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The American University in Cairo

School of Global Affairs & Public Policy (GAPP)

Mental Health and Well-being among Refugee-Aid Workers in Egypt

A Thesis Submitted by

Mahmoud Khattab

Submitted to the Center for Migration and Refugee Studies

Spring 2023

In partial fulfillment of the requirements for

The degree of Master of Arts in Migration and Refugee Studies

Supervised by: Dr. Kate Ellis

Table of Contents

Dedication 4
Acknowledgment 5
Abstract 6
Introduction 7
Literature Review 10
  Overview of UNHCR and Refugees in Egypt 10
  Psychological Turmoil of Displacement 11
  Occupational Hazards of the Refugee-Aid Field 13
  Factors Contributing to Workers' Mental Health 16
  Consequences of Decline in Well-being 18
Conceptual Framework 20
  Research Question & Hypothesis 24
Methodology 25
  Participants 25
  Procedures 25
  Data Analysis 26
Results 27
  Participants' Background 27
    Demographics 28
    Motivation for Joining the Refugee-Aid Field 28
    Professional Background 29
  Theme 1: Risk Factors 30
    Exposure Time Interval 30
    Exposure Stressors 30
    Perception of Workload 31
    Stressful Supervision 32
    Stressful Management Culture 33
    Work Environment Stressors 34
    Harmful Coping 34
    Challenges to Coping and Recovery 35
    Personal Factors 35
  Theme 2: Supportive and Protective Factors 36

Social Support at Work 36
External Social Support 37
Supportive Supervision 37
Supportive Management Culture 38
Positive Coping 39
Personal Initiatives 39
Motivation for Continuation 40
Theme 3: Consequences 41
Psychological Impacts 41
Impacts on Social Relationships 42
Impacts on Services 43
Motivation for Exit 45
Theme 4: Suggestions 45
Discussion 49
Research limitations 57
Future Research Recommendations 58
Conclusion 60
References 61
Appendix [A]: Questionnaire 66
Appendix [B]: Informed Consent 68
Appendix [C]: Themes and Codes 70
Appendix [D]: Codebook 71
Appendix [E]: Additional Quotes 73

Dedication

I dedicate this thesis to my late father, Yousry Mostafa Khattab

Without whom I could have never reached this point

and to whom I owe everything

24/10/2018

Acknowledgment

First and foremost, I would like to start by thanking my loving and supportive mother, who was there for me every step of the way. I could never repay you. I would also like to thank my older brother, who always pushes me forward and I always look up to.

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Abstract

Refugee-aid workers are positioned in the middle between the realities and suffering of refugees and the detachment of the organizations and their donors. They carry the burden of accommodating both realities as the connecting link between both worlds. This study has found that the continuous exposure to the traumatic stories that refugees go through has negative implications on the mental health and well-being of the workers providing services to these refugees. Additionally, a lack of resources and negative management cultures impose stress on the refugee-aid worker. Negligence and failure by organizations to mitigate these stressors lead to a deterioration in the mental health state of the workers as well as the quality of services provided. Implications on mental health include symptoms of burnout, compassion fatigue and secondary traumatic stress, among other consequences. Consequentially, findings of the study have found that affected refugee-aid workers may refrain from providing the services to refugees and subject refugees to different forms of maltreatment and abuse. On the other hand, social and institutional support have been found to reduce the intensity of psychological distress and mediate the possible consequences on the quality of services provision.

Keywords: *Refugees, Refugee-Aid Workers, Mental Health, Well-being, Service Provision, Psychological Distress, Compassion Fatigue, Burnout, Secondary Traumatic Stress, Social Support, Institutional Support, Risk Factors, Supportive and Protective Factors, Consequences, Egypt*

Introduction

"Whether or not they are aware of it, humanitarian workers stand in an asymmetrical relationship to refugees who are symbolically disempowered through becoming clients of those upon whom they are dependent for the means of survival and security," (Harrell-Bond, 2002). Refugee-aid workers engage in acts that can seem altruistic, however, their position of providing for those in need puts them at a position of relative power that cascades from the financial leverage of the donors. Being in the middle position between the realities of the suffering of refugees and migrants and the detachment of the donors and higher managerial positions within their organization, refugee-aid workers experience a lot of stress that usually affects their mental health and the quality of providing the services to beneficiaries (Harrell-Bond, 2002; Walkup, 1997). This study aims to understand the nature of the stress experienced by refugee-aid workers in Egypt and understand the consequences of such stress on the dynamics between the beneficiaries and the organizations in Egypt.

Between 2015 and 2021, the number of refugees registered with the United Nations High Commissioner for Refugees in Egypt has risen from 250,654 to 341,083 (UNHCR Egypt, 2022b). Consequently, Egypt hosts a large body of non-governmental organizations (NGOs) and International Organizations that provide services for those in need. These NGOs provide different kinds of services to accommodate the humanitarian needs of refugees and migrants and address a multitude of vulnerabilities they are facing through projects dedicated for protection, healthcare, education, economic empowerment, and psychosocial support. The nature of such work requires the dedication of prolonged hours by refugee-aid workers dealing firsthand with refugees and migrants and listening to background stories, often detailing intense traumatic experiences. Part of the job description for refugee-aid workers requires them to show empathy and provide care for the beneficiaries, for example,

caseworkers are required to assess the vulnerability of the beneficiaries, devise a care plan, and regularly follow up to make sure that the care plan is being implemented, which in the process exposes the caseworker to the traumatic and graphic details of the abuses and struggles the beneficiaries are exposed to. In addition, given the limited resources provided for humanitarian aid, stressful work environment, high caseloads, and frequent exposure to vicarious trauma, which is experiencing trauma through listening to or getting exposed to the traumatic incidents of other people, refugee-aid workers are at risk of hazards to their mental health (Walkup, 1997).

The cost of caring is usually paid at the expense of the workers' mental health and well-being through expressions of compassion fatigue, secondary traumatic stress, and burnout. Despite being often used interchangeably, compassion fatigue is a consequence of bearing the emotional weight of empathizing with individuals who often experienced trauma**.** However, second traumatic stress is when the humanitarian worker starts developing symptoms of post-traumatic stress disorder. The difference is that in secondary traumatic stress the cause is not witnessing the traumatic event firsthand, but rather the exposure to the experiences of others; in this case, they are the subjects of the worker's care (Adams et al., 2006; Figley, 2002; Sprang et al., 2007). Furthermore, experiences of burnout can be divided into three components. First, emotional exhaustion, which is the difficulty for workers to recover from stressful situations. Second component is detachment which is identified by lack of empathy towards the beneficiaries. Third component is lack of accomplishment which is the increased feelings of incompetence and failure at their work (Jachens et al., 2019; Sprang et al., 2007). This definition is adapted from the theoretical framework that was the basis for developing the Maslach's Burnout Inventory (Maslach et al., 1997; Schaufeli et al., 2009). This choice was made over the other definition utilized by the Copenhagen Burnout Inventory (Kristensen et al., 2005); this choice was made mainly because the theoretical

framework used by Maslach was able to dissect the psychological syndrome into different components, which provides more detailed understanding of the behavioral impact. The framework used in the Copenhagen Burnout Inventory, however, gives a more generic understanding of burnout in terms of physical and psychological fatigue.

When workers start experiencing psychological distress due to the nature of their work, it may have implications on their personal and professional lives, affecting the quality of services provided to the refugees and migrants (Navajas-Romero et al., 2020; Shumba, 2016). Workers with prolonged stress who are suffering from compassion fatigue, secondary traumatic stress, and burnout, could struggle with its manifestation through a deterioration in their quality of life, declining performance at work, impaired social relationships, reduced ability to empathize with the individuals they care for, or feelings of withdrawal and isolation (Adams et al., 2006; Lusk & Terrazas, 2015). Several risk factors may contribute to the mental health state of refugee-aid workers' and their susceptibility to psychological distress and express symptoms that align with compassion fatigue, burnout, and secondary traumatic stress, which is what this study explores.

Literature Review

Overview of UNHCR and Refugees in Egypt

The strategic geopolitical position of Egypt led to it being one of the region's major refugee and asylum-seeker recipients. So, with UNHCR being the international organization dedicated to protecting refugees worldwide, it has a presence that is of extreme importance in Egypt, especially because the Egyptian government has not established a national system for processing requests for asylum (Akram et al., 2015). The unique role of UNHCR in Egypt since 1954 is outlined through the memorandum of understanding (MoU) it has with the Egyptian government (UNHCR Egypt, n.d.). This MoU allows UNHCR to provide protection for refugees across different aspects, including their registration, documentation, conducting refugee status determination (RSD) interviews and resettlement, in addition to coordinating with different partner NGOs to provide services for refugees in healthcare, education, livelihoods, legal aid, protection, basic needs assistance and psycho-social support (Akram et al., 2015; UNHCR Egypt, n.d., 2022a). The organizations providing the services for refugees and asylum seekers are Care Egypt, Médecins Sans Frontières, St. Andrew's Refugee Services, Save the Children International, Caritas Egypt, United Lawyers, Egyptian Foundation for Refugee Rights, Refuge Egypt, Plan International, Catholic Relief Services, Don Bosco, Egyptian Red Crescent, Psycho-Social Services and Training Institute in Cairo, Terre Des Hommes, World Food Programme, and the International Organization for Migration (UNHCR Egypt, 2022a). The RSD interview procedures and decisions that are executed through UNHCR are guided by the 1951 Convention, the 1967 Protocol, and the 1969 Organization of African Unity (OAU) Convention since Egypt has been a signatory and has ratified all three (Akram et al., 2015; UNHCR Egypt, n.d.).

The population of refugees in Egypt is 288,524 as of December 2022 (UNHCR Egypt, 2022c). This body of refugees is mostly concentrated across Greater Cairo at 78.07%, and the rest are distributed among other governorates across the country like Alexandria at 8.67%, Damietta and other governorates at 13.26% (UNHCR Egypt, n.d., 2022c). The refugee population is almost equal between genders, where 49% of the population are female, and 51% are male; of this population 40% are below the age of 18 (el Laithy & Armanious, 2019). Most of the refugees in Egypt are of Syrian nationality, where they compose 50% of all the refugees in Egypt, and the other 50% is divided among Sudanese, South Sudanese, Eritrean, Ethiopian and other Nationalities (UNHCR Egypt, 2022c). Out of this population, 19.3% are living below the poverty line and considered extremely poor, and 51% of these households are female-headed households (el Laithy & Armanious, 2019).

Psychological Turmoil of Displacement

The act of seeking asylum in another country is a repercussion of a state's failure to provide protection for its nationals. Failure in providing protection to a person or group of people implies that the person of such group has experienced loss of their own sense of safety and may have been subjected to a wide range of abuses or traumatic experiences. In the study by Steel et al., (2017), 89% of the sample reported having experienced at least one traumatic experience before migrating to Sweden. These traumatic experiences can be related to war, violence, torture, sexual and gender-based violence (SGBV), kidnappings, and/or social isolation, on them or people whom they are close to, such as family members (Henry, 2012; Theisen-Womersley, 2021). Unfortunately, evading the stressful situation in one’s country of origin doesn’t necessarily mean that they have found safety. Displacement from the country of origin is an experience clouded in uncertainty. It imposes risks of detention, abuse, exploitation, and other forms of violence, in the absence of other supportive factors, such as

familial support, making children in that situation especially vulnerable**.** Therefore, the migratory experience can be associated with great deal of anguish and suffering (Theisen-Womersley, 2021).

To emphasize the extent of the distress a displaced person can experience during their migration, the report conducted by Breen (2020), interviews were conducted to map out the abuses that occur on different migratory routes. Trafficking is one of the harder abuses to track due to the stigma associated with it, as well as the fear of its victims of being identified by the abusers (Breen, 2020). Some people resort to smugglers to escape their country of origin, and in some cases, it turns into trafficking, where they are sold for forced labor, sexual exploitation, or held in debt bondage. In such instances, the majority of victims to sexual exploitation were women, and on the other hand, men were more reported to be victims of forced labor (Breen, 2020). There were some reports of displaced persons being held up by smugglers for over a year while being tortured to extract payments (Breen, 2020). The distasteful nature of torture is the fact that it is illustrated and executed by humans against humans, resulting in consequences to the person who's being subjected to it across different layers, damaging their sense of community, autonomy, and agency, and tainting their perspective on society (Theisen-Womersley, 2021). Finally, SGBV reports have been frequent on the migration routes in the east African section and the Horn of Africa, committed by the smugglers, on the route and in the warehouses where they were detained, as well as official detention centers and checkpoints (Breen, 2020).

