Images, Motives, and Challenges for Western Health Workers in Humanitarian Aid

MAGDALENA BJERNELD
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Abstract

This thesis presents how humanitarian aid workers were attracted, motivated, recruited, and prepared for fieldwork, and how they reported their work experience directly from the field and when they returned home. Data were derived from interviews with experienced aid workers, focus group discussions with presumptive aid workers, analysis of letters from aid workers in the field on MSFs homepages in Europe, and from interviews with recruitment officers at some of the main humanitarian organisations.

Health professionals were attracted by the positive images of humanitarian action. They wished to work in teams with like-minded people, and to make a difference in the world. However, this image was not supported by the recruitment officers, or experienced aid workers, who described a complex reality in humanitarian action. The experienced aid workers instead had realised they learned more than they contributed.

The recruitment system for relief workers would benefit from a more holistic approach, where personalities of the aid workers are more in focus. More time must be spent with the applicants, both recruited and returning aid workers, in order to improve the system. A socialisation approach could help identify the right personnel and to motivate current personnel to continue.

Keywords: humanitarian action, human resource management, relief workers, aid workers, volunteers, images, motives, qualitative research

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To my children Anna and Erik
List of papers

This thesis is based on the following papers, which are referred to in the text by their Roman numerals.


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### Abbreviations

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<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ALNAP</td>
<td>Active Learning Network for Accountability and Performance in Humanitarian Action</td>
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<td>CMR</td>
<td>Crude Mortality Rate</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>HRM</td>
<td>Human Resource Management</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>ICRC</td>
<td>International Red Cross and Red Crescent</td>
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<td>IFRC</td>
<td>International Federation of the Red Cross and Crescent</td>
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<td>IHE</td>
<td>International Health Exchange</td>
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<td>IMCH</td>
<td>International Maternal and Child Health</td>
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<td>MSF</td>
<td>Médecins sans Frontières/Doctors without Borders</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>OCHA</td>
<td>UN Office for the Coordination of Humanitarian Affairs</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>WHO/HAC</td>
<td>World Health Organisation/ Health Action in Crisis</td>
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Foreword

Through mass media, there is often the impression that most human beings are selfish, individualistic, and not interested in helping others. However, every time there is a disaster in the world, many people want to help. Some volunteer to work in the field as humanitarian aid workers.

From my personal experience I know that interest in such work is widespread. As I became involved with the field 30 years ago, I have been field nurse, field coordinator, recruitment- and programme officer, and consultant and have given countless invited lectures to groups of students, school children and the general public. Those attending these lectures have posed interesting and intelligent questions, including about how they could volunteer. I have led or taught courses on International Health and Public Health in Humanitarian Action for many years at Uppsala University, Uppsala, Sweden. Some participants had already made the decision to go on missions and came to the University for preparatory training. Others have been unsure, but were thinking seriously about volunteering. A third group have been people with previous experience from humanitarian fieldwork, but have wanted to study further for a Masters degree.

It is gratifying that so many people are willing to become personally involved in emergencies. They are certainly needed, and I admire them for their commitment. However, I have wondered—What motivates them to do this work? Where do they get their images about the work? What are the recruitment officers thinking about? What do the volunteers feel when they return and look back on their experiences?

If the humanitarian sector is to function more effectively, these questions must be addressed, yet little previously research has covered these aspects. I hope this thesis will shed light both on the people volunteering for humanitarian work and the organisations recruiting them, so that they can work together more effectively for those who so desperately need their help.

The photo on the cover page shows one of my colleagues, the nurse Johanna, helping a mother weighing her child in a refugee camp in Angola 1981. It is a ‘good picture’ showing an active local staff and an active beneficiary. (Photo: Magdalena Bjerneld)
Background

Every week there is a new natural or man-made disaster somewhere in the world (OCHA, 2009). In many of these situations, the affected people manage to handle the situation themselves without international support. In other cases, the need for international assistance is large.

Disasters cause public health concerns as people are forced to leave their homes and become internally displaced persons [IDPs] or refugees that in turn cause increased morbidity and mortality. Disasters also destroy local infrastructure, often have negative effects on the environment, cause shortages of food, which can result in malnutrition, and produce psychosocial effects on the population. The most common health problems in these situations are infectious diseases, such as diarrhoea, acute respiratory infections, measles, and malaria in children under five years of age, who are often already malnourished due to poverty before the disaster. Together with women in reproductive age, children are the most affected groups and are in greater need of public health interventions (Birch, 2005; Brennan et al., 2001; Noji, 1997; Noji, 2005a; Noji, 2005b; Noji, 2005c; Spiegel, 2005).

The number of displaced persons in the world has risen dramatically since the 1970s, when United Nation High Commissionaire for Refugees [UNHCR] estimated that globally 9 million people were refugees, but IDPs were hardly mentioned in statistics. At the end of 2007, the total number of displaced persons had risen to 67 million, of which 16 million were refugees, 26 million were IDPs due to conflicts, and a further 25 million IDPs due to natural disasters (UNHCR, 2008). Many poor countries are less able to cope with disaster due to the economic crisis and a weak national infrastructure (Burkle Jr, 1999; IFRC, 1997). A complicating factor is that the group of IDPs living outside camps is increasing, which makes access and corresponding delivering of aid difficult (Salama et al., 2004).

During the last decade more international organisations have been established in an attempt to support the displaced in need, and vast sums are spent on humanitarian aid. However, natural disasters have received more attention and response than complex emergencies, because natural disasters are easier to understand and less political (Spiegel, 2005). The exact number
of international organisations working in the humanitarian field is unknown, as no reporting- or control-system exists. One of the few estimations indicated between 400 and 500 international organisations were involved in humanitarian operations at the beginning of 1990s (Beigbeder, 1991). Some of these big actors were the United Nation organisations, the Red Cross movement, the Non-Governmental Organisations [NGOs], including the faith-based organisations, Oxfam, Save the Children, and Médecins Sans Frontières [MSF].

Humanitarian aid has become increasingly politicised and linked to the political agendas in the world in general (Diskett et al., 2004). In a more complex world, established organisations must be prepared to work both in long-term development and disaster response (Diskett et al., 2000; Henry, 2004b; Taylor, 1997).

