensure that organizational values are reflected in everyday practice.

Together, the ERI model, the JDC framework, COR theory and the POS concept highlight organizational structures as key determinants of psychological distress among humanitarian aid workers. These frameworks show that burn-out, moral injury and identity disruption arise less from traumatic exposure alone than from sustained high demands, constrained autonomy, inequitable rewards, resource loss and insufficient organizational support. Integrating POS demonstrates that recognition, fairness and supportive relationships can buffer these harms, while their absence compounds distress.[127] This provides a foundation for shifting the discussion from individual vulnerability to institutional accountability, demonstrating that these frameworks can be directly applied to the design of organizational strategies

122 K. Aldamman *et al.*, above note 2; H. Strohmeier, W. F. Scholte and A. Ager, above note 3.

123 Sigridur Bjork Thormar *et al.*, "Organizational Factors and Mental Health in Community Volunteers: The Role of Exposure, Preparation, Training, Tasks Assigned, and Support", *Anxiety, Stress and Coping*, Vol. 26, No. 6, 2013.

124 A. Ager *et al.*, above note 71; H. Strohmeier, W. F. Scholte and A. Ager, above note 3.

125 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

126 H. Strohmeier, W. F. Scholte and A. Ager, above note 3.

127 K. Aldamman *et al.*, above note 2; C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

aimed at reducing harm, strengthening support systems and promoting sustainable workforce well-being in humanitarian settings.

Discussion: Integrating evidence into organizational strategies

Humanitarian organizations have a pivotal role in shaping the mental health and well-being of their workforce, with evidence indicating that organizational and psychosocial factors contribute more substantially to distress than trauma exposure alone.[128] While these organizational mechanisms are not unique to the humanitarian sector, they are intensified by its distinct features, including value-driven work, exposure to moral dilemmas, inequities between national and international staff, and expectations of personal sacrifice, which together amplify both the risks and consequences of organizational failure. Structural interventions, such as organizational-level changes to work design, reward systems, leadership practice and resource allocation, offer a viable pathway to mitigating burn-out, moral injury and harassment, while fostering resilience and engagement. The preceding sections have highlighted how organizational structures shape psychological risk; building on this, the following section synthesizes these findings into key areas of organizational intervention.

One of the most direct avenues for organizational influence is through the design of work and reward systems. The ERI framework demonstrates that sustained high effort without adequate reward (be it financial, social or professional) predicts emotional exhaustion, depersonalization and reduced personal accomplishment.[129] In humanitarian contexts, where workloads are intense and recognition and job security are often limited, these imbalances are particularly pronounced, especially among national staff.[130] Complementing this, the JDC model highlights the importance of decision-making latitude, demonstrating how constrained autonomy under high-demand conditions contributes to moral distress and burn-out.[131] Together, these frameworks emphasize that organizational design, rather than individual vulnerability, is central to understanding distress.

COR theory further underscores the cumulative nature of psychological risk. By conceptualizing stress as the result of actual or threatened resource loss, COR highlights how harassment, inequitable treatment and moral injury progressively erode emotional, relational and professional resources.[132] In humanitarian settings, where such stressors are often chronic, these processes may generate loss spirals that undermine both well-being and function over time. Structural

128 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3; L. Jachens, J. Houdmont and R. Thomas, above note 20.

129 J. Siegrist, above note 6.

130 L. Jachens, J. Houdmont and R. Thomas, above note 101; H. Strohmeier and W. F. Scholte, above note 1.

131 R. A. Karasek, above note 7; L. Jachens, J. Houdmont and R. Thomas, above note 101.

132 S. E. Hobfoll *et al.*, above note 113; S. E. Hobfoll, above note 8.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

inequalities between national and international staff further intensify these dynamics by constraining access to resource replenishment.[133]

POS provides a complementary lens by identifying protective organizational mechanisms. When staff perceive that their organization values their contributions and prioritizes their well-being, they demonstrate lower stress and better psychological outcomes.[134] Conversely, organizational tolerance of mistreatment, lack of transparency, or inconsistent support erodes trust, exacerbates moral injury and reinforces existing inequities.[135] In value-driven humanitarian contexts, such discrepancies between organizational ideals and lived experience may carry particular psychological weight.