Uncertainty and instability across different aspects of their life remain constant even after displaced persons reach their country of destination. Although family and community support are the main sources that refugees depend on with regards to finding housing, information on services available, and other aspects, they get affected by the shock of family separation, cultural loss, unemployment, and lack of support resulting from their leaving their

country of origin (Al-Sharmani, 2014; Henry, 2012). Such loss and isolation have been found to worsen the symptoms of mental health distress and the struggle to maintain their cultural identity, as well as their ability to find economic resources and to recover or thrive (Theisen-Womersley, 2021). Failure to adjust in the host country and isolation from the host community can exacerbate the economic hardships of refugees, adding to the multitude of stressors they go through (Theisen-Womersley, 2021). In the example of Egypt, foreigners are not allowed to work unless they are able to secure a work permit through the government, which is a very costly procedure, discouraging employers from hiring refugees and pushing them to seek informal jobs with unstable and poor work conditions such as poor pay and absent of any legal protection (Al-Sharmani, 2014). UNHCR has stated in its report by el Laithy & Armanious, (2019), that only 50% of the refugees above the age of 15 were able to join the labor force, which reflects a low participation rate, thus finding difficulty in satisfying their basic needs (UNHCR Egypt, n.d.). To deal with this deficit, they rely either on humanitarian assistance provided by UNHCR and its partners, which is provided for the most vulnerable, or on remittances from family members back in their country of origin, which are usually irregular (Al-Sharmani, 2014).

Occupational Hazards of the Refugee-Aid Field

Foreshadowed by the limitations associated with humanitarian aid and service provision for refugees, as well as the extent of psychological turmoil they go through during their migration and after they arrive to Egypt, workers involved in providing aid for these refugees are prone to get overwhelmed and express signs of psychological distress that can eventually affect the organizations they work with, as well as the quality of the service provided for the beneficiaries (Harrell-Bond, 2002; Walkup, 1997). Among these expressions of psychological distress are burnout, secondary traumatic stress, and compassion fatigue.

Although there is no universally agreed upon definition for burnout, it is the term that is most commonly used as a description of a state of extreme work-related stress that can lead to a serious reduction in performance in the professional setting and affect the quality of the services provided to refugees and migrants. Burnout can be dissected into three main components**:** emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Emotional exhaustion is defined by feelings of being overwhelmed and drained for prolonged periods leading to an inability to relax or recover after stress. Depersonalization is the detached and cynical attitude towards the people receiving the aid, which can lead to negative behaviors that directly affect the quality-of-service provision. Reduced personal accomplishment is characterized by the individual's negative self-perception of failure, lack of achievement, ineffectiveness, and incompetence (Bianchi et al., 2017; Hamama, 2012; Jachens et al., 2019; Maslach et al., 1997; Schaufeli et al., 2009). Secondary trauma has been used interchangeably with compassion fatigue however for the purpose of this study, compassion fatigue will be used to refer to the reduced ability for empathy as a consequence of caring for individuals with trauma (Adams et al., 2006; Figley, 2002; Sprang et al., 2007). On the other hand, Secondary Traumatic Stress symptoms refer to the elicited thoughts, behaviors, and emotions resulting from exposure to vicarious trauma, or in other words, the traumatic events with a threat of death or severe injury that someone else has experienced**.** Secondary traumatic stress shares the same symptoms of post-traumatic stress disorder, including hyperarousal, reexperiencing the event, social withdrawal, depression, and anxiety (Akinsulure-Smith et al., 2018; Figley, 2002; Lee et al., 2020).

These conditions are considered occupational hazards for workers who are exposed to continuous and prolonged vicarious trauma and work-related stress. However, the difference between secondary traumatic disorder and burnout is that secondary traumatic stress results from exposure to other people's experiences, but burnout is the exposure of the worker to job

stressors that can vary from vicarious trauma to managerial and institutional stressors (Akinsulure-Smith et al., 2018; Bianchi et al., 2017). Negligence of these symptoms can affect the service provision process, since the workers will be themselves suffering psychological distress, can lead to a high turnover rate resulting in workers leaving their positions, and consequently, significant deterioration in the physical and mental health of the workers (Akinsulure-Smith et al., 2018; Bianchi et al., 2017; Figley, 2002; Lusk & Terrazas, 2015). In the study by Lusk & Terrazas, (2015), conducted with workers who had first-hand experience working with refugees, it was found that 51.7% of them were experiencing difficulty in concentration, 58% experienced a degree of trouble with sleeping and 77.5% had trouble with intrusive thoughts.

Individual differences play a significant role in the intensity and timing of psychological reactions to traumatic experiences. One of the known reactions for traumatic experiences is post-traumatic stress disorder, which occurs due to first-hand exposure or knowing of the exposure of a close person to a traumatic event, or even prolonged exposure to aversive details of a traumatic event as part of one's job. The symptoms associated with the disorder include nightmares, intrusive memories or flashbacks, hyperarousal and avoidance of similar stimuli, and mood alterations (American Psychiatric Association, 2013). However, the manifestations of such symptoms are not the same; for example, in the study by (Lee et al., 2020), it is suggested that the psychological response after experiencing a traumatic event passes through three main phases; first, there are reactions at the time of the event occurrence, then acute symptoms start developing within a month, and finally chronic symptoms that last for an extended period of time. With the majority of people being able to process the traumatic experience in a healthy matter before its development, the study by Lee et al., (2020) suggests that PTSD occurs as a failure in recovery rather than a necessary consequence. Applying this to the current study, the fact that Egypt is a low-risk country

makes the probability of experiencing trauma first-hand lower. Thus, the available resources for responding and dealing with people suffering traumatic stress experiences are scarce, which is portrayed in the deficit of mental health services in Egypt (World Health Organization, 2006). Consequently, those exposed to vicarious trauma may go unnoticed or neglected, and with the recurrence of exposure, they are at a greater risk of experiencing psychological distress (Jachens et al., 2019; Jenkins et al., 2010).

Factors Contributing to Workers' Mental Health

In order to understand the expressions of burnout and secondary traumatic stress in refugee-aid workers in Egypt, different potential risk factors are discussed. In the literature, some socio-demographic factors correlate with the expression of burnout or secondary traumatic stress. With regards to age, older refugee-aid workers were less prone to experience burnout or secondary traumatic stress, which is attributed to them holding higher positions in their NGOs. This means less exposure to vicarious trauma and having had long work experience, which would add to their stress management skills (Jachens et al., 2019; Sprang et al., 2007). In a study on Ugandan national refugee-aid workers, gender had a significant role regarding mental health, where women were at a greater risk of poor mental health due to anxiety, depression, PTSD, and burnout (Ager et al., 2012). The environment and workplace dynamics, such as the availability of social support and formal mechanisms by the management for mental health support, contribute to other factors that correlate to refugee-aid workers' susceptibility to experiencing burnout and traumatic stress. Surprisingly, workers in regions where it is safer and has a higher security level are more prone to experience symptoms of burnout and traumatic stress than workers that we sent on missions to regions with a high threat (Jachens et al., 2019). This can be attributed to the anticipation of threats, allowing the organization to prepare the employees and avail them with more

services that would promote and maintain their health and well-being. Unlike Egypt, for example, where mental health expenditure is considerably low, the level of awareness and availability of services is highly affected, depriving those who are affected from finding the appropriate support (World Health Organization, 2006). Refugee-aid workers who are assigned very large caseloads, especially children that are victims of violence have higher risks of compassion fatigue and secondary traumatic symptoms (Sprang et al., 2007). Expatriate workers also have demonstrated a higher vulnerability to experiencing burnout, which could be due to the lack of social networks in their country of assignment as opposed to their country of origin, as well as their unfamiliarity with the work setting (Jachens et al., 2019). Moreover, counterintuitively, an individual's satisfactory and positive experience with an employer elicits high levels of stress that can lead to burnout, where the positive experience attributes to the individual's feelings of loyalty and responsibility towards the NGO, and in the event that the individual fails to fulfill a task, their feelings of guilt and frustration increases (Lopes Cardozo et al., 2012).

On the other hand, the availability of solid supportive social networks, like family, has been found to be related to lower risks of experiencing burnout and traumatic stress symptoms, and increased resilience as mentioned in the studies by Lopes Cardozo et al., (2012), and Lusk & Terrazas, (2015). Individuals with higher emotional intelligence have also been found to have lower risks of experiencing burnout, traumatic stress symptoms and engaging in negative coping behaviors, since higher emotional intelligence allows the individual to have a better ability to regulate and express their own emotions as well as recognize others' (Bianchi et al., 2017).

Just like individual differences play a role in the extent of vulnerability to experiencing burnout or traumatic stress symptoms, individuals also demonstrate different stress coping patterns. Some passive coping behaviors have a high correlation with

experiencing burnout and secondary traumatic stress, such as social withdrawal and substance abuse (Bianchi et al., 2017). On the other hand, healthy coping mechanisms can be divided into emotion-focused or problem-focused coping. Individuals engaged in problem-focused coping aim for behavioral adjustments that would improve their stressful working conditions. For example, they seek to set relationship boundaries with their coworkers and the beneficiaries to avoid getting overwhelmed, or they work on their own self-development in areas such as organization, time management, and stress management (Mette et al., 2020). In emotion-focused coping behaviors, on the other hand, individuals seek to engage in activities that they feel comfortable in or help them unwind, like committing to a dietary plan, engaging in physical exercise, or participating in recreational activities (Mette et al., 2020).

Consequences of Decline in Well-being

Part of refugee-aid workers' job description is to care and show empathy towards the beneficiaries; however, an inflated sense of responsibility at times of work stress tempts workers to overcome the boundaries of their responsibility and engage in presenteeism. This can be done to fulfill their sense of obligation towards the beneficiaries or towards the NGO, which can be exploited due to the prevalent neo-liberal philosophies of production, which rewards productivity while neglecting the capacities and well-being of the workers, leading to their own distress (Gemignani & Giliberto, 2021).

Negligence to the mental health and well-being of refugee-aid workers serving refugees can be seen through the workers' malpractice towards the beneficiaries. In the article by Harrell-Bond, (2002), the process of providing service has been criticized as it can be disempowering to the beneficiaries, due to the unbalanced power dynamics between the receiver and the giver. The imbalance has, in some instances, been abused by the refugee-aid workers, which has shown through several acts of violence in contexts where services were

being provisioned. However, these behaviors could be attributed to burnout, STS, or compassion fatigue, where they become more detached from the beneficiaries (Bianchi et al., 2017; Hamama, 2012; Jachens et al., 2019; Maslach et al., 1997; Schaufeli et al., 2009). The problem becomes more complex when these detached behaviors and attitudes become institutionalized and integrated into the organizational culture affecting the beneficiaries' collective perspective and policy decisions (Harrell-Bond, 2002; Walkup, 1997).

The employer is crucial in contributing to the humanitarian aid worker's mental health and well-being. Effective supervision and dedicated reflection sessions assist the workers' ability to process their distress and avoid frustration they experience at the workplace, which can lead to their burnout or suffering traumatic stress symptoms (Gemignani & Giliberto, 2021; Lopes Cardozo et al., 2012; Sprang et al., 2007). Effective management can also avail the workers with psychological, educational, and health support services, as well as personal development tools, to help them process their negative emotions, get them motivated and enhance their sense of accomplishment and fulfillment in their job (Posselt et al., 2020). On the other hand, workers immersed in highly stressful environments while unsupported by their institution can show deterioration in the quality of the service provided by acts of absenteeism, less professionalism, instances of misdemeanor, and reduced motivation and work commitment, which will in turn affect the quality of humanitarian aid available to those in need (Shumba, 2016). Institutional support has been found to be highly effective, especially when workers are allowed to have a sense of control and autonomy over their own tasks, when the organization mediates the high physical and psychological demands of the job, and when the workers can find social support at work from their supervisors as well as their coworkers (Navajas-Romero et al., 2020).

Conceptual Framework

The current study aims to contribute to the literature on migration and refugee studies, mental health in Egypt, the improvement of service provision for refugees and migrants, and promoting awareness about the mental health risks faced by refugee-aid workers in Egypt who are working in providing services to refugees. The lack of governmental expenditure on mental health in Egypt (Jenkins et al., 2010; World Health Organization, 2006), the continuous influx of refugees to Egypt due to political turmoil in the region, and the prevalent neo-liberal philosophies of production that dominate today's work environment that reward productivity with little to no regard to the mental health status of the staff, gives research on refugee-aid workers' well-being profound importance.

Refugee-aid workers have different roles and duties which allows them a different nature of exposure to refugees according to their position and the organization they work with. For example, UNHCR is the entity responsible for the recognition and documentation of refugees in Egypt on behalf of the government, so UNHCR employees engage in systematic tasks in the process of supporting refugees, such as conducting refugee status determination interviews, issuing identification cards, and assisting their resettlement, which allows the workers to get exposure and an overview of the challenges and hardships that they have faced in their country of origin and their living conditions in Egypt. However, the nature of the interaction doesn't require the workers to have meetings periodically with the same beneficiary. On the other hand, refugee-aid workers employed with NGOs provide services more closely related to the well-being of the beneficiaries such as education, psychosocial support, healthcare, and housing. This allows them more time to have firsthand contact with the same refugee and thus exposed to their background stories, their day-to-day lives in Egypt, and the challenges they face until they can mitigate them (UNHCR Egypt, 2022a).