The Geneva Conventions cover humanitarian principles for wounded and sick, for shipwrecked, prisoners of war and civilians, but not aid workers. These workers have to comply with the conventions but cannot in return rely on them for their own security (Lancet Editorial, 1999). There is no trade union for relief workers, which at least could negotiate with organisations about their security plans. ‘People in Aid’ was the first initiative in the direction of a professional organisation “promoting, supporting, and recognising good practice in the management of people” (People in aid, 2009).

International organisations send thousands of aid workers of different professions to disaster areas. Different types of expertise are required for different stages of disasters and for different aspects of the missions. There is lack of data on human resources [HR] in humanitarian action as the exact number of organisations is unknown (Loquericio et al., 2006; Mowafi et al., 2007). However, the largest group recruited are health professionals (Eccles, 1997; Taylor, 1997).

Aid workers are normally supposed to leave their ordinary work in their home country at short notice and work for short periods, from some weeks to a year, partly due to the working conditions being hard. Despite this, many people around the world are willing to help others during disasters. When they enter the field, they usually find themselves in a very demanding situation, which to them appears chaotic with many different stakeholders involved, all with their own agenda and priorities (Diskett et al., 2004; Hearns et al., 2007).
Terminology

Many different terms exist in the humanitarian sector to describe the types of crisis situation, and the people affected or working in these crises. Humanitarianism is ‘an ethic of human solidarity’ based on the values: respect for life, a responsibility for future generations, protection of the human habitat, altruism nurtured by a sense of mutual interest, and a recognition of human dignity and worth (Beigbeder, 1991). The values are reflected in many of the international laws such as the Geneva Convention and the Universal Declaration of Human Rights. Humanitarian actions include:

“The protection of civilians and those no longer taking part in hostilities, and the provision of food, water, and sanitation, shelter, health services and other items of assistance, undertaken for the benefit of affected people and to facilitate the return to normal lives and livelihoods” (Good Humanitarian Donorship Organisation, 2003).

The term humanitarian assistance was formerly more commonly used to describe the international aid to displaced persons in the world. During the 1990s, the term was replaced by the wider concept ‘humanitarian action’ which intends to show that the beneficiaries participate in the planning and implementation of the aid operations. Four ideal forms of humanitarian action have been developed:

- Assistance – material help and support;
- Protection – defence of people’s safety and dignity;
- Livelihoods – economic support; and
- Advocacy – speaking out on behalf of people’s needs (Slim, 2005).

The word ‘disasters’ is used for both natural and man-made crisis situations. Each of the larger organisations has their own definition of disaster, which is linked to their mandate or ‘mission statement’. In the health sector, a more specific concept is needed in order to communicate health needs. Crude Mortality Rate [CMR] is defined as: “The rate of death in the entire population, including both sexes and all ages” (The Sphere Project, 2000). The most commonly used formula during disasters is: number of deaths/10 000 persons/day, where a situation with CMR >1 is considered as an alarming situation (Noji, 1997). ‘Emergency’ is used to describe a state “in which normal procedures are suspended and extra-ordinary measures are taken in order to avert disasters”(WHO/HAC, 2004?).

‘Complex humanitarian emergency’ is used to refer to disasters where various warring factions or parties are involved, and the conflicts are linked to other emergencies. In these situations, there is a weak or damaged infrastructure, large-scale forced population movement, high death rates,
many stakeholders, and a predisposition to other disasters, such as drought, famine, epidemics, and floods, as well as significant security risks for humanitarian relief workers (Hallam, 1998).

According to the official United Nation Convention in 1951, extension in 1967, and additional text from the African Union in 1969, a refugee is defined as:

"Any person, who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail himself/herself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it” (UNHCR, 2007).

An IDP is someone who is displaced within his/her own national borders, and therefore, still controlled by the laws, policies, and political systems of that country, which may be the cause of their problems (IDPproject, 2003). There is no international convention similar to the one for refugees, and there is no UN organisation with a mandate especially for this group. However, the UNHCR increasingly assumes responsibility for IDP in the world (UNHCR, 2008).

The term ‘non-governmental organisation’ or NGO was invented in 1945 because the UN wanted to differentiate between intergovernmental agencies and international private organisations in their Charter (Willets, 2002).

The words ‘aid workers’, ‘relief workers’ and ‘volunteers’ are all used for people working in this sector. The term ‘volunteer’ means persons who have offered to work in the sector and does not indicate that they are working without pay, although the salaries are quite low. In this text, these terms will be used synonymously. ‘Expatriates’ refer to aid workers who are in a foreign country during their missions.

The recruiting organisations
Organisations send expatriates into the field for different reasons. One is the acute need for professional assistance due to lack of local resources and time to train local staff. Another reason is that fieldwork is considered simplified, if the organisations have a representative in place to communicate the needs to the headquarters. It is argued that western professionals provide their home countries and organisations with important knowledge and experience
on the Third World, which strengthens the organisations (Anderson et al., 1998). In conflict situations, expatriates can act as a buffer as they are considered more objective than local staff (Anderson et al., 1998). Western organisations can also expect expatriates to act as witnesses, and raise public awareness about the “plight of the people” in the areas where they serve (MSF, 2005b). Finally, religious organisations may want volunteers in the field “to act as a symbol of the reign of God” (Swedish church, 2005).

The trend since 1990s among the international organisations has been to employ more local experts and other kinds of local personnel. This is a less expensive solution for them, as local personnel are expected to work for longer periods, know the context including the language, and are considered a more ethically correct solution (Anderson, 2000; Simmonds et al., 1985; Taylor, 1997; Vaughan et al., 1983). However, not all organisations have capacities to employ them (Henry, 1998; Taylor, 1997) even though many organisations realise local staff are under-utilised as humanitarian health workers (Mowafi et al., 2007).

The recruitment and training process


The recruitment of personnel is normally part of the planning cycle, where the need for new staff and their work description, and terms and conditions for the job are identified. Ideally, both the headquarters, the field offices, and local partners are part of the discussion (Swarbrick, 2004). In reality, due to time constraints, many organisations make major compromises during recruitment (Anderson, 2000).

Despite large recruiting organisations receiving thousands of enquiries about job opportunities in the humanitarian field every year, there is competition for the most qualified and experienced aid workers (DeChaine, 2002). One increasingly important method for organisations to present themselves to a wide audience and to attract new applicants, is to use the World Wide Web [www]. Web sites are cheaper than advertisements in newspapers and reach a wider audience. The organisations use the World Wide Web for both
presenting their mandate or mission statement and for recruitment purposes (Gatewood et al., 1993). An alternative method is to use rosters of persons who have reported their interest in humanitarian work; however, rosters need to be updated, which is costly for the organisations. Databases established by umbrella organisations, such as RedR based in United Kingdom, are another solution, although some organisations are unwilling to entrust the management of their register to a central body that may not share the special philosophy as the organisation (Taylor, 1997).