Beyond structural and relational factors, the findings of this review also highlight the importance of identity and meaning-making processes. Humanitarian work is sustained not only by material conditions but by relational, ideological and cyclical forms of engagement that shape how individuals interpret and endure adversity. Where organizational environments support alignment between personal and institutional values, facilitate peer connection and acknowledge the emotional and ethical dimension of work, these processes can sustain engagement and mitigate distress. Conversely, where such alignment is absent, the risk of identity disruption and disengagement increases.[136]

Finally, sustainability and accountability emerge as critical considerations. The persistence of psychological risk despite existing policy commitments suggests that organizational responses remain inconsistent and often superficial. Without systematic integration into operational priorities, interventions remain fragmented and insufficient to address structurally embedded stressors.[137] These findings collectively point towards the need for coherent, organization-wide approaches that move beyond *ad hoc* well-being initiatives.

Operational implications for humanitarian organizations

Building on the evidence presented, this review has identified a set of organizational leverage points through which humanitarian organizations can meaningfully reduce psychological distress and strengthen workforce sustainability for their staff. While many of the mechanisms identified (such as workload, reward and leadership) are not unique to the humanitarian sector, their effects are intensified by the specific conditions of humanitarian work, including exposure to moral dilemmas, strong value-based identities, and structural inequities between national and international

133 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3; K. Aldamman *et al.*, above note 2; ALNAP, above note 75.

134 R. Eisenberger and F. Stinglhamber, above note 120.

135 C. Y. S. Foo, H. Verdeli and A. Kuowei Tay, above note 3.

136 V. Agarwal and P. M. Buzzanell, above note 30; J. E. C. Lee, K. A. Sudom and M. A. Zamorski, above note 28.

137 H. Strohmeier and W. F. Scholte, above note 1.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

staff. As such, addressing psychosocial risk in this context requires not only general organizational good practice, but also targeted strategies that account for the ethical, relational and operational complexities of humanitarian environments. The following priority areas emerge as particularly salient for organizational action:

- **Redesign work and reward systems** to address sustained effort–reward imbalances, including equitable and transparent compensation, recognition of contributions (including emotional and ethical labour), and the reduction of chronic workload and employment insecurity.
- **Increase staff autonomy and ethical agency** by expanding decision-making latitude, reducing role ambiguity and establishing safe mechanisms for ethical reflection, dissent and escalation in contexts of moral constraint.
- **Protect and replenish staff resources** through structured rest and recovery policies, embedded psychosocial support and equitable access to training and career development, with particular attention to preventing cumulative resource depletion over time.
- **Strengthen leadership and perceived organizational support** by investing in supportive and accountable management practices, transparent communication and confidential, trusted systems for reporting harassment, discrimination and ethical concerns.
- **Address structural inequities within the workforce**, particularly disparities between national and international staff in remuneration, security, decision-making power and access to opportunities, recognizing how these inequalities shape differential exposure to risk and distress.
- **Support identity, meaning-making and reintegration**, including facilitating peer support networks, reflective practice and structured post-deployment transitions to mitigate identity disruption and sustain long-term engagement.
- **Embed accountability and sustainability mechanisms**, integrating staff well-being into core operational priorities through dedicated resources, longitudinal monitoring, and leadership accountability for psychosocial outcomes.

These recommendations align with existing guidance on workplace mental health, including the *WHO Guidelines on Mental Health at Work*,[138] which emphasize the importance of organization-level interventions addressing psychosocial risk factors. They further extend these frameworks by specifying contextually grounded strategies tailored to the structural, ethical and relational demands of humanitarian settings.

Taken together, these strategies underscore that staff well-being is not an ancillary concern but a core component of effective and ethical humanitarian action. Humanitarian organizations can substantially influence employee well-being by addressing structural inequalities, implementing fair and supportive work systems, protecting key resources, fostering perceived organizational support, and supporting identity, meaning-making and integration.

138 WHO, above note 77.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press

This requires a shift away from resilience-focused narratives centred around individual endurance and towards integrated organizational approaches in which staff mental health is embedded as a core operational priority within leadership, resource allocation and accountability structures. Such a shift is essential not only to safeguard the well-being of both national and international staff, but also to maintain the effectiveness and ethical integrity of humanitarian response.

https://doi.org/10.1017/S1816383126101362 Published online by Cambridge University Press