Workers of both entities are prone to getting exposed to the secondary traumatic experiences of the beneficiaries; however, the nature of the frequency, duration, and the amount of empathetic care required to perform their tasks adequately might be different. Also, in the process of program implementation, different organizations provide services to different segments of refugee beneficiaries in Egypt, unlike in UNHCR, employees are exposed to all segments of refugees and program implementation, which involves prolonged, close, and frequent contact with beneficiaries is conducted through partner organization (UNHCR Egypt, n.d.).

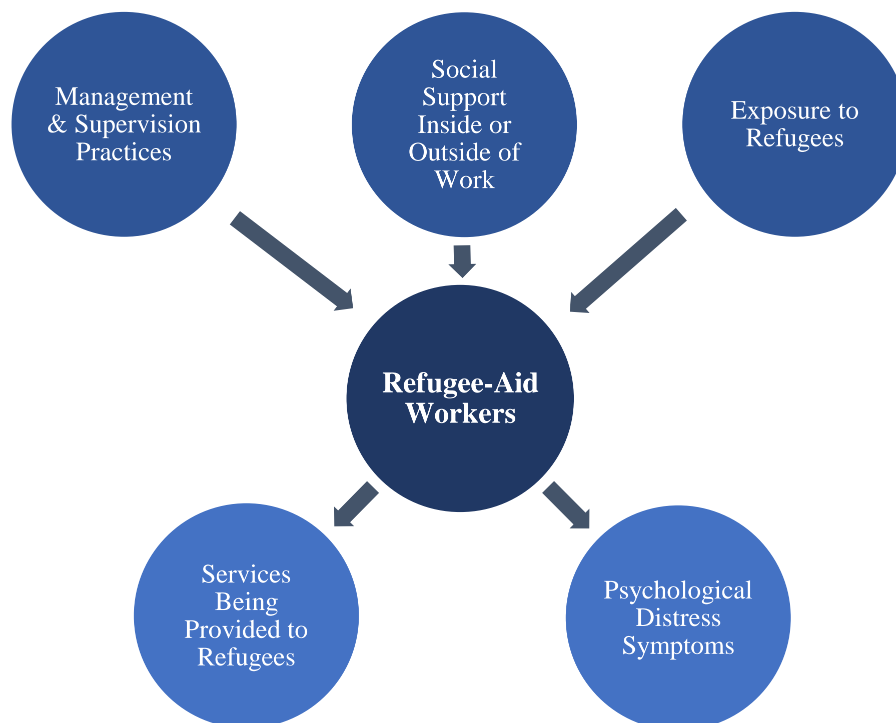
Despite the differences in job descriptions, workers in the refugee-aid field are prone to occupational hazards. With the major funding sources for projects aimed at providing services and relief assistance for refugees, especially with the prolongation and intensity of frequent political crises in the region, workers become more prone to be overwhelmed, experience increased stress, and have less support and attention given to their well-being. Especially while being immersed in a highly demanding work environment and having internal feelings of responsibility towards the beneficiaries, workers can sometimes feel obligated to deliver their services and achieve the agencies' objectives with little regard for their own mental health (Gemignani & Giliberto, 2021). Finally, in the study by Jachens et al., (2019), research findings concluded that in countries with less perceived security threat at the workplace, like Egypt, refugee-aid workers become more vulnerable to intense psychological distress such as secondary traumatic stress, burnout, and compassion fatigue. This was attributed to variations in policy and organizational characteristics across different regions, and low provision of resources that support mental health and well-being. Mental health expenditure, in comparison to the total health budget of the Egyptian government, is as low as 2.5%. The share of medical training on mental health issues for doctors is only 5%, and there is a huge deficit in formal communication channels between the mental health

sector and NGOs (Jenkins et al., 2010; World Health Organization, 2006). The extremely low shares of the budget allocated to mental health and the lack of coordination between the government and other actors highlight the importance of promoting mental health research in Egypt. Therefore, the findings of this study will help decision makers in different organizations concerned with providing aid to refugees to acknowledge the mental health risks that refugee-aid workers face. This will help develop more effective human resources and management policies that can support the workers and preserve the quality of the service provided.

The implications of such lack of mental health support in a naturally stressful work environment is not restricted to the workers alone but resonates further to the recipients of the services. Prolonged experiences of secondary traumatic stress, compassion fatigue, and burnout may lead the workers to become detached from the benefiting refugees, affecting their ability to empathize with them, their motivation to perform their duties, and even become abusive, especially in contexts of imbalanced power dynamics associated with the acts of humanitarian aid (Bianchi et al., 2017; Hamama, 2012; Harrell-Bond, 2002; Jachens et al., 2019; Maslach et al., 1997; Schaufeli et al., 2009). The contrast between the intended humane provision of aid to refugees and the instances of violence committed by the refugee-aid workers highlights the extent of consequences that neglect to mental health and well-being can have on the quality of services.

The study is centered around refugee-aid workers, and it will explore the level of risk and consequences on the mental health and well-being of different factors surrounding the worker and the repercussions of the resulting psychological effects on the workers' personal lives and the quality of services provided to the refugees. Based on the review of the literature there are variables that can be considered as inputs to the levels of well-being and mental health of refugee-aid workers. These inputs include the practices contributing to stress

or perceived support that are being committed by the management and direct supervisors, exposure to refugees' challenges, needs, and vicarious trauma as a characteristic of their job description and requirements, and support the workers perceive from their social environment whether inside or outside of work. On the other hand, the magnitude and consistency of these input variables, shape other output variables as a result of the refugee-aid workers being affected by them. These output variables include the services that are being provided to refugees and the expression of psychological distress symptoms by the workers. The study will explore how the input variables such as the risk and supportive factors affect the well-being and mental health of refugee-aid workers and the quality of the output factors such as symptoms of psychological distress and service quality. This conceptual framework is illustrated in the figure below.



Research Question & Hypothesis

In order to answer the research question “what are the different risk factors, and their consequences on mental health and well-being, including experiences of burnout, secondary traumatic stress and compassion fatigue, among refugee-aid workers in Egypt?”, this study hypothesizes that (a) refugee-aid workers who are dissatisfied with perceived social support from coworkers will experience increased psychological distress such as burnout, compassion fatigue and STS, (b) refugee-aid workers who are dissatisfied with institutional support mechanisms will experience increased psychological distress such as burnout, compassion fatigue and STS. The study also explores participants’ perceptions on how these effects will reflect on the quality of provision of services to refugees. To achieve these research goals, the study examines the nature and different effects of job function, the profile of beneficiaries, duration, and nature of exposure on the workers’ experiences of psychological distress that align with the symptoms of compassion fatigue, burnout and secondary traumatic stress, which from the review of the literature have been found to be common among jobs that require providing care to victims of traumatic events.

Methodology

Participants

The study aimed to include participants employed in the refugee-aid field with an NGO or an IO for at least one year. The selection criteria for the participants were being (a) a refugee-aid worker whose job description is aimed at direct service provision for refugees such as protection workers, Refugee Status Determination (RSD) interviewers, caseworkers, counselors, and project implementation officers, (b) Egyptian nationals, (c) those who have at least one year of work experience in the refugee-aid field as fulltime employees or with a job description requiring them to work 8 hours per day in a 5 days' work week. Participant recruitment was conducted by reaching out to refugee-aid workers through professional and casual social media networks and online groups that are dedicated to workers in the development field. An online form was posted for those interested and willing to participate, to register. Through this form, 40 participants registered to be included in the research. One participant fell out of the aforementioned criteria and was thus excluded. Due to resource limitation, a decision was made to extract a small sample of all the participants who registered in the online form to be included in the study. A random sample of 10 participants was selected using Microsoft Excel, where the software assigned random numerical values for each participant and then selected 10 random values.

Procedures

This study used qualitative semi-structured interviews to allow for a comprehensive understanding of the subject. A semi-structured interview format was chosen as it allows more in-depth knowledge production and allows the opportunity for the researcher to participate in the dialogue with the participant through adding new questions throughout the dialogue to highlight, clarify and acquire better understanding of the research findings,

instead of abiding by a set of predetermined questions, while maintaining the focus of the research (Brinkmann, 2014). The interview was composed of 14 main questions exploring professional background, motivations for choosing the refugee-aid field, perceived work environment, perceived impacts on well-being, and the dynamics between the worker, the supervisor, and the management. The interviews are confidential, as a means to protect the participants' identities and allow them to express themselves without feeling that their livelihood might be at risk. The data collection process was initiated after the research received approval from through the American University in Cairo's Institutional Review Board. After the participants had read and signed the approved informed consent forms, the interviews were conducted with the participants, which took between 30 to 70 minutes to finish, where they were audio recorded and then transcribed.

Data Analysis

The application Taguette v1.3.0 was used to conduct the qualitative data analysis. Taguette is an open-source qualitative data analysis tool that allows for importing the data whether through an online server or by downloading an offline local version; the local version was used to maintain the confidentiality of the data. An inductive thematic analysis approach was used to analyze the collected data as described in Braun & Clarke, (2006). The interview transcripts were reviewed on the application, then manually tagged with codes to highlight the patterns that emerged during the analysis. The codes and descriptions were continuously updated throughout the process to fit the patterns that help explain the conceptual framework mentioned in a previous section and answer the research questions. The codebook containing the definition of each code can be found in Appendix D. After all the transcripts were coded, the codes were then categorized into main themes, which will be discussed in the results section.

Results

The analysis of the interviews reflected four themes relating to the mental health and well-being of the workers. The first theme is 'Risk Factors', which reflects the stressors and challenges the workers face, which impose a risk of worsening their mental health status. The second theme is 'Supportive and Protective Factors', which describes the conditions that make the workers feel supported and mitigates the mental health and well-being risks attributed to the nature of their jobs and the work environment. The third theme is 'Consequences', which discusses the negative effects of exposure to risk factors across different levels, such as the psychological and social levels of the workers, as well as on the level of service provision and how this affects the refugees receiving the services. Finally, the 'Suggestions' theme portrays the means by which the workers would feel more supported at work, improve their well-being and the work environment for them in general. The distribution of the codes among the themes can be found in the table in Appendix C.

Participants' Background

6 codes: International Organizations Experience, Service Provider Experience, Years of Experience, Profile of Beneficiaries, Motivation for Entry, Job History

The inductive thematic analysis for the interviews has produced findings describing the backgrounds of the participants. These findings describe the demographic composition of the sample that was included in the study, their professional background, and their motivation for joining the refugee-aid field.

Demographics

Among the ten participants who were interviewed, the majority of the professional background of nine participants was with service-providing organizations and implementing partners, while one participant had the majority of their professional background with an international organization. Eight participants were formally employed with their organizations in full-time positions, one participant had just been formally employed by a new organization but hadn't started yet, and one participant was unemployed after resigning from their previous position and was actively looking for job opportunities within the refugee-aid field. Their experience ranged between 1 year and 3 months to 7 years of experience specifically in the field of refugee-aid, with an average of approximately 3 years and 9 months. All the participants were female, with an average age of 27.4 years. All participants were university graduates, six of whom pursued post-graduate degrees. The below table demonstrates the demographic data of the participants.

ID	Sex	Age	Educational Level	Years of Experience
Participant 1	Female	29	Master's Degree	7
Participant 2	Female	28	Master's Degree	3
Participant 3	Female	33	Master's Degree	7
Participant 4	Female	25	Bachelor's Degree	1.5
Participant 5	Female	29	Bachelor's Degree	6
Participant 6	Female	24	Bachelor's Degree	2
Participant 7	Female	27	Master's Degree	3
Participant 8	Female	24	Master's Degree	1.25
Participant 9	Female	28	Master's Degree	4
Participant 10	Female	27	Bachelor's Degree	3

Motivation for Joining the Refugee-Aid Field

A pattern emerged when asked about the motive for joining the refugee-aid field, where some went in knowing that they want to be serving refugees specifically while others had a philanthropist inclination and wanted to be serving vulnerable populations in general. Those who decided on the field of refugee-aid before going in expressed that their motivation

arose from either their interest in, or awareness of the challenges refugees face due to displacement, as a result of their exposure to the news or through academic knowledge. Others have been interested in humanitarian aid in general and after joining the refugee-aid field, they decided that this was the profile of beneficiaries they wanted to continue serving. Two of the participants expressed that they joined the refugee-aid field by coincidence.

"After I graduated, I was working in a corporate job, and at some point, I became more familiar with the growing issues of the refugee community on a global level …. I want to contribute differently; I don't want to be the person who works just to be making money" (Participant #3).