An organisation’s image, including how they are presented online, is important for applicants’ decision in making initial contact (Cober et al., 2000; Gatewood et al., 1993). As online recruitment is a new phenomenon, little research exists in this field. However, Cober et al. (2000) suggest a model for ideal online recruitment, and emphasise the importance of an attractive web page containing a structure with information that is easy to understand and follow. In order to foster the interest of the reader, some kind of a testimony is recommended, for example letters written by people who at currently employed by the organisation, which is seen as a way to build a relation to the reader (Cober et al., 2000).

It is important for the organisations to find the ‘right’ people. Different strategies have been tested in order to identify which people are most likely to be successful in the field. More commonly, the focus is on criteria and characteristics of the people; however, there is little research proving their value in humanitarian action. In time of disasters, when time is short, earlier studies have indicated that priority is often given to filling the post before careful recruitment, including a face-to-face interview (Macnair, 1995; Simmonds et al., 1998).

Earlier research by Kealey (Kealey, 1996) identified the ideal expatriate as a so-called ‘cross-cultural collaborator’. This person should ideally have three sets of skills: adaptation skills [positive attitudes, flexibility, stress tolerance, patience, marital/family stability, emotional maturity, and inner security], cross-cultural skills [realism, tolerance, involvement in culture, political astuteness, and cultural sensitivity], and partnership skills [openness to others, professional commitment, perseverance, initiative, relationship building, self-confidence, and problem-solving].

For expatriates working in humanitarian action, additional characteristics include: having a sense of humour, ability to admit weaknesses, ability to share emotions, being a team player, having good communication skills, leadership abilities, abilities to motivate others and to stay calm under difficult circumstance, and maturity. In addition, knowledge in more than one language has been identified as important (McCall et al., 1999).
Important characteristics for an effective team leader are flexibility and diplomacy, ability to build teams, and capacity, including clarify the roles and responsibilities, be able to coach first time advisors, command respect, to communicate, and build bridges between groups (Kealey, 1990).

There are few studies focussing on aid workers’ motivation to volunteer for work in the international humanitarian sector. Research in United States during 1970s on volunteers’ motives (Anderson et al., 1978) and a follow-up during 1990s (Liao-Troth et al., 1999) indicated that the common motives were a wish to help others, feeling useful and needed, becoming self-fulfilled, improving the community, and personal development, showing that helping others ranked highest.

Most humanitarian organisations require previous field experience from people going to the field. There is an assumption among NGOs that the people who will be most competent are those who have at least one experience from the field. However, the limited research on this question (Kealey, 1990) does not reveal any relation between earlier experience and effectiveness.

The methods of preparation for humanitarian work are diverse and not always satisfactory (ALNAP, 2002; Macnair, 1995; McCall et al., 1999). Some organisations have unrealistic expectations of their volunteers and neglect to provide adequate preparation and support. In the difficult situations humanitarian workers often find themselves, preparatory training would have been extremely valuable (Hammock et al., 2000). Although some are sceptical about academic education and imply they are surrogates for more specific schooling (Mowafi et al., 2007), there is a demand for high quality training, ideally standardised. Standards in emergency management training should, if they existed, also define the minimum qualifications of trainers, and provide guidelines for curriculum and content (Alexander, 2003).

Experienced aid workers suggest knowledge in management, communication, negotiation, international law, transportation, logistics, and security is needed, in addition to health workers’ professional knowledge (Burkle Jr, 1999). Moreover, cross cultural training [aimed at increasing knowledge and skills for helping people working in unfamiliar cultures] (Caligiuri, 2000), information on international standards (Spiegel, 2004), and about HIV/AIDS (Harvey, 2004) are mentioned as helpful for aid workers in preparing for future work and to create realistic expectations.
Problems and solutions

Many problems in the area of Human resource management [HRM] in humanitarian action are identified. In disasters, the recruitment officer is required at short notice to find qualified persons willing to go to sometimes dangerous and insecure locations (Taylor, 1997). It is especially difficult to recruit for contracts that are longer than three months, which is considered the minimum period to be effective (Simmonds et al., 1998; Taylor, 1997). The reasons for the difficulties in finding personnel for these missions can either be that it is difficult for health professionals to get leave from their permanent work, or, that the international assignments do not assist their career in their home country. Therefore, many health professionals do not want to risk their future for humanitarian works. In order to solve these problems, some large organisations such as WHO and Oxfam have established task forces of qualified persons who are able to go into the field with short notice. However, this is an expensive solution, as the task force members must be paid, even during the periods they are not on assignment (Bugnion, 2002; Taylor, 1997).

Another often discussed problem is the high turnover of personnel, meaning they take part only in one mission (Loquericio et al., 2006; Richardson, 2006). This is costly for the organisation, as recruitment of one person in 2005 was estimated to cost about £ 15.000 (Loquericio et al., 2006). A variety of solutions to this problem has been proposed. For examples, training programmes with training grants between assignments to keep volunteers updated, development of career plans, positions in headquarters between posting overseas, and job rotation (Macnair, 1995; McCall et al., 1999; Simmonds et al., 1998; Taylor, 1997). The need for a coordinated and cooperative approach to training has been identified (McCall et al., 1999; Mowafi et al., 2007; Richardson, 2006; Schaafstal et al., 2001), but is still not in place.

Another problem is to find certain types of aid workers, especially those with long professional experience, language skills, management skills, and earlier experience of disasters. A possible explanation is that these people are in the phase of their life when they want to settle down with a more secure job in their home country and with a family (Taylor, 1997).

Security has become a serious issue, as relief volunteers have to work under extreme circumstances and cope with cultural and climatic differences, sporadic or non-existent electricity, water, and other basic services. Their work involves trying to provide medical and public health assistance to a huge number of people who are stressed due to flight, exhaustion, and privation, and they are subject to many deaths. At the same time, they
themselves are exposed to random and organised violence (IHE, 1992; Leaning, 1999). Solutions that have been suggested include in-depth discussions of hypothetical field scenarios during briefings and training sessions, more efforts to understand team dynamics, and support to relief workers in the field (Salama, 1999).

History

The first known group organised in order to care for wounded and sick were the Order of Malta during the 12th Century, who provided religious and hospital care to the Christian crusaders in Jerusalem. Meanwhile, the first mission societies were established during the 17th Century, the American Medical Association being the first voluntary organisation, founded in mid 19th Century (Beigbeder, 1991). The modern humanitarian organisations started with the Red Cross, which was established in 1863.

With the establishment of UN after the Second World War, the international community could organise humanitarian aid through a number of organisations with specific mandates. For example, the establishment of World Health Organisation [WHO] in 1948, UNHCR in 1951, United Nations Children’s Fund [UNICEF] in 1946, and the World Food Programme [WFP] in 1961 (Beigbeder, 1991). UN also has a coordinating function through, since 1991, the UN Office for Coordination of Humanitarian Affairs [OCHA]. The organisation has an important source online for information connected to humanitarian action, called ReliefWeb (OCHA, 2009). During the war in Biafra, Nigeria, in 1968, French doctors working for the International Committee of the Red Cross and Crescent (ICRC) witnessed the brutalities. Their positions within ICRC prevented them from testifying about what they saw. As a result, in 1971, they established MSF with the mission statement “to provide medical action to population in danger” and to witness and raise political awareness of human rights violations (MSF, 2005a).

Before 1994, humanitarian missions were considered ‘charitable’, and anything done with the aim of helping disaster victims was acceptable (IFRC, 1994). Organisations that were driven by commercial, political, military, or religious agendas could operate in the field. This was a concern for organisations operating on the humanitarian imperative, which means that decisions are based on the needs of the people affected, without consideration for any other interest (Verboom, 2002).

The aid operation after the genocide in Rwanda in 1994, which was also the largest humanitarian action operation in history, was evaluated as a failure
(JEEAR, 1996). Among all different organisations, hundreds of untrained, unequipped medical students from Europe landed in the ongoing catastrophe without any idea about how they could help. Some newly-formed NGOs refused to cooperate with others, and UNHCR, which coordinated the operation, ordered some organisations out of the main camp due to the unprofessional behaviour of their volunteers (JEEAR, 1996).

The Rwandan crisis initiated a discussion about the quality of humanitarian aid and the establishment of standards to be used as practical tools and guidelines for aid workers. The most well known and used standards are outlined by the Sphere Project, which includes ethical rules for aid workers and aid organisations called the Code of Conduct (The Sphere Project, 2000). One rule relates to the research presented in this thesis and sets out the standards for how disaster victims should be recognised:

“In our information, publicity and advertising activities, we shall recognise disaster victims as dignified humans, not hopeless objects. Respect for the disaster victim as an equal partner in action should never be lost”.

In the United States, InterAction PVO standards were developed in 1989 by NGOs, with the aim of enhancing effectiveness and professional capacities within the organisations. The standards cover governance, organisational integrity, finances, public communications, and management, as well as guidelines for HR programmes and policies (Bugnion, 2002).

In 2004 the World Association of Non-Governmental Organisations [WANGO] also drafted a Code of Ethics and Conduct for organisations for guiding their management, operations, and behaviour (Gibelman et al., 2004).

The Rwandan experience also started a discussion about a Human rights approach, based on the Humanitarian Charter, where the main principles are neutrality, impartiality, independency, accountability, appropriateness, and the respect for human rights. According to these principles, every person has the same right to life with dignity. The aid workers should make a distinction between combatants and non-combatants, they should respect the principle of non-refoulement, the assistance should be carefully targeted, and the beneficiaries should be involved in the planning of the actions (The Sphere Project, 2000).

Parallel to the major donor organisations, the network Active Learning Network for Accountability and Performance in Humanitarian Action [ALNAP] was established by the major donor organisations. Their main task
was to summarise lessons learned in order to improve future humanitarian operations (ALNAP, 2003).

Preparatory training in the past

History highlights the need for appropriate preparatory training and professionalism in the humanitarian sector. During the 1970s, most international expatriate personnel working in humanitarian crises were medical doctors with no preparatory training for disaster work (Lechat, 1976). However, many health workers returning from the field argued for a different approach (Lechat, 1976; Sargisson, 1991; Simmonds et al., 1985) and that NGOs should only be in the field if they had competent, trained staff (HAP et al., 2002). Some of the larger organisations began providing personnel with pre-departure courses, the majority being in–house courses where the aims and philosophy of the organisation were discussed, rather than technical or professional issues (D'Souza, 1985).

However, aid workers emphasised the need for Public Health training, as the high technology education they already had was insufficient as preparation for fieldwork. This occurred shortly after the Alma Ata declaration, ‘Health for All’, was launched in 1978, which the majority of the western countries had adopted.

In 1995, Macnair reported a research project based on a questionnaire among experienced humanitarian aid workers. In her paper ‘Room for improvements’, she highlighted the need for improved HRM (Macnair, 1995). This has become a landmark in this sector. The organisation People in Aid started soon after, and is still working for better quality of HRM within humanitarian action; their code for HRM is used by an increasingly number of organisations (People in Aid, 2003).

During the crisis in Rwanda, hundreds of unprepared aid workers with various backgrounds caused problems for the established organisations and did not perform well (JEEAR, 1996). Consequently, the suffering people did not receive appropriate assistance. With the establishment of standards and codes, the international community expected the quality of the assistance would increase. However, since the crisis in Rwanda and former Zaire, the number of organisations and the number of aid workers are still immeasurable.

The evaluation of the international response to the Tsunami in South East Asia in 2004 showed that hundreds of unprepared volunteers called ‘well-wishers’, working for old and new organisations failed to do a good job. Problems identified include aid workers with inappropriate experience from
earlier disasters. Too many were unprepared for the work and were unaware of existing standards and guidelines and did not behave in a culturally correct manner (UN, 2005).

The western society of today

The idea of making a personal contribution to help other people in the field of humanitarian assistance may contrast with growing individualism in modern western societies. Nevertheless, the mass media, the music industry, and the international aid community nurture the concept that it is important to ‘stand out’ and be someone special, with the frequent use of terms such as ‘hero’. One example of this trend in western society is the way WHO promotes health care workers in the world. On their web site the following text was found:

“Health workers form the backbone of health systems. These are men and women who save lives every day, despite difficult conditions and inadequate resources... – the dedicated and hard-working heroes for health” (WHO, 2008).