Professional Background

The participants had a variety of experience across the different sectors in the refugee-aid field, where all had primarily worked in positions allowing them to have direct first-hand interactions with the beneficiaries to their respective organizations. The experiences involving services that are directly provided to refugees ranged between education, livelihoods, protection, and legal aid; some also had experiences in supporting functions that indirectly serve refugees, such as accountability, monitoring and evaluation, and consultations. The profile of the beneficiaries that the participants served had a significant variety as well. The beneficiaries' profiles ranged between children, youth, and adults up to 70 years of age; their nationalities varied between those of African origin, such as Sudanese, South Sudanese, Eritrean, Somali, and Ethiopian, and Arabic nationalities such as Syrians, however, the majority of the representation was by African nationalities; also, the participants had experiences serving beneficiaries with specific vulnerabilities such as children with special needs, separated and unaccompanied children, SGBV survivors, child-headed households, child parents or pregnant children, and homeless children.

Theme 1: Risk Factors

9 Codes: Exposure Time Interval, Exposure Stressors, Perception of Workload, Stressful Supervision, Stressful Management Culture, Work Environment Stressors, Harmful Coping, Challenges to Coping and Recovery, Personal Factors

Exposure Time Interval

All the participants described that while working in a frontline job which allows them to have first-hand exposure to refugees, they have spent most of their time either dealing directly with the beneficiaries or being exposed to the stories of the beneficiaries. Nine out of the ten participants expressed that direct exposure to refugees took up 80% to 100% of their time, including the time exceeded after work hours, and one participant was 50% of the time. For the participants who later moved to managerial, administrative, or supporting functions related to the refugee-aid field, the exposure percentage fell drastically to be from zero to 30% of the time.

Exposure Stressors

The job nature of the being a frontline refugee-aid worker, allowed the participants to share personal experiences with the refugees they provided services for which was reported by one of the participants to be a source of stress at the job especially when the attempts to help the beneficiary are faced with failure, causing feelings of frustration for both the beneficiary and the worker. This failure was reported to be the result of either the learned helplessness by the beneficiaries as a result of the despair the are feeling or can be the result of recurrence of protection risks and abuses hindering the efforts for betterment and development. Another source of stress at the workplace that was reported by the participants, is prolonged exposure to cases with higher levels of vulnerabilities such as unaccompanied children, people with special needs, and victims of recurring SGBV. These added levels of vulnerabilities are associated with exposing the worker to graphic details of trauma, inflated

sense of responsibility by the worker to provide care, and feelings of guilt by the worker as they have to ask the beneficiary to recall traumatic incidents in the process of providing the service. Limitation of services was also frequently reported by the participants as a source of stress. It was reported that the beneficiaries can sometimes reach the limit of services the organization can provide without their need being met, or the scope of the problem the refugees are facing is bigger than the scope of the intervention that can be provided by the worker. Participants have also mentioned that sometimes they were faced by emotional and physical abuse from the beneficiaries in attempts to oblige the workers to provide a certain service they are not entitled to.

"The incident keeps on happening and going on, and no one has solutions and can't intervene. The most horrible thing is when you know that the survivor is very credible and extremely vulnerable, and you cannot provide help. As if we are implicitly accepting that this keeps on happening to these people. This is what most affects me emotionally." (Participant #3).

Perception of Workload

From the participants' responses, three types of workloads were discussed; the load of beneficiaries that are assigned to a worker for regular follow-up, which can also be known as the caseload, the load of beneficiaries who receive a one-time service with no required follow up, and the procedural workload such as settling financial advances and report writing. Participants had to fulfill some procedural tasks despite having any of the other two types of workloads. Eight participants had difficulty fulfilling their procedural tasks alongside providing services to the refugees, whether it being a one-time service or regular follow-up. This resulted in them frequently exceeding the assigned workhours in order to attend to their workload. Two participants found difficulty in attending to their own personal needs such as

taking a lunch break or bathroom breaks due to the high workload they had. Other reasons were also attributed to exceeding the workhours such as the need to respond to emergency situations that the refugees faced, and tasks that were assigned by supervisors after workhours. Participants attributed the huge workload with understaffing, as a result of high turnover rates, and unrealistic matching of manpower with the workload and work deliverables.

Stressful Supervision

Seven participants reported having had negative experiences with their supervisors, which made them more stressed at work. Participants who perceived that their supervisors lacked skills and experience expressed that they didn't find guidance or support while performing their job duties. Rigid supervisors also contributed to participants' feelings of stress, where they were denied the chance to express themselves or their concerns at work, they didn't have agency over their job responsibilities, and their attempts to go extra steps to improve the quality of service provided to refugees were hindered by the supervisors even if it was within the scope of their work. Also, supervision practices that contributed to the participants' stress included micromanagement, negligence to staff development, disrespecting work hours boundaries, and emotional and physical abuse. Moreover, a participant discussed that when the supervisors prioritize achieving targets and donor requirements, they become more negligent to the well-being of staff, where they overload the workers with more responsibilities to meet the goals despite the capacities of the individuals in the team.

> *"One of the mental health and psychosocial support activities for the children was coming short on their target, so suddenly you find that the child with whom you have been trying to build their well-being for a long period now, you're asked to tell them*

that if you didn't attend the session that is made for your well-being, I will deduct 200 pounds from your allowance. We didn't know how to tell them that, we know that they have disasters happening in their lives, and it is hard to make an exception for them every time. I feel stressed to tell him that despite of all what he is facing, I will deduct 200 pounds if he didn't attend the well-being session. How is this in any sort well-being? We were dying. Right now, all of us are not okay. Not due to the beneficiaries, it is due to supervision." (Participant #10)

Stressful Management Culture

Nine of the ten participants have reported that they see that the support they receive from their institution for mental health and well-being is insufficient. Two types of mental health support were identified from the participants' responses; the first mechanism of support is access to external mental health and well-being providers, and the second are the activities conducted internally to support the staff. The first mechanism was viewed as insufficient because the number of sessions the workers were provided with were very limited, making it unsustainable to continue, and in some instances there were breaches of confidentiality because the process of providing proof that they attended these sessions or to reimburse the amount they paid required the workers to disclose to other staff within the organization that they attend mental health sessions. On the other hand, the support activities that were conducted inside the organization, such as peer support sessions, were found to be either superficial and did not address the struggles the participants were facing at work, or the sessions did not provide reconciliation to the workers after they have shared stressful experiences during the session. Also, some participants expressed that they were reluctant to participate in such activities, because they did not feel comfortable sharing their thoughts and emotions with work colleagues. Three participants discussed how the management was

negligent to the workers' mental health and well-being. This was reflected on the lack of financial compensation in comparison to the amount of work the staff had to do, ceasing informal attempts of workers to support each other, inattention to adequate orientation of the work conditions at the beginning of employment, and the overall discouragement of voicing out inability to work as result of psychological distress.

"Some organizations have become notorious with their staff, in the sense of, if you want to leave, you can leave, we will replace you with someone else" (Participant #5).

Work Environment Stressors

The social environment at work has been found to impose risk on the well-being of the workers. In a culture that capitalizes on the importance of productivity and achieving targets, workers reported to find it hard to form social relationships with coworkers due to the lack of time or competitive attitudes, which hinders the their ability to focus on expanding their knowledge and development and discourages collaboration between team members because everyone is focused on finishing their own tasks. With regards to the physical environment at work, two participants have expressed that they were stressed due to the neglect towards the physical environment. Offices that were characterized by being overcrowded, lacked basic facilities, and break areas were reported by the participants as being stressful.

Harmful Coping

Seven participants described that they had developed harmful behaviors that they associated with the increasing stress at work. Social isolation was common as it made them avoid listening to unwanted problems that others might tell them about, similar to the nature of their jobs. Two participants have noticed an increase in tobacco use. Two participants

started immersing themselves more into work, taking in more tasks, and avoiding taking breaks. They have expressed that by doing that, they didn't allow themselves to stop and ruminate about the stressful events experienced at work or how they were affected by them. Binge-watching, excessive sleeping, and self-mutilation were also among the behaviors the participants started developing as the stress at work increased.

Challenges to Coping and Recovery

There have also been attempts to find healthy outlets for the stress, however they were met with challenges that kept them from being able to find relief. Three participants have been trying to seek professional therapy, two participants have found that it was too expensive that they can’t afford it, and one expressed that due to the workload and that they need to work past working hours they do not have the time to go. Others have expressed that they try to engage in hobbies or enjoyable activities such as running, sports in general, meeting friends, or participating in artistic activities. However, they have expressed that they either feel mentally and emotionally drained, making them reluctant to engage in these activities, or their work intrudes on their personal lives, such as receiving work calls after hours, making it hard for them to enjoy these activities.

Personal Factors

One of the participants identified that they have tended to get highly affected by what they are listening to before joining the refugee-aid field. They found that exposure to traumatic and stressful stories during their work in the refugee-aid field was the reason they have been experiencing intense psychological distress. Another participant said that they tend to immerse themselves in work and do not feel comfortable when they are not working, which can be related to their coping style by taking on more tasks. Two participants who had

expressed that they were diagnosed with depression and anxiety after working in the refugee-aid field, mentioned that after going into therapy they discovered that there were symptoms that persisted since before joining the field and were exaggerated after getting exposed to the stressors associated with the refugee-aid field. Having the same distressing experience as one of the refugees has also been found to be triggering to the worker.

Theme 2: Supportive and Protective Factors

7 codes: Social Support at Work, External Social Support, Supportive Supervision, Supportive Management Culture, Positive Coping, Personal Initiatives, Motivation for Continuation

Social Support at Work

All of the participants acknowledged that when they receive support at work from the colleagues, their overall well-being improves, and it makes them more resilient to stress. Three types of social support were identified from the participants' responses. First, the most common form among the participants was the support they found from a collective of individuals, which is usually the team they are part of. It was attributed that team bonding occurs as a result of sharing experiences of the stressful nature of work, which helped the workers empathize with each other. The second form of support was restricted to specific individuals at work. Participants who identified with this form of support explained that this was due to the nature of workload and the work environment where they do not have the space to form and maintain social relationships with groups, so they have formed connections with specific individuals with whom they reciprocate support. Finally, the third form of support occurs when one of their colleagues at work is a psychologist. The participants discussed that in instances when one of the team members is struggling with intense psychological discomfort, if one of the team members is a psychologist, some form of informal professional support can be available at the workplace.

“The only reason I remained in this organization for 3 years was the team. The team was very supportive, and they always had your back” (Participant #5)

External Social Support

In contrast, all of the participants expressed that the social support they receive from family and friends outside of work does not alleviate their stress as much as the one they receive from coworkers, unless they have at least worked for some time in the same field. This was associated with the fact that members of their social network outside of work are not familiar with the nature of challenges and stress that they experience at work. The participants also mentioned that they have stopped talking about the stress related to work or the incidents they face, unless it is in specific situations like being too stressed and not having someone else to talk to, if the other person directly asks, or about the environment in general at work. The motive to stop talking stems from either not wanting to expose the other person to the stressful stories they get exposed to, or because when they do talk about how they’re feeling because of work, they receive comments that invalidate their feelings such as blaming them for choosing such a field.

Supportive Supervision

Seven of the ten participants have had experiences with supervisors during which they felt supported. One of the characteristics that makes a supervisor supportive of their subordinates is expectation management; while workers put in effort to be delivering the services to the beneficiaries, they might get stressed as a result of the limitation of the services they can provide; so, when supervisors manage the expectations of their teams, about the nature of exposure they might experience or the extent of their ability to help the beneficiaries, it mitigates the effects of stress the workers might get exposed to. Also, the

balance between allowing the workers to have the space to work independently without close supervision, make decisions, innovate, and have agency over their own tasks, and providing professional and technical guidance when it is needed or sought by the workers, has been reported by the participants being one of the characteristics they favored in the supervisors they saw as supportive. Some participants also reported that the supervisors they perceived as supportive were paying attention to the well-being and the mental state of the workers in their teams; they noticed when a worker was feeling stressed or exhausted, and managed the workload to reduce the stress of the workers. Flexibility at work with the hours, small gestures of appreciation and recognition every now and then and sharing the workload of the workers were also among the practices the participants found supportive from their supervisors.

Supportive Management Culture

Participants discussed that despite the procedural challenges, management sometimes took steps to provide workers with well-being and mental-health-focused support. These practices included limited or one-time free access to external mental health services, including mental health as part of the health insurance policy, internal access to specialists, non-specialized activities such as recreational activities and artistic expression workshops, and self-care vouchers. Only one participant expressed that their organization provides mental health support that they see is adequate and maintains their confidentiality. The participant discussed that the mental health support policy in their organization provides psychotherapy sessions, covering a variety of locations and specialties, online instant messaging with a therapist for emergencies, and if needed, they send a mental health emergency response unit to the house, as well as follow-ups after the emergency has been resolved. Additional supportive practices included providing opportunities to get exposed to

other functions and departments within the organization, clarification of the possible future steps in their career within the organization, conducting meetings dedicated **to** listening to and addressing the needs and insights of the workers, and being adequately financially compensated.