Moreover in 2008, when MSF Sweden celebrated its 15 years of operation in Sweden, they called their concert “Being a hero is easy”, referring to the fact that everyone in society can be heroes, if they support the work of MSF (MSF Sweden, 2008).

Another example comes from a daily newspaper that nominates ‘daily heroes’ (Aftonbladet, 2007), with heroes defined as those who: “care about others more than themselves, who show civil courage and even risk their own lives, those who manage despite the odds”.

However, the title ‘daily hero’ is also used for people who are doing non-glamorous work, for example a person who working in social service for elderly (Sigroth-Lambe, 2009). A parallel description of an ordinary ‘worker’ doing his job, although called hero, were the milk packages distributed in Sweden during March 2009, with a text about the heroes on the meadow, referring to the butterflies and bees pollinating the flowers (Arla Forum, 2009). Yet another example is a popular American TV science fiction and drama series called ‘Heroes’, which tells the story of ordinary individuals with superhuman abilities that they use to prevent catastrophes (NBC, 2008).

The word ‘hero’ is even used in advertisements in daily newspapers; not always for showing someone as a hero. For example, a radio station showed a photo of the popular artist, Enrique Iglesias and included the title of his song “I can be your hero”, in the text to attract listeners (FM 106.5, 2009).
This is only one of many current popular artists such as Charlotte Perrelli, Mariah Carey, and the group Il Divo that all have hits with songs called “Hero” (YouTube, 2009). The last example of this phenomenon in our society is as a popular computer game for children, where one pretends playing guitar is called “Guitar Hero”.

A hero is a symbol that people have used for hundreds of years to summarise what people are thinking. In the Greek mythology, a hero symbolised the two sides of the human nature: the divorce and the conciliation. The hero was often a person of lower class [or a higher class without knowing it]. He or she was tested for his/her strength, fought against the evil or temptations, but often lost and was killed. The heroes were generous to their admirers, but merciless to their enemies (Cooper, 1986; Nationalencyklopedin, 1994). The values of a hero are fearless, applied, instructed, tireless, and humble (Wellman, 2004). Lanara (1981) describes heroism as the ‘absolute good’ – the highest manifest of humanity, being helpful, doing extraordinary acts of bravery, and having high ideals.

Carl Jung described behaviour, referring to deep roles of which the hero is one; we all have a driving force to be good. In the myths, our instinct for challenge, fighting, and victory [the hero] is highlighted. Myths are more or less the same the world over, as human beings have, more or less, the same experiences (Moxnes, 1995).

Conclusions from history
Many improvements have been achieved in the humanitarian sector. However, research on aid workers’ perception of their experiences in the humanitarian field is sparse and has been carried out mainly with structured questionnaires (Simmonds et al., 1998). Two of the few earlier studies on the motivation to volunteer, determined common motivating factors were a desire to help others, to feel useful and needed, to become self-fulfilled, and to improve the community (Anderson et al., 1978; Liao-Troth et al., 1999).

Due to limited research, organisations working in the humanitarian sector lack much of the information required in order to develop better personnel policies and programmes and to strengthen their operations in disasters. This research project aimed to fill part of this gap.
The overall aim of this thesis was to investigate how humanitarian organisations attract, recruit, and prepare expatriate health professionals for fieldwork, and how these professionals are utilised, in order to identify possibilities for improvements.

The specific objectives included the following:

• To describe how aid workers returning from humanitarian action missions perceive their experiences in the field, and the preparation and support they received in connection with the assignment.

• To identify the main motivating factors and perceived problems and obstacles for health professionals planning to volunteer for humanitarian action work.

• To explore how humanitarian fieldwork is presented through letters written by health professionals working for MSF, and published on MSF home pages to attract new field staff. The objective was to look at both ‘what the letters said’ and ‘how they said it’.

• To describe how recruitment officers in selected large humanitarian organisations perceive humanitarian aid work, how they recruit, prepare, and support their staff in order to achieve high retention, and what concerns and recommendations they have for future work.
Theoretical framework

Many theories exist regarding human behaviour and needs and some have formed the framework for this research project, particularly Herzberg’s theory on work satisfaction (Herzberg et al., 1993), Maslow’s hierarchy of needs (Maslow, 1970), Organisational Socialisation (Flanagin et al., 2004), and Learning Organisations (Britton, 2002; Senge, 1990).

Herzberg (1993) organised factors that affect how people feel about their work into two primary groupings which were ‘satisfiers’ and ‘dissatisfiers’. According to this theory, motivation, satisfaction, and long-term positive job performance are determined by five factors, which he called ‘satisfiers’ and include achievement, recognition, the work itself, responsibility, and advancement, all of which relate directly to what people do in their jobs. Other factors, which Herzberg called ‘dissatisfiers’ do not motivate or create satisfaction, but their absence can lead to job dissatisfaction. These factors all relate to the situation in which work is done and include policy, supervision, interpersonal relations, working conditions, and salary (Gawel, 1997; Herzberg et al., 1993).

Maslow (1970) proposed a different theory describing the role of work in satisfying personal needs and proposed that human beings have similar needs they try to satisfy, usually in the same order. According to the concept, people must have one level of need satisfied to a substantial degree, before they will pursue the next higher need (Gawel, 1997; Heylighen, 1992; Maslow, 1970). The needs described by Maslow can be shown as a pyramid. At the base are physiological needs such as food, water, shelter, and sex. This is followed by safety, including security and freedom from fear. The next tier involves social needs—loving, being loved, feeling that one belongs, and not being lonely. Esteem, including self-esteem, is yet higher and involves achievement, mastery, respect, and recognition. Self-actualisation, fulfilment of personal potential and the pursuit of inner talents, is at the top of the pyramid.

In an analysis of Maslow’s work, Heylighen (1992) pointed out that people who have met all the lower needs appear to have everything they need; they are secure, have friends and families, are respected and enjoy high self-esteem. However, if they have not achieved self-actualisation, they may feel
that something is lacking. If they experience life as boring and meaningless, they will look for ways to develop their own capacities more fully (Heylighen, 1992). A self-actualised person is identified as eager to undergo new experiences, attracted towards the unknown, and can see new things to appreciate in well known situation. In relation to problems, they are spontaneous and creative, but can have difficulties in making decisions. Even so, they have ‘a well-developed system of personal values’ and are open-minded and friendly, and they easily feel empathy. Heylighen describes the self-actualised person by an old dictum:

“ They have the patience to endure the things that cannot be changed, the courage to change the things that can be changed, and the wisdom to distinguish the one from the other” (Heylighen, 1992).