Positive Coping

The findings have shown that the helpful coping strategies that were used by the participants can be divided into two categories. First category includes the strategies that helped the participants regulate their emotions, such as participating in recreational activities to relieve stress, taking breaks whether short intermittent breaks throughout the work day or complete days off, attempting to go to therapy as consistently as they can, and spending quiet time at home with their pets. On the other hand, the strategies in the second category are more focused on mitigating work challenges. These strategies included drawing limits and boundaries by acknowledging the limits of the help they can provide to beneficiaries, respecting work hours, and improving their time management skills. Another strategy is being more dedicated and persistent in trying to help beneficiaries, so that they can avoid any feelings of guilt or self-doubt if their attempts were unsuccessful. Communication with the supervisor was also one of the strategies used to reduce some of the workload thus alleviating stress.

Personal Initiatives

As mentioned by the participants, it is very common that refugees, even if they are in need, might not be able to acquire the service from organizations due to limitations on the criteria for service provision. Two participants mentioned that in response, they have frequently, informally, and anonymously gone around the organization to help the refugee

who needs assistance for severe or urgent risks, such as being evicted or lack of basic needs. One of the participants mentioned that they are a member of a group of workers in different organizations who communicated regularly to collectively aid refugees affected by the limitation of services. They mentioned that the motivation to do that has come from their sense of responsibility to help. Furthermore, other participants have mentioned that they have tried to equip themselves with more skills either by self-study or attending external workshops independent of the organization they are affiliated with, in order to improve the quality of the services they provide for the beneficiaries. One of the participants discussed that they frequently took the initiative to advocate in their organization for providing mental health services to the workers, up until it was faced with complete rejection by the management, which was the motivator for the participant to resign from the organization. Finally, a participant mentioned that their ability to be adaptable to different and changing situations allowed them to work comfortably under different supervisors and with different styles of management.

Motivation for Continuation

Seven participants mentioned that they are persistent in continuing to work in the refugee-aid field, despite all the challenges associated with this work, because they feel that there is a higher meaning to their job, compared to working in the private sector. However, those who were able to switch their jobs from directly providing the services firsthand to refugees, to more indirect or higher-level jobs, have found it to be more comfortable, especially since they are relieved of the stress of decision-making and how it might affect the life of the beneficiaries; two participants also mentioned that they are actively trying to get a more indirect job, while still in the refugee-aid field. Finally, two participants mentioned that

at some point in their career, despite the high levels of stress they were exposed to and the high workload, working within a supportive team motivated them to remain in their jobs.

Theme 3: Consequences

4 Codes: Psychological Impacts, Impacts on Social Relationships, Impacts on Service Provision, Motivation for Exit

Psychological Impacts

Participants reported a wide range of psychological impacts and signs of distress as a result of their work. They talked about developing a sense of guilt for having more privilege compared to the refugees; they blamed themselves when they bought luxurious products like coffee for example, while serving individuals who find it difficult to secure their most basic needs, and they invalidated their own emotions towards personal struggles when they get exposed to and compare them with the challenges refugees face. More intense and maladaptive signs of psychological distress were reported with different degrees among the participants such as self-harm, increased use of tobacco, recurring nightmares, insomnia, and frequent panic and anxiety attacks, losing interest to participate in activities that used to bring joy, difficulty performing everyday tasks such as house chores, neglect to personal hygiene and grooming, and decreased levels of energy. Behaviors such as losing interest in participating or enjoying casual gatherings, which one of the participants associated it with feelings of social anxiety and decreased motivation and ability to join conversations. One of the reactions that the workers developed as a result of the stress and frequent exposure to extremely stressful stories is becoming desensitized and apathetic. This led to a change in the perspective of workers from wanting to help and actively looking for solutions to help the beneficiaries, to doing the bare minimum just to achieve the quantitative targets. Moreover, a participant mentioned accounts of workers who took the abuse faced by refugees as a subject

for ridicule, dismissed the struggles of some of the beneficiaries, or refrained from providing the service to refugee altogether.

The symptoms of psychological distress persisted and affected the lives of the workers. When the refugees start discussing and sharing their suicidal ideation or threat to commit suicide, it can be emotionally triggering for the workers, to the extent that one of the participants even mentioned that after a while they started having the same thoughts. Participants also mentioned that it was extremely difficult for them to get rid of being angry or hypervigilant all the time even after they finish work. They found it difficult to stop thinking about the refugees they provided services for outside of work. Whether this is due to recalling stressful details, over-worrying about vulnerable refugees, self-doubt, and going over the procedural steps taken to provide the service, or because everyday life events may trigger memories that remind them of specific incidents.

"Since I started case management, I might have had around 100 cases. I feel like I haven't forgotten a single one of them. I remember all of them. If anyone mentions anything related to them, I will remember, and sometimes things happening in everyday life reminds me of these cases" (Participant #4).

Impacts on Social Relationships

Social withdrawal is one of the consequences related to the well-being of workers in the refugee-aid field. It was associated with increasing stress and worsening mental health state. The drive for withdrawal comes from workers' lack of ability to perform socially. It was expressed that it is a result of listening to the personal lives of the beneficiaries, with all the aforementioned disturbing details. One of the participants even mentioned that if one of their friends outside of work started details of their personal lives or less intense struggles, the participant becomes very irritated and may even have an aggressive reaction to put a halt to

the conversation. Another reason for social isolation is the stressful workload. When the worker has the frequent need to work past working hours, they have less time or energy to reach out to their social group, gradually resulting in fading of the social bonds with their group and could even affect their ability to keep up with social commitments. It is also related to the workers' lack of motivation and their sense of low energy, which makes their attempts to be physically present with their social group much harder. In addition, one of the participants mentioned that members of their social group are refugees. So, when the friends start casually sharing details from their personal life with the group, the participant gets triggered by the resemblance the friends share with the beneficiaries. As a result, the participant refrains from frequently engaging or participating in activities with the group to avoid these triggers. Finally, participants have found that their increased irritability has affected their ability to easily function in social settings.

Impacts on Services

In the beginning, when the workers are still new to the field of refugee aid, they are still driven by the motivation to contribute as much as they can to provide the refugees with the services they need and maintain the quality of their work, however, by time they started getting affected by the stories they listen to and gradually lost their drive. There were accounts of delaying and procrastinating in completing tasks despite the effect it might have on the beneficiaries. The workers become stuck between choosing either self-imposed stress to complete the tasks, or give up, denying a refugee the service they need. In instances when the workers chose to accept the extra stress to mitigate falling short of providing adequate services to the refugees, if it is frequently overlooked or goes unrecognized, then it starts affecting the workers' attitudes toward the organization, affecting their dedication and commitment, and by time, they feel more reluctant to put in the extra effort.

On the other hand, the workers' attitudes towards the beneficiaries themselves start shifting. Three types of attitudes have been accounted for by the participants as an impact of prolonged stress and deterioration of mental health and well-being of the workers. First, workers grow a sense of detachment, where their ability to empathize with the beneficiaries decreases. Compared to when they started, the workers lose the ability to remain patient with the beneficiaries, listen attentively to their needs to provide the suitable intervention. It also affects the way the workers deal with the refugees; as they lose empathy and face increased stress and irritability, workers run short of patience. The second attitude is generalization, which develops when the workers are exposed to either an extremely stressful incident or to incidents that are similar, frequently. Workers either generalize a specific attitude or an idea about all the beneficiaries, or they start getting extremely triggered if they are exposed to stories of similar context to the initial instance to the point that they can't help the beneficiary. Finally, the third attitude is disregard for ethical treatment of refugees, where there have been several accounts from the participants of fraudulent practices and emotional abuse, among other forms of abuse being committed by workers, as well as neglect to the point where the workers may refrain from providing services, deny responsibility, and ignore requests.

"The person who was conducting the interview decided to make fun of the beneficiary sitting in front of him …… He doesn't care and sees that the person sitting there doesn't have the power to do anything about it. He made fun of the number of children with him, about what the woman was wearing, about how the room smelled after they came in, and these people are Arabic speakers, and they understand what he is saying!" (Participant #6).

Motivation for Exit

In addition to the reduced ability of the workers to provide the services, and the shift their attitudes, high turnover rates reduce the capacity of organizations to maintain the ability to provide quality services to beneficiaries. One of the participants mentioned that in some instances, the number of resignations that happen during the same period can be as a high as nine workers at a time. This drains the workers who are still working at the organization by having to compensate by taking the workload of the resigned workers and it drains the organizations, which keeps on losing the capacities of experienced workers.

Several reasons were mentioned by participants for making the decision to quit their job. Two participants have taken the decision after seeking professional mental health support, which made them realize the extent of psychological distress they had been facing as a result of their work, and they decided to prioritize their own well-being. Similarly, two other participants decided that they were feeling too stressed at their jobs and they have been so highly psychologically affected that they could not take it anymore. One participant mentioned that a huge part of their decision resulted from a lack of responsiveness by the management to their requests and efforts to provide mental health support dedicated to the workers. Other reasons included finding a job that is still within the field of refugee aid, but with no firsthand exposure to refugees, and because the environment was not comfortable and imposed a high level of stress on them. Finally, one participant was still considering leaving the refugee-aid field but hadn't submitted their resignation yet.

Theme 4: Suggestions

During the interviews, participants expressed the practices and mechanisms they would find to improve their well-being at work, as well as their capacity to maintain quality

while providing services for refugees. The findings have shown that there are common requests between participants. These requests are listed and defined below, with the number of participants who shared the same request parenthesized.

1. *Induction (1 Participant)*

During their induction newly hired workers should be briefed on the nature of the specific challenges associated with the field of refugee aid. This is to prepare them beforehand for the level of distress they might get exposed to, and to be directed to the means through which they can seek support when needed.

2. *Integration of Mental Health in the Management Culture (5 Participants)*

The organization should consider the well-being and mental health of the staff during planning for the organization's programs. Matching the workload to the number of staff, accommodating workers who, as a result of their work, are experiencing psychological distress, and providing a safe and comfortable physical work environment. Also, providing special considerations to workers in frontline positions, to mitigate the risks that are unique to their job.

3. *Allocated Resources for Consistent Mental Health Support (6 Participants)*

Availing workers with access to consistent mental health support. The support can be either in the form of acquiring the services of external mental health providers or including mental health as part of the health insurance policy. However, this should be done while maintaining the accessibility and confidentiality of the workers seeking these services.

4. Regular Well-being Check-ins (5 Participants)

Regular, periodic, close monitoring and assessment of the workers' well-being to address any possible risks early on are imperative. This is similar to performance review checks that occur throughout the worker's experience.

5. Communication Channels between Management and Staff (4 Participants)

Channels that allow open and transparent communication between the workers, especially frontliners, and the management to allow the workers to voice their needs directly to the management and be able to follow up on how these needs are being addressed. This would also help the management get a better understanding of the nature of stress and risks imposed on frontline workers.

6. Staff Development and Capacity Building (5 Participants)

It would also be helpful to expand the workers' professional capacity by providing opportunities that would allow them to improve their ability to perform at their current jobs, mitigating the risks that are relevant and specific to their jobs, and helping them progress into the next steps of their careers. Also, ensure that before transitioning to a higher position, the worker has grasped the skills needed to perform adequately, supervise, and support their teams efficiently.

7. Recreational and Team Building Activities (5 Participants)

Building bonds between the team members on a personal level gives the workers a sense of belonging to a team and improves the social support systems that can occur naturally among the workers.

8. Sharing Successes (1 Participant)

Sharing the success stories and achievements among the workers will allow them to see the impact of their work and reassure them that their efforts are leading to benefit the refugees they serve.

9. Considering the Duration of Employment in Frontline Positions (2 Participants)

Working in a frontline position has a unique set of risks and consequences. Duration of exposure to such stressors should be put into consideration to maintain the quality of the services that the refugees are receiving and avoid jeopardizing the well-being of workers.

10. Accountability for Management and Supervision (3 Participants)

Safe and transparent reporting mechanisms should be available for the workers to utilize. Supervisors and members of the management should be held accountable for their behaviors and attitudes that impose adverse social and psychological effects on the work environment and the workers and compromise the quality of services provided to refugees.

11. Adequate Compensation Plans (2 Participants)

Workers should be adequately compensated according to the level of effort they need to put to perform their job responsibilities, as well as for the extra workload and extra work hours that they might be obliged to fulfill.

Discussion

This study aimed to explore the different risk factors and their consequences on the mental health and well-being of refugee-aid workers in Egypt, and how these effects resonate with the quality of the service provision process to refugees. The study conceptualized that the factors that can have a potential effect on the mental health and well-being of refugee-aid workers are either the support sources or the stressors caused by the culture and practices of the organization's management and supervision, the duration and quality of first-hand exposure to refugees, the different characteristics of the work environment, and the quality of social support outside of work. On the other hand, the impact on the mental health and well-being of refugee-aid workers will reflect on their social relationships, and the quality of the services they provide to refugees.

The results confirmed the multitude of risk factors the refugee-aid workers are exposed to. Ideally, the standard working days in Egypt vary between seven to eight hours per working day, five working days per week. However, through interviewing the participants, with the exception of two participants, it was found that it is very common to exceed the working hours. Two reasons were attributed to exceeding the work hours. First, specifically for those who work in protection or whose job description requires them to be responding to emergencies, they often extend their working hours to keep on following up on an emergency that happened to one of the organization's beneficiaries, or they receive calls after working hours that are related to emergencies they have to respond to. Usually, emergencies in this context are instances where the beneficiaries are either exposed to protection risks that could be life-threatening, putting them in high level of vulnerability, or in need of medical attention. The other reason is related to the workload of the job, where the participants have found coordination between the procedural requirements of the job and the

daily variables, such as walk-in beneficiaries or emergencies, to be difficult to attend to during the standard working hours. This meant that they had to exceed the work hours to finish their tasks, which sometimes was motivated by their sense of responsibility that any shortcoming in their job would negatively someone else's life.

The amount of time the workers are exposed to stories of the refugees they provide care for becomes more poignant when the nature of this exposure is uncovered. Generally, refugees are faced with a level of uncertainty due to the absence of national asylum law in Egypt, hindering their ability to sustainably integrate and adjust in Egypt, which in turn makes them more stressed and more reliant on the service providing organizations (Akram et al., 2015; Henry, 2012; Theisen-Womersley, 2021). Such passivity has also reflected on the treatment of refugees in employment, where they are required to acquire work permits as foreigners which is expensive, thus obliging them to accept informal employment laden with instability, poor work conditions and low financial reward (Al-Sharmani, 2014). These conditions exacerbate the vulnerability of refugees, increasing the risk of being subjected to abuse, consequently exposing the workers to more vicarious trauma. This exposure is sometimes compounded with additional specific layers of vulnerability. When one of the participants was working in the education sector, they were providing services to parents of children with special needs. One of the parents, while discussing the case with the worker, expressed that she was so persistent to enroll her daughter in a school because the child was a victim of sexual assault as the perpetrators exploit her condition. With regards to workers strictly working with SGBV survivors, they get exposed to very exhaustive details of the incident to be able to help the beneficiary, unlike when the focus of the job is on a different sector. During this time, the workers get exposed to instances of death of the refugees they are serving, attempts of physical violence against them by the refugees, suicide threats, graphic details of SGBV committed against adults and children, repetitive instances of abuse,

and additional layers of vulnerability allowing for increased exploitation such as those who have different types of disabilities, and unaccompanied and separated children (Henry, 2012; Steel et al., 2017; Theisen-Womersley, 2021). One of the participants recounted how much they were affected by an instance where they were advocating to enroll a student with special needs in the public schooling system for a long time, and after they succeeded and it was time for the student to get enrolled, the student passed away. Another participant also experienced two instances where the beneficiaries under their caseload passed away, which led them to questioning themselves and what could they be doing wrong, which indicates a certain level of guilt; the participant expressed that they eventually started detaching from the beneficiaries and tried to perceive the job only as numbers and project targets.

In addition to the usual limitation in services hindering the workers' ability to provide reconciliation and sustainable services to vulnerable refugees (Harrell-Bond, 2002; Walkup, 1997), workload also becomes a risk factor for the workers' mental health, due to over burdening the workers to make up for the increased turnover rates and the imbalance between the number of refugees needing the services and the available staff to serve them (Harrell-Bond, 2002; Walkup, 1997). This is also due to the inflated sense of responsibility towards the refugees they serve; there is evidence that the participants engaged in presenteeism and immersed themselves further in work (Gemignani & Giliberto, 2021). Malpractice by supervisors, such as rigidity, micromanagement, violating the boundaries of working hours, instances of emotional and physical abuse, and focusing on reaching target goals with disregard to the capacity of workers, contributed to the workers' feelings of stress, thus imposing risk on their mental health and well-being (Gemignani & Giliberto, 2021; Lopes Cardozo et al., 2012; Shumba, 2016; Sprang et al., 2007).

Management contributed to the risk on the psychological well-being of workers due to failure to orient the workers about the stressors of the field, failure to coordinate the

workload, lack of access to mental health support services, and failure to effectively communicate with the staff (Gemignani & Giliberto, 2021; Lopes Cardozo et al., 2012; Sprang et al., 2007). Management requires staff at the beginning of employment to attend an orientation period, albeit it is usually focused on the organization's policies and technical trainings, however it disregards preparing the workers psychologically for the nature of work and exposure they will be immersed in. Furthermore, due to high turnover, the management may burden other workers with higher workload to compensate for the understaffing, especially if the management culture is fixated on fulfilling targets.

The neo-liberal philosophies of production mentioned in the article by Gemignani & Giliberto, (2021), are reflected in the reports of the participants where they sense that the priority of the management is bounded to achieving targets. Although the organizations in the refugee-aid field are non-profit, the reports of the participants show emphasis on 'production' of services such as fulfilling targets and complying with donor requirements, practices such as trespassing the boundaries of work hours, neglect to mental health and well-being, and taking up more tasks and responsibilities with disregard to personal and professional capacities are favorable. The focus on targets also implicitly dehumanizes beneficiaries, were the attitudes shift from perceiving them as human beings in distress and in need of quality humanitarian services to targets and numbers that need to be met. Also, at the beginning, the workers may feel more self-fulfilled and motivated if they were delegated tasks of a higher position, however if the workload persisted with a lack of appreciation or recognition from the management, it turns into demotivation and a sense of exploitation, which significantly affects the workers' commitment to maintaining the quality of work, as well as their trust in the management.

The findings illustrated a considerable gap in communication between the workers, especially those who are on the frontlines dealing directly with the refugees, and the

management. In general, anyone who is away from the frontline, is not aware of the level of stress faced by frontliners, or to what extent they are affected by it; a participant even claimed that the management underestimates what the frontline workers go through. A lack of trust is developed by the workers towards the management, especially when the lack of support by the management becomes apparent during emergency situations, and the workers are stuck at the office till 10:00 pm while the members of the management left at 4:00 pm and are not responding to calls from workers because it is after the working hours. Not only that, but according to one of the participants, the management can sometimes be an obstacle in finding solutions to mitigate risks for beneficiaries, and not because the workers are trying to go out of scope, but rather lack of initiative from members of the management, without justifying why they are not willing to take steps in finding alternative solutions. In one instance, a participant mentioned that when changes were taking place to the team structure, the management didn't even communicate these changes with the workers. The management's presence can be very weak, leading to the needs of the workers not being heard and the workers feeling abandoned. One of the participants mentioned that the manager of their project rarely visited their office, only when problems escalated between the supervisor and the team, but even after finding a solution at the time, the absence of the management led to the situation coming back to what it was before. This absence also resulted in a lack of accountability on the actions of the supervisors.

The findings have also shown that management contribute to the work environment; an interaction between management practices and the availability of support within the work environment was prevalent in the responses of the participants which contributed to their perceived level of well-being and mental health. When the management becomes detached from the reality of the frontline workers and the struggles they are facing, their decisions become more inclined towards achieving target goals, with little regard to the well-being of

the workers, which exacerbates the workload and the stress on the workers and creates a sense of distrust and abandonment toward the management. Also, workers newly coming into organizations might struggle to integrate into new social groups, either due to difference in backgrounds and beliefs, or because the already existing workers have been working together for a long time. One of the participants described that they have a huge struggle with the social environment at work. The participant reported that they had been frequently subjected to ridicule by coworkers and members of management due to their educational and social background, to the extent that they were actively ostracized by the management, being forced to sit in a different place than the rest of the team. The physical environment was often neglected as well, creating a stressful workplace for the workers, and in many instances, due to increased workload and neglect from the management, the social environment was also stressful.

As a result, the persistence of the aforementioned risk factors led the workers to start expressing symptoms of psychological distress. Participants mentioned that they start getting emotionally affected by the stories they listen to, however their lack of awareness about the potential effect due to the frequent exposure to the potentially traumatic stories told by the refugees, along with the inability to get their feelings validated due to lack of mental health awareness or the fact that everyone else is still functioning at work, makes them obliged to suppress their emotions so that they can maintain their performance. The participants also expressed that they felt both the burden of responsibility that their decision has an impact on the lives of the refugees, and that they developed feelings of guilt due to their privilege in comparison to the struggles faced by the refugees, which aligns with previous literature (Walkup, 1997).

Also, symptoms of psychological distress that were reported by the participants included suicidal ideation, hyperarousal, reexperiencing of previous events, nightmares,

insomnia, anxiety and panic attacks, anhedonia, self-harm, and social withdrawal, all of which are signs that confirm that workers have been experiencing secondary traumatic stress (Akinsulure-Smith et al., 2018; Figley, 2002; Rizkalla & Segal, 2019). Participants who worked for a period of time with survivors of SGBV discussed that whenever they witnessed any behavior that portrayed imbalance in gender dynamics, or sexual harassment on the street their reactions became very aggressive towards the perpetrators. The findings also showed that the participants found it difficult to get rid of the thoughts and the emotions they experienced at work, making it difficult for them to recover, along with having doubts about the benefit or the merit of their work, and a frequent attitude of just getting the job done with the bare minimum, which provides evidence that the workers were suffering from the three components of burnout: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Bianchi et al., 2017; Hamama, 2012; Jachens et al., 2019; Maslach et al., 1997; Schaufeli et al., 2009). Finally, there have also been several accounts in the findings that provide evidence of workers experiencing compassion fatigue, where the workers found difficulty empathizing with victims of traumatic events, unless it was very extreme or new to the worker (Adams et al., 2006; Figley, 2002; Sprang et al., 2007).

The negative impacts on the mental health state and well-being of the workers have been proved to negatively affect the quality of services provided to the refugees, which shows an interaction between the symptoms of psychological distress and the services that are being provided to refugees. Accounts from the findings of workers who have been suffering symptoms that align with compassion fatigue, burnout, and secondary traumatic stress, have shown that there were several instances of misdemeanor and maltreatment of the beneficiaries, to the extent of fraud for financial gain, emotional and sexual abuse (Bianchi et al., 2017; Hamama, 2012; Harrell-Bond, 2002; Jachens et al., 2019; Maslach et al., 1997; Schaufeli et al., 2009; Shumba, 2016; Walkup, 1997). Unfortunately, the deterioration in

well-being of refugee-aid workers leading to further abuses to refugees, in addition to the reported lack of access to mental health support services, indirectly contributes to perpetuating the worsening conditions of refugee-aid workers. The refugees who become victims to abuse or neglect from refugee-aid workers, will expose other workers to these abuses which in turn will add to the stress they get exposed to at work and increase the magnitude of risk that they will start expressing symptoms of psychological distress as well.

On the other hand, there were protective factors that mitigated stress for the participants and mediated the psychological impacts they were facing. Confirming previous literature, the participants reported social support networks to being the strongest mediator for the stress they were experiencing (Lopes Cardozo et al., 2012; Lusk & Terrazas, 2015). Also, responses by the participants proved that they found that management and supervision were most supportive when their expectations were managed, they were given agency over their own tasks, they were availed with resources that support their mental health and well-being and given the opportunity for self-development (Gemignani & Giliberto, 2021; Lopes Cardozo et al., 2012; Navajas-Romero et al., 2020; Posselt et al., 2020; Sprang et al., 2007).

Aligning with the study by Mette et al., (2020), the participants who engaged in problem-focused coping such as setting boundaries, time management, and self-development had better chances in lowering their levels of perceived stress due to work. On the other hand, those who engaged in emotion-focused coping such as sleeping, binge-watching media, and engaging in recreational activities faced challenges of either maintaining these coping strategies or engaged in them excessively often contributing to increased levels of stress. Another form of coping that that the findings have shown that participants sought but struggled with is access to professional mental health support. While management failed to provide the workers with sustainable access to mental health services, in addition to the scarcity of public resources for mental health in Egypt, (World Health Organization, 2006),

workers needed to seek private service providers, which was found by the participants to be expensive, if they were able to allocate the time to go under the pressure of their assigned workload.