Organisational Socialisation as described by Flanagin et. al. (2004) is the process through which the individual learns the values, accepted behaviour, and social knowledge within an organisation. The aim is to reduce uncertainties about the organisation and the job, and to help newcomers to build relationships and to feel part of the organisation (Flanagin et al., 2004). Socialisation begins during the first interview, when the applicants receive information about the relational norms of the organisation. This continues when they try to become proficient in their professional and personal life, when they try to balance their work with personal concerns, and when they are assimilated into social roles within the organisation and their working units (Flanagin et al., 2004). However, newcomers need help in interpreting events in the new working environment, including cultural aspects (Louis, 1980).

Successful socialisation processes lead to mutual advantages for both the employees and the organisation. The employees feel satisfied and successful in their job and are committed to the organisation; this leads to longevity within the organisation. However, there are no universal recommendations as to how a successful socialisation process should be implemented (Flanagin et al., 2004).

The concept of ‘learning organisations’ is used in different kinds of organisations. The thinking behind the concept builds on the philosophy that learning is a process leading to a product (Britton, 2002). Britton characterises a learning organisation as an organisation that recognises the need for change, provides continuous learning opportunities for its members, and explicitly uses learning to reach its goals. A learning organisation links individual performance to organisational performance, encourages inquiry and dialogue, making it safe for people to share openly and take risks, embraces creative tension as a source of energy and renewal, and is continuously aware of and interacts with its environment.
Five forces or ‘disciplines’ in learning organisations should be considered (Senge, 1990). These include: personal mastery [understanding personal capacities and dreams]; mental models [examining deep personal beliefs]; team learning [collaboration to work and develop knowledge effectively in small groups]; shared vision [building a collective dream to guide future action]; system thinking [coming to view the organisation from a larger perspective that recognises how individual actions affect everyone else]. Barriers to learning are either external e.g. donor priorities, or internal e.g. existence of activist culture; hierarchical, centralised, and control-oriented structures; weak reward systems for learning; underdeveloped system for accessing, storing, transferring and dissemination of learning; and lack of handling ‘discordant information’ (Britton, 2002).

There are many opportunities for the organisations to learn, some are ‘lessons learn’ exercises, programme and operations planning processes, annual programme reviews, programme evaluations, debriefings, and hand-over to new personnel in the field (UNHCR Evaluation and Policy Analysis Unit, 1999).
Material and methods

The research process

<table>
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<th>Study 1</th>
<th>Study 2</th>
<th>Study 3</th>
<th>Study 4</th>
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The starting point for this research project was from personal experience as a course leader and teacher in preparatory courses for health professionals intending to do humanitarian action work. The health professionals in these courses often expressed unrealistic perception of their future humanitarian work and anticipated themselves as mainly performing medical tasks. They appeared unaware that they may supervise and lead others and had difficulty comprehending the complexity of the humanitarian context, including the confusing number of actors, practical difficulties in getting work done, and everyday frustrations from non-functioning infrastructure.

In response to these observations, a series of research projects to investigate HRM in humanitarian action were initiated, with the intention of identifying means for improvement. The first study explored how health professionals, who had been in the field, experienced their roles. The second study focused on the motivations of health professionals to go into humanitarian work.

The results raised questions regarding applicants’ expectations about humanitarian disaster work. In the third study, how organisations present themselves and attract potential workers for the field was explored. As a complement to the earlier studies, in the fourth study, recruitment officers in
seven of the large humanitarian organisations were interviewed in order to
determine their opinions and concerns around the recruitment process in
humanitarian action.

Data collection methods

A qualitative research approach was used as its starting point is from the
perspective of the informants (Dahlgren et al., 2007). A qualitative research
approach is flexible and can lead to new ideas and insights that would not be
revealed through highly structured questions. Data was collected from
individual interviews, focus groups discussions, written texts and
photographs.

In the first study, personnel officers working at the headquarters of the largest
Swedish organisations were approached and asked to contact health
professionals who had returned from humanitarian action work during the last
12 months and ask if they would be willing to participate in the study. Out of
25 people, 20 (15 women and 5 men) agreed to be interviewed. An interview
guide was used during the interviews, which lasted about one hour. Most
interviews were conducted face-to-face, although a few were via telephone.

Questions about basic facts [age, number of missions, countries of
experience, year of the missions, employing organisations, and length of
each mission] were followed by questions concerning the preparation they
had received, about their work, roles and responsibilities, and how well they
felt they had handled the situation. The interviews covered questions about
how prepared the volunteers had felt, what knowledge they lacked, and how
the working conditions affected their performance. Finally, they were asked
what recommendations they would give to colleagues contemplating similar
work. Notes taken during the interviews were transcribed verbatim, resulting
in over 100 manuscript pages.

For the second study, there were four focus group interviews with 19
Scandinavian health professionals, who were planning to work in
humanitarian action and had just completed a two–month preparatory course
in International health together. During the focus groups, an interview guide
covered the prospective volunteers’ motivation to work in humanitarian
action abroad, their expectations about themselves and the organisations
recruiting them, and their concerns about their assignments. Other questions
dealt with preparation for working abroad. The focus group interviews were
recorded, and written notes were taken. The recording was transcribed
verbatim, resulting in over 100 manuscript pages.
In the third study, 137 letters written by field workers and available on six European MSF homepages in August 2007 were collected, together with 129 attached photos. The six sites from MSF in Belgium, Denmark, Norway, Sweden, The Netherlands, and United Kingdom were selected for the study as they were geographically and organisationally related and because of the language used in the letters. As a group, the researchers could read English, Danish, Norwegian, and Swedish, and a colleague familiar with international health and fluent in Dutch was available to translate letters on MSF-Belgium and MSF-Netherlands sites. As only letters from health professionals currently in the field were pertinent to this study, the letters from non-medical personnel and reports on completed missions were eliminated through sorting. In preparation for the analysis, the letters and attached photographs taken in the field were assigned identification numbers and copied into Word. Letters in Dutch were translated into Swedish. The final material constituted about 160 pages.