In summary, the results of the study concluded that there is a multitude of interlinked risks that are associated with working in the refugee-aid field**,** whether being imposed by the policies of management, practices of supervision, exposure to vicarious trauma, or a lack of supportive and protective factors. These risks, if not mediated will have a huge impact on the organization, the workers, and the refugees. Findings have supported the hypotheses of the study that social support and institutional support have a huge role in either exacerbating or mediating these effects. The participants who found difficulty having access to either institutional or social support have expressed symptoms that align with burnout, compassion fatigue and burnout. Consequentially, refugee-aid workers who were struggling with symptoms of psychological distress, were not able to maintain the quality of the services they provide to refugees, whether this was due to a change in their attitudes or their inability to recover from such distress. Furthermore, the study has shed light on the implications of an overlooked yet impactful factor in the field of humanitarian and refugee aid. The study has also brought to the fore the insights and voices of workers who are closer to the reality on the ground and have witnessed first-hand the struggles associated with aiding a vulnerable community.

Research limitations

Only 10 out of the 39 participants that met the inclusion criteria for the study were included due to the limited resources and time constraints of the study. However, inclusion of the 39 participants would have provided more comprehensive and representative findings for the study. Due to the small sample size that was recruited for this study, the findings are not

representative of the population and can't be generalized. Moreover, this study required the participants to have had at least one year of work experience in the refugee-aid field, however, since two of the ten participants who have worked for more than a year were not currently employed or were in a transitional period between two different jobs; so, they might be subjected to extraneous sources of stress looking for new projects to join in addition to the previous stressors they have faced at work. There was a gender bias since all the participants were females. The profile of beneficiaries that are served by the participants lacked diversity in nationality. Also, this study relies on the participants' accounts of their perceptions of the quality of the service being provided for refugees, and their perceptions of their own psychological distress and of their colleagues. Interviewer bias may be present since the data was collected via semi-structured interviews.

Future Research Recommendations

This study can be a steppingstone towards improving the understanding of the dynamics of service provision to refugees in Egypt. Quantitative research will allow the inclusion of a more representative sample that will provide a more accurate explanation of the topic's actuality. Also, the use of psychometric assessments to provide more objective representations of the mental health state of the participants, as well as the use of formal mechanisms of measurement to assess the quality of services provided to refugees. It will also allow to derive inferences about the interaction and correlation between different variables such as demographics, socioeconomic characteristics, personal characteristics, and dispositions.

The study's main focus was on the refugee-aid worker providing services firsthand to beneficiaries; therefore, inclusion criteria were for refugee-aid workers mainly, and the interview and participants' responses revolved around their personal perceptions about

different factors. Centralizing the focus on how the refugees perceive the quality of services provided by the organizations and the workers' attitudes will give a more comprehensive view of the dynamic between refugees, refugee-aid workers, and organizations. Explanation for phenomena such as understaffing, and low mental health services availability can be provided if research focused on including participants from managerial positions. Finally, the majority of beneficiaries served by participants of this study were African refugees; exploring the different impacts among participants who serve refugees of other ethnic backgrounds can provide deeper insights into the nature of struggles refugee-aid workers face at the workplace and would address a gap in the literature.

Conclusion

The study has explored multiple risk factors and consequences on the mental health and well-being of refugee-aid workers in Egypt and their effects on the quality of services provision to refugees. The study has found that refugee aid workers are subjected to frequent risks that impose stress and threaten both their mental health and the quality of services provision. Risks include prolonged exposure to severely stressful and potentially traumatic incidents that the beneficiaries have experienced, prolonged working hours and huge workload, risk of physical and emotional assault, and limited resources to provide aid. The management culture and supervision play a huge role in either mitigating or exaggerating these risks. The study found that neglecting mediation of these risks leads the workers to suffer from symptoms of burnout, compassion fatigue and secondary traumatic stress, among others. Neglect can also lead to deterioration in the quality of services provided and subject the refugees to possible abuse. On the other hand, social support and institutional support have been found to alleviate the psychological distress experienced by refugee-aid workers.

References

Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion Fatigue and Psychological Distress among Social Workers: A Validation Study. *American Journal of Orthopsychiatry*, *76*(1), 103–108. https://doi.org/10.1037/0002-9432.76.1.103

Ager, A., Pasha, E., Yu, G., Duke, T., Eriksson, C., & Cardozo, B. L. (2012). Stress, Mental Health, and Burnout in National Humanitarian Aid Workers in Gulu, Northern Uganda. *Journal of Traumatic Stress*, *25*(6), 713–720. https://doi.org/10.1002/jts.21764

Akinsulure-Smith, A. M., Espinosa, A., Chu, T., & Hallock, R. (2018). Secondary Traumatic Stress and Burnout Among Refugee Resettlement Workers: The Role of Coping and Emotional Intelligence. *Journal of Traumatic Stress*, *31*(2), 202–212. https://doi.org/10.1002/jts.22279

Akram, S. M., Bidinger, S., Lang, A., Hites, D., Kuzmova, Y., & Noureddine, E. (2015). Protecting Syrian Refugees: Laws, Policies, and Global Responsibility Sharing. *Middle East Law and Governance*, *7*(3), 287–318. https://doi.org/10.1163/18763375-00703003

Al-Sharmani, M. (2014). Refugee Migration to Egypt: Settlement or Transit? In F. Duvell, M. Collyer, & I. Molodikova (Eds.), *Transit Migration in Europe* (pp. 55–78). Amsterdam University Press. https://doi.org/10.2307/j.ctt12877m5

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*.

Bianchi, R., Schonfeld, I. S., Vandel, P., & Laurent, E. (2017). On the Depressive Nature of the “Burnout Syndrome”: A Clarification. *European Psychiatry*, *41*, 109–110. https://doi.org/10.1016/j.eurpsy.2016.10.008

Braun, V., & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Breen, D. (2020). *“ON THIS JOURNEY, NO ONE CARES IF YOU LIVE OR DIE” Abuse, protection, and justice along routes between East and West Africa and Africa’s Mediterranean coast*. https://www.unhcr.org/5f1ab91a7

Brinkmann, S. (2014). Unstructured and Semi-Structured Interviewing. In P. Leavy (Ed.), *The Oxford Handbook of Qualitative Research* (pp. 277–299). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199811755.001.0001

el Laithy, H., & Armanious, D. (2019). *Vulnerability Assessment of Refugees in Egypt: Risks and Coping Strategies*.

Figley, C. R. (2002). Compassion Fatigue: Psychotherapists’ Chronic Lack of Self Care. *Journal of Clinical Psychology*, *58*(11), 1433–1441. https://doi.org/10.1002/jclp.10090

Gemignani, M., & Giliberto, M. (2021). Constructions of Burnout, Identity, and Self-Care in Professionals Working toward the Psychosocial Care of Refugees and Asylum Seekers in Italy. *Journal of Constructivist Psychology*, *34*(1), 56–78. https://doi.org/10.1080/10720537.2019.1700853

Hamama, L. (2012). Differences between Children′s Social Workers and Adults′ Social Workers on Sense of Burnout, Work Conditions and Organisational Social Support. *Source: The British Journal of Social Work*, *42*(7), 1333–1353. https://doi.org/10.1093/bjsw/bcrl35

Harrell-Bond, B. (2002). Can Humanitarian Work with Refugees Be Humane? *Rights Quarterly*, *24*(1), 51–85. https://doi.org/10.1353/hrq.2002.0011

Henry, H. M. (2012). African Refugees in Egypt: Trauma, Loss, and Cultural Adjustment. *Death Studies*, *36*(7), 583–604. https://doi.org/10.1080/07481187.2011.553330

Jachens, L., Houdmont, J., & Thomas, R. (2019). Effort–Reward Imbalance and Burnout among Humanitarian Aid Workers. *Disasters*, *43*(1), 67–87. https://doi.org/10.1111/disa.12288

Jenkins, R., Heshmat, A., Loza, N., Siekkonen, I., & Sorour, E. (2010). Mental Health policy and Development in Egypt - Integrating Mental Health into Health Sector Reforms 2001-9. *International Journal of Mental Health Systems*, *4*, 4–17. https://doi.org/10.1186/1752-4458-4-17

Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A New Tool for the Assessment of Burnout. *Work and Stress*, *19*(3), 192–207. https://doi.org/10.1080/02678370500297720

Lee, W., Lee, Y. R., Yoon, J. H., Lee, H. J., & Kang, M. Y. (2020). Occupational Post-traumatic Stress Disorder: An Updated Systematic Review. *BMC Public Health*, *20*(1). https://doi.org/10.1186/s12889-020-08903-2

Lopes Cardozo, B., Gotway Crawford, C., Eriksson, C., Zhu, J., Sabin, M., Ager, A., Foy, D., Snider, L., Scholte, W., Kaiser, R., Olff, M., Rijnen, B., & Simon, W. (2012). Psychological Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study. *PLoS ONE*, *7*(9). https://doi.org/10.1371/journal.pone.0044948

Lusk, M., & Terrazas, S. (2015). Secondary Trauma Among Caregivers Who Work With Mexican and Central American Refugees. *Hispanic Journal of Behavioral Sciences*, *37*(2), 257–273. https://doi.org/10.1177/0739986315578842

Maslach, C., Jackson, S. E., & Leiter, M. (1997). The Maslach Burnout Inventory Manual. In C. P. Zalaquett & R. J. Wood (Eds.), *Evaluating Stress: A Book of Resources* (Vol. 3, pp. 191–218). The Scarecrow Press. https://www.researchgate.net/publication/277816643_The_Maslach_Burnout_Inventory_Manual

Mette, J., Wirth, T., Nienhaus, A., Harth, V., & Mache, S. (2020). “I need to take care of myself”: A Qualitative Study on Coping Strategies, Support and Health Promotion for

Social Workers Serving Refugees and Homeless Individuals. *Journal of Occupational Medicine and Toxicology*, *15*(1). https://doi.org/10.1186/s12995-020-00270-3

Navajas-Romero, V., del Río, L. C. Y. L., & Ceular-Villamandos, N. (2020). Analysis of Wellbeing in Nongovernmental Organizations' Workplace in a Developed Area Context. *International Journal of Environmental Research and Public Health*, *17*(16), 1–21. https://doi.org/10.3390/ijerph17165818

Posselt, M., Baker, A., Deans, C., & Procter, N. (2020). Fostering Mental Health and Well-being Among Workers Who Support Refugees and Asylum seekers in the Australian Aontext. *Health and Social Care in the Community*, *28*(5), 1658–1670. https://doi.org/10.1111/hsc.12991

Rizkalla, N., & Segal, S. P. (2019). Trauma During Humanitarian Work: The Effects on Intimacy, Wellbeing and PTSD-Symptoms. *European Journal of Psychotraumatology*, *10*(1). https://doi.org/10.1080/20008198.2019.1679065

Schaufeli, W. B., Leiter, M. P., & Maslach, C. (2009). Burnout: 35 years of Research and Practice. *Career Development International*, *14*(3), 204–220. https://doi.org/10.1108/13620430910966406

Shumba, S. (2016). Effects of Burnout on an Organisation's Quality Service Provision: Lessons From Non-Governmental Organisation Responding to Emergencies in Midlands Region of Zimbabwe. *International Journal of Humanities and Social Science Invention*, *5*(6), 15–21. https://www.ijhssi.org/v5i6(version%202).html

Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion Fatigue, Compassion Satisfaction, and Burnout: Factors Impacting a Professional's Quality of Life. *Journal of Loss and Trauma*, *12*(3), 259–280. https://doi.org/10.1080/15325020701238093

Steel, J. L., Dunlavy, A. C., Harding, C. E., & Theorell, T. (2017). The Psychological Consequences of Pre-Emigration Trauma and Post-Migration Stress in Refugees and

Immigrants from Africa. *Journal of Immigrant and Minority Health*, *19*(3), 523–532. https://doi.org/10.1007/s10903-016-0478-z

Theisen-Womersley, G. (2021). Trauma and Resilience Among Displaced Populations. In *Trauma and Resilience Among Displaced Populations*. Springer International Publishing. https://doi.org/10.1007/978-3-030-67712-1

UNHCR Egypt. (n.d.). *UNHCR Egypt at a Glance*. Retrieved October 30, 2022, from https://www.unhcr.org/eg/resources/unhcr-egypt-documents

UNHCR Egypt. (2022a). *Services For Refugees and Asylum-Seekers in Egypt*. https://help.unhcr.org/egypt/en/

UNHCR Egypt. (2022b). *Monthly Statistical Report - August 2022*. https://www.unhcr.org/eg/resources/unhcr-egypt-documents

UNHCR Egypt. (2022c, December). *Monthly Statistical Report - December 2022*. https://www.unhcr.org/eg/resources/unhcr-egypt-documents

Walkup, M. (1997). Policy Dysfunction in Humanitarian Organizations: The Role of Coping Strategies, Institutions, and Organizational Culture. *Journal of Refugee Studies*, *10*(1). https://doi.org/10.1093/jrs/10.1.37

World Health Organization. (2006). *WHO-AIMS Report on Mental Health System in Egypt*. https://www.who.int/publications/m/item/who-aims-country-profile-egypt

Appendix [A]: Questionnaire

Interview Questionnaire

Participant's Code:

Date:

Job Title:

Years of experience:

Section 1:

1. Please tell me about your job responsibilities including the profile of the beneficiaries you deal with on daily basis, on average the hours per week you spend in direct contact with the beneficiaries, and the workload of the job.
2. What made you want to go into this career?