In the fourth study, seven recruitment officers at some of the major humanitarian organisations including the World Health Organisation/ Health Action in Crisis [WHO/HAC], ICRC, International Federation of the Red Cross and Red Crescent Societies [IFRC]; the Swedish Red Cross; two branches of MSF in Sweden and Holland; and the Swedish church were interviewed. An interview guide was used during the one-hour face-to-face interviews. The questions covered the portrayed images of humanitarian work, the standard recruitment procedures (Henry, 2004a), concerns, trends, and implications for future work. All interviews, except for the one in Dutch, took place at the headquarters in Geneva, Switzerland, and Stockholm and Uppsala, Sweden, and were tape-recorded and transcribed verbatim. The Dutch interview took place during a conference in Amsterdam, however, due to the noisy background, tape-recording was not possible but extensive notes were taken. In addition, a group discussion was held with the programme director, a programme officer, and two training officers at the WHO/HAC office in Geneva, Switzerland. The material constituted about 80 manuscript pages.
Data analysis

In the analysis of the four studies content analysis, photo analysis, and discourse analysis were used.

Content analysis

Content analysis, defined as “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (Hsieh et al., 2005), was applied to the manuscripts from the interviews and to the letters from the field. Different approaches to content analysis can be used: conventional, directed, and summative. In the four studies in this research project, conventional qualitative content analysis was used, which is appropriate when theory and research literature on the phenomenon is limited (Hsieh et al., 2005).

The text was repeatedly read to obtain a holistic sense of the content. Notes describing the first impression of the text were taken. Then, the text was read sentence by sentence in order to identify codes reflecting the content of the text. Similar or linked codes were sorted into categories and similar categories into themes. A second researcher performed parallel independent analysis of the material, and the two groups of categories and themes were compared and modified after discussion [Table 1].

Table 1. Examples of codes, categories and theme in study III

<table>
<thead>
<tr>
<th>Examples of codes</th>
<th>Categories</th>
<th>Theme</th>
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<tbody>
<tr>
<td>Lack of resources</td>
<td>General problems associated with work</td>
<td></td>
</tr>
<tr>
<td>Conflict in area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of water</td>
<td>Working conditions</td>
<td>Work context</td>
</tr>
<tr>
<td>Many patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No other doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different from home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery</td>
<td>Work content</td>
<td></td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Common health problems</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
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<tr>
<td>Anaemia</td>
<td></td>
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<tr>
<td>Measles</td>
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Representative quotations were selected, and when necessary, translated from Swedish into English (Granheim et al., 2004; Hsieh et al., 2005). During the analysis of the letters, the Swedish qualitative software program Open Code (Dahlgren et al., 2007) was used.

The photographs attached to the selected letters in study III were numbered and described in words, which were coded and grouped in categories and themes. The result was interpreted both at the denotative level [identification of people, objects and activities] and the connotative level [interpretation of the photograph, and identification of message] (Peterson, 1985). Finally, the photographs were compared to the content of the text in the letters in order to check for conformability in messages.

Discourse analysis

Discourse analysis is both a theory and an analytic method for analysing different material including empirical data, existing records, newspapers, and letters. The aim is to look at how texts are produced, their functions, and possible contradictions in them. Discourse analysis focuses on words used in the text, how the story is told, and what identities, activities, relationships, and shared meaning are created (Parker, 2004; Starks et al., 2007; van Dijk, 2008). There are different ‘schools’ of how to employ discourse analysis, and which models and tools to choose. The model developed by Fairclough (Fairclough, 1995) was used in this work, and with this model, the representations [things, places people, and events] the text included, and how identities and relationships were constructed were determined. The discourse process [how the text was produced] and the larger socio-cultural context were analysed.
Findings

This section presents the findings from the analysis of the interviews and written material. The research questions in the four studies concerned: the perception of work content of humanitarian action, motives to do disaster work, images of disasters, and recruitment procedures. The analysis of the four studies revealed certain themes related to the expectations, the experiences of the aid workers and recruitment officers and the policy of the organisations.

From the interviews with *experienced* aid workers [Study I] these themes emerged:
- Positive feelings about humanitarian action work,
- Frustration and stress,
- Unexpected nature of part of the work,
- Perceptions and feeling about other ‘actors’,
- Factors perceived as affecting success, and
- Roles of the recruiting organisation.

The interviews with *inexperienced* health professionals [Study II] included the themes:
- A wish to make a contribution,
- Professional role and competence,
- Recognition and self-esteem,
- The search for personal development and self-knowledge,
- A search for new experiences,
- Community and coherence,
- A desire for more satisfying work, and
- Security.

From the *letters* [Study III] written by people currently working in the field, the following themes and categories emerged:
- General context including the categories: ongoing conflict, security, infrastructure problems, and writers’ living condition,
- Work content, including the categories: nature of the work place, working conditions, general problems associated with work, work content, and common health problems, and
- Writers’ perception of the work, including the categories: positive feelings, negative feelings, and motivations to work with MSF.
For the recruitment officers [Study IV], the following themes represented the findings:
- The description of the field,
- Recruitment procedures,
- Concerns,
- Trends, and
- Implications for the future.

The presentation of the findings is structured according to the questions raised in the four studies and to the theories of Maslow (1970) and Hertzberg (1959).

**Motives and realities**

The inexperienced aid workers wished to ‘make a contribution’, to help others, and that with a touch of heroism, were the main motivating factors for humanitarian work. Relatives, friends, or TV programmes, such as ‘The flying doctors’, often inspired them to make the decision to work in the humanitarian field.

Another motive for work in humanitarian action was a desire to develop themselves as both as people and professionally, and they expected their missions abroad would lead to such development. The chance to grow personally was perceived as being greater during humanitarian work than within routine conditions in the Swedish health care system.

Linked to this was a strong aspiration to work with like-minded people in a group, something they missed in their home country. The presumptive aid workers had high expectations on the employing organisation, and expected to be taken care of and never to be left alone.

Another reason, especially for the doctors, was the fact that the bureaucratic system in the home country appeared to ‘take the joy out of being a doctor’, and they looked forward to be working as ‘real doctors’ during the humanitarian missions. Some health professionals even wanted to test their limits and to experience adrenaline flushes after particularly difficult achievements.

Inexperienced aid workers also looked for an adventure, a new experience, before they became too old and were interested in other cultures and looked forward to learning about new countries.
The authors of the field letters and the experienced aid workers confirmed it is possible to grow as a person and feel satisfied doing something worthwhile, despite resource limitations in the work context. They also confirmed it is possible to develop professionally, including learning new skills, for example managing complicated deliveries or helping the severely malnourished to survive. Experienced aid workers had positive feelings about humanitarian work and were impressed by the strength of the suffering people, and how they could survive often in the terrible situations.

Images of field work

Through the letters from the field, a realistic picture with many stories about very sick patients appeared. However, the dominating image was positive with well functioning teamwork and local staff suffering, but doing a very good job. The writers did not describe themselves as heroes, and emphasised how much they learned from the fieldwork.

When analysing the photographs attached to the letters, the most common photograph portrayed a white person bending over a passive patient. In the majority of the text attached to the photographs, the western aid workers were introduced by name, but not the local staff or the patients.

Interviews with experienced aid workers indicated that the work context and work content had changed during the last decades. Today, humanitarian work is more complex and the aid workers are supposed to do both clinical work in hospitals and work in primary health care. The recruitment officers described the fieldwork in the same terms as the experienced aid workers, and talked about the importance of flexibility and diplomacy in a complex reality.

Our basic needs: safety, social belonging and good self esteem

Inexperienced personnel had many worries about the security situation, and some also worried about how to handle their economic situation when they returned. Others were worried after all the stories they had heard about people coming home to a ‘big black hole’ and feeling alienated from old friends and colleagues.

The inexperienced health professionals did not realise that their life could be in danger from for example, complex emergencies. When they learned about threats and the risk of death in the field during a course in International health, they became concerned about safety and whether the recruiting
organisations would take adequate care of them and keep them safe. On their first mission, they did not want to take big risks, as they understood they would be mentally occupied with concerns about work, and felt that was sufficient to be concerned with.

Conversely, some inexperienced doctors were not worried about security and were even willing to go into dangerous situations; they had a feeling that they would be all right. However, they did express concern that an insecure situation might make them afraid and affect their professional performance in the field.

The authors of the letters rarely directly mentioned security. Instead, the political situation was discussed indirectly when describing the local population’s suffering due to armed conflict. The few exceptions were stories from the Democratic Republic of Congo, [DRC] and Iraq, where aid workers lives were directly threatened, and sometimes even prevented them from working.

Experienced aid workers talked about security and referred to specific threats, including armed hostilities, bombing, and mines, and criminality and rape. These threats had restricted their movements, hindered their work, and resulted in evacuations and even failed missions. Other sources of stress, including difficult physical conditions, work overload, feelings of isolation, and lack of qualified local personnel were also mentioned by this group.

Recruitment officers talked about the importance of being flexible and stress tolerant, and described aid work in terms of big demands and responsibilities. Not all organisations had a system for taking care of distressed people through debriefing sessions. One organisation expected the experts to take care of themselves, and was a reason debriefing sessions were not offered to them.

For the inexperienced health workers, it was important to work in a team with like-minded people and with the same personal and professional goals. They talked about wanting to keep their ties with the humanitarian community after they returned to Sweden. The need to belong was expressed as a fear of losing contacts in their communities at home. Some were afraid that they would repeatedly volunteer and never come back to Sweden, to their own culture, families, and friends.

Through the letters from the field, an overall positive image was presented, where teamwork was something ‘fantastic’. However, experienced aid workers considered it the most difficult part of the mission. Teamwork could be a source of both frustration and stress, especially in situations where the
teams both worked and lived together with people they had not chosen. Recruitment officers confirmed that teamwork was often a source of frustration and sometimes caused disappointment within the groups of expatriates.

*Self-esteem* was mentioned by inexperienced aid workers in connection with managing difficult situations. The inexperienced volunteers expressed concern about recognition from family members, who did not respect the inexperienced health professionals’ decision to volunteer. The authors of the letters often told stories about how the beneficiaries appreciated their work and presence, something that is important for the self-esteem. Finally, the recruitment officers did not consider the desire for self satisfaction as a problem; as long as the aid workers showed respect to the people they serve.

The satisfiers: achievements, the work, responsibilities and advancement, and recognition

The inexperienced doctors and nurses interviewed wanted and expected that future jobs would make a difference and give them a sense of *achievement*. At the same time, they wanted to develop professionally, but were worried their knowledge would be insufficient and they would not manage difficult patient cases. However, within the group of inexperienced aid workers, they comforted each other and concluded that what was most important was “to do as well as you can”.

The authors of the letters described many difficult cases and challenges, but in most situations, they managed to treat the patients or even save their lives. Lack of resources was one of the main obstacles to doing a good professional job. The new professional role was underlined through reflections on the differences between working in humanitarian action and work in their home country. The authors considered the responsibilities as managers, trainers and supervisors as difficult to handle.

The experienced health workers talked about the sense of satisfaction arising from the work. However, they considered it irresponsible to send inexperienced people into the field, as they felt inadequately prepared for the demanding positions they would experience. Difficult patient cases were only part of their frustrations, more dominating was the challenge as a leader and trainer, something they felt insufficiently prepared for. However, the authors of the letters and the returning health professionals expressed satisfaction with the work they were able to perform.
New volunteers were intensely interested in the work itself and expected it to be challenging and stimulating, in contrast to their jobs in Swedish health care, which they perceived as boring. They hoped that the overseas assignments would provide increased opportunities for taking more responsibility. The authors considered the responsibilities as managers, trainers and supervisors difficult to handle and, as with the returned aid workers, described the work as a mixture of different duties. Some tasks had to be learned, for example how to organise a vaccination campaign. In addition, being responsible for a hospital or a big group of staff was challenging, and it was difficult to mediate in a conflict situation.

The inexperienced personnel did not expect the new work situation to be boring, and the authors did not often write they were disappointed over their duties in the field. However, returned aid workers talked about poorly planned, meaningless, and overwhelming tasks. The returned aid workers also considered they experienced many unexpected responsibilities such as leader, manager, and trainer, which they were unprepared for, and requested more knowledge in different areas linked to medicine, for example pedagogy and management. They thought further knowledge in development studies in general would provide a greater understanding of the reality around of the situation and enable them to work more effectively.

New volunteers planning to continue working abroad after one or two humanitarian missions thought more in terms of long-term development assignments. The volunteers, even those who had been out on multiple missions, did not view humanitarian work as an area for career advancement. In these studies, no one discussed the possibilities of advancing in the hierarchy of the organisation or possibilities of working at the headquarters as something positive or as recognition.

The new volunteers discussed how they wanted the recruiting organisations to acknowledge their capabilities as professionals, even if they did not have earlier experiences of fieldwork. The authors wrote about