Section 2:

3. How do you think listening to stories of the beneficiaries affect the workers' well-being over a long time?
4. How do you think the workers' well-being affect their relationship with the beneficiaries and the quality of service?
5. How do you think your well-being is affected as a result of your work? How do you handle these emotions? Do these emotions linger after working hours?
6. Have you ever felt like your performance at work has declined as a result of a specific instance or several?
7. Did you ever consider switching your career? Why?

Section 3:

8. What do you do to relieve work stress?
9. How do you see the social environment at the office?

10. Do you talk to your friends' or family about work-related problems?
11. Do you seek professional help / therapy for work-related problems? If not, would you if made available?

Section 4:

12. How is your relationship with your direct supervisor?
13. What are the means of support that are being provided by your institution? Do you think they are effective? Why?
14. What would make you feel more supported or improve your well-being at work?

Further Comments:

Appendix [B]: Informed Consent

Documentation of Informed Consent for Participation in Research Study

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Project Title: Mental Health Consequences among Refugee-Aid Workers in Egypt

Principal Investigator: Mahmoud Khattab – 01100022256 – mkhattab@aucegypt.edu

You are being asked to participate in a research study. The purpose of the research is to understand the nature of the stress that is specific to the experience of refugee-aid workers in Egypt and understand the consequences of such stress on the dynamics between the beneficiaries and the organizations in Egypt. The findings will be presented during the master's Thesis Defense and may be published later. The expected duration of your participation is 30 to 45 minutes.

The procedures of the research will be an interview with four main sections composed of 14 questions in total.

There will be certain risks or discomforts associated with this research. We will be discussing how your wellbeing might be affected by the nature of your work, which may elicit a degree of distress. In case this happens please inform the researcher.

There will not be direct benefits to you from this research.

The information you provide for purposes of this research is confidential. Only the principal investigator will have access to the information.

The interview will be audio recorded. The recordings will be deleted once the information is transcribed and coded.

Participation in this research doesn't involve more than minimal risk. However, in case the interview questions triggered distress you can get back to discuss it with the researcher. In case you feel like you need professional counseling please find below a list of mental health care service providers which you may seek for counsel:

Egyptian General Secretariate for Mental Health:

- Hotline: 16328

Private Mental Health Service Providers:

- O7 Therapy (Online)
  - 34, 206 Street, Maadi, Cairo
  - 01272222024 - 0225166351
  - www. o7therapy.com

- Maadi Psychology Center
    - 16 Orabi Street (Off Port Said Street), Flat #2, Ground Floor, Garden Entrance, Maadi 11435, Cairo, Egypt
        - (02)-2359-2278 -- 01284436347
    - 22 Road 214, Degla Maadi, Ground Floor, Garden Entrance
        - 01281925403
    - Building 96, Apartment 1, Street 157, New Cairo; Cairo, Egypt
        - (02)-25418166 -- (02) 25659074 -- 01200900774 -- 01554105787
    - Karma 3 Compound Gate, Sheikh Zayed, Cairo, Egypt
        - 01270777594
- The Behman Hospital
    - 32 El-Marsad St., Helwan, P.O. 11421, Cairo
    - Hotline: 16984
    - (202) 28166610 – (202) 28166612 – (202) 28166621 - (202) 28166614 – (202) 28166620
- The Wellness Hub
    - 9 Hassan Mousa El Akkad Street, Heliopolis, Cairo Egypt
    - 01019666330
- EXIST
    - 13 Al Israa St. off Lebanon St., Floor 2, Flat 5 Mohandeseen, Giza, Egypt
    - (+2) 0106 277 1515 - (+202) 3346 9992

- If you are a member of the American University in Cairo you can visit the Center for Student Well-Being (CSW) located across from the Americana food court at the Campus Center, AUC New Cairo campus.

Questions about the research, my rights, or research-related injuries should be directed to Mahmoud Khattab at 01100022256 or mkhattab@aucegypt.edu

Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or the loss of benefits to which you are otherwise entitled.

Signature ____

Printed Name ____

Date ____

Appendix [C]: Themes and Codes

Theme	Code	References
Participants' Background	International Organizations Experience	1
	Service Provider Experience	9
	Years of Experience	12
	Profile of Beneficiaries	31
	Motivation for Entry	28
	Job History	47
Theme 1: Risk Factors	Exposure Time Intervals	24
	Exposure Stressors	98
	Perception of Workload	57
	Stressful Supervision	50
	Stressful Management Culture	100
	Work Environment Stressors	35
	Harmful Coping	18
	Challenges to Coping and Recovery	32
	Personal Factors	11
Theme 2: Supportive and Protective Factors	Social Support at Work	46
	External Social Support	29
	Supportive Supervision	21
	Supportive Management Culture	17
	Positive Coping	35
	Personal Initiative	10
	Motivation for Continuation	19
Theme 3: Consequences	Psychological Impacts	172
	Impacts on Social Relationships	25
	Impacts on Services	105
	Motivation for Exit	24
Theme 4: Suggestions	Workers' Suggestions	45

Appendix [D]: Codebook

Code	Description	References
Challenges to Coping and Recovery	Obstacles faced by workers that impede their coping or recovery from work stress	32
Exposure Stressors	The nature of the stories, challenges, needs and vicarious trauma of the beneficiaries that the workers are exposed to	98
Exposure Time Intervals	How many hours they deal with beneficiaries directly or get exposed to stories related to the lives and needs of the beneficiaries	24
External Social Support	Workers' social support systems outside of work	29
Harmful Coping	Behaviors expressed by workers, that may or may not provide short-term relief, and causes them harm	18
Impacts on Services	Impacts on the quality of services provided and the relationship between the workers and the beneficiaries	105
Impacts on Social Relationships	Struggles workers' face in their social relationships as result to work-related stressors	25
International Organizations Experience	Most of worker's experience is with an International Organization (e.g., UNHCR, IOM, etc.)	1
Job History	Description of current and previous jobs related to the refugee-aid field	47
Motivation for Continuation	Reasons the workers continue in the refugee-aid field	19
Motivation for Entry	Reasons for choosing to start working in the refugee-aid field	28
Motivation for Exit	Reasons the workers consider resignation or switching career	24
Perception of Workload	How the worker perceives the workload related to their jobs	57
Personal Factors	Personal factors that may have an impact on the mental health and well-being of the workers, as well	11

	as the quality of the services provided to the beneficiaries	
Personal Initiative	Internal motivations and Initiatives by the workers to improve/maintain the quality of work.	10
Positive Coping	Behaviors expressed by workers that help them feel better, improve their recovery from stress, or help in mitigating challenges	35
Profile of Beneficiaries	The profile of the beneficiaries the worker deals with, including nationalities, age groups, etc.	31
Psychological Impacts	The thoughts, feelings and behavior expressions of workers' mental health and well-being	172
Service Provider Experience	Most of worker's experience is with a service providing Organization (e.g., Save the Children, Care, CRS, etc.)	9
Social Support at Work	Workers' social support systems at work	46
Stressful Management Culture	Negative perceptions of the workers on the management and institutional practices and culture, contributing to workers' stress	100
Stressful Supervision	Status of relationship with, and/or acts by the supervisor, are perceived to be negative and contributes to the worker's stress	50
Supportive Management Culture	Positive perceptions of the workers on the management and institutional practices and culture, as well as support mechanisms in place	17
Supportive Supervision	Status of relationship with, and/or acts by the supervisor, are perceived to be positive and supporting the worker	21
Work Environment Stressors	Factors affecting the work environment leading to an impact on workers' well-being	35
Workers' Suggestions	What workers ask for to feel more supported and improve their well-being at work	45
Years of Experience	Years of experience in the refugee-aid field	12

Appendix [E]: Additional Quotes

Code	Quote
Motivation for Entry	*"Simply because I am doing something that has a meaning, …. I feel like what I do has meaning as long as I am helping someone else" (Participant #4).*
	"Humanitarian work for me was my dream job and especially with kids…. I did want to work with refugees, I applied to this position 3 to 4 times, this specific position that I am in now" (Participant #8).
Exposure Time Interval	*"I was in direct contact with the beneficiaries almost all the time, so if we are saying per day, it would be the whole 8 hours. Because usually, to be honest, I was not working only 8 hours. My actual working hours exceeded that significantly. However, if I worked 8 hours per day, then I was in contact with refugees for 7 hours of the day because the remaining hour is spent in movement around the team, the communication, and so on" (Participant #3)*
Exposure Stressors	*"What I face at work is insane. Horrible stories of rape and murder, things we though never happened to that extent" (Participant #8)*
	"I had a kid who locked himself in a bathroom, threatening to commit suicide if I didn't give him 500 pounds" (Participant #1)
	"Her mom told me I want my daughter to go to school so that she won't be raped. This sentence was shocking to. The world can't be run that way" (Participant #1)
	"You hear that someone was kidnapped, someone was raped, someone was murdered, and you suppress your emotions and go on. You have to keep going on because there are other kids outside waiting for you to help them" (Participant #10)
	"Working with refugees, no matter how much you do it is never enough, there is just too many factors" (Participant #5)
Perception of Workload	*"The workload in protection is very overwhelming and you can get burned out by the first month of work" (Participant #7)*
	"We always have this problem, the ratio of the staff on hand is always very low in comparison to the number of beneficiaries." (Participant #1)
	"I am always stressed because I have work to finish even during the weekend" (Participant #6)
Stressful Supervision	*"She doesn't have any boundaries regarding the working hours. She decides that she will work to 11 and 12 at night, and she wants us to work until 12 at night likes she does" (Participant #10)*
	"Yes, other organizations do this, but their caseload is 40, we do this with a caseload of 160" (Participant #10)
Stressful Management Culture	*"When someone comes and tells me they want to commit suicide, what should I do? Yes, you take in and go through the known procedures to help the beneficiary, but no one told me when I hear such a statement, how will it affect me? We were able to maintain the flow of work, but no one cared about us or what we feel" (Participant #1)*
	"We started allocating funding for staff well-being only because the donors started paying attention to the matter, but did the culture actually change internally? No" (Participant #3).

	"I am having nightmares and they are asking me to introduce myself and say what my favorite food is!" (Participant #2)
Work Environment Stressors	*"It's been around 3 months now, whenever I meet someone at work, they either tell me let's resign or ask me when we are going to resign?" (Participant #10).*
External Social Support	*"At the beginning, when I first started this work, sometimes I told my friends about cases that were very bad that I saw. By time, around a month, I decided that I will not do that anymore. Ignorance is bliss! I was the one who chose to be in that job, not them, so why should they listen to the disasters I listen to?" (Participants #5)*
Supportive Supervision	*"The relationship between the staff and the supervisor, when there is consideration for the mental health, or the lack of it, is what makes work easier or harder" (Participant #1)*
Personal Initiatives	*"We try to informally help some of the beneficiaries outside the scope of work because you know that the organizations have limitations to the services they provide, and at the same time you feel for the beneficiaries. So, you decide to take on this responsibility and help these people informally outside of work" (Participant #1).*
Psychological Impacts	*"I feel like I lost the humanitarian part in me, and I have run out of patience" (Participant #2)*
	"I was working all the time; I was always tired. I wasn't able to differentiate between work and my own personal time. Even if I took time off, I had to be always responsive, because at the back of my head, I am anticipating a disaster. If I didn't pick up the phone someone will be in trouble." (Participant #3)
	"You reach a point where you don't want to hear the word 'Rape' ever again, you don't want to hear the word 'harassment' ever again" (Participant #5)
	"Sometimes unintentionally you reach a point where you do not care as much as you did. It takes a case that is extremely complex, with a lot of problems and extremely affected to make you feel that it this is something different" (Participant #5)
Impacts on Services	*"I try as much as I can, not to get affected by what I am hearing so it doesn't affect the end result of my work. I try to keep it case based. But sometimes there are some cases you feel attached to, so it becomes an internal battle to be able to help the person as much as you can" (Participant #2)*
	"You start by lowering the quality of your work. Then you lower the quantity. Then you just are not able to work anymore" (Participant #10)
	"Some people have been working in the same position for over 8 years and their salary is 3500 pounds. So, when this person in front of me is completely burned out, cannot bare to work, and doesn't want to, I can't blame him" (Participant #5)
	"When you feel traumatized from a specific case or a specific incident, you start to avoid taking-in cases of similar nature" (Participant #3)
Motivation for Exit	*"I haven't met a caseworker, when I was still a frontliner, who hadn't complained about the huge caseload, being stuck for a long period of time doing the same job, with no real sense of personal development. What would motivate a person to tolerate this?" (Participant #1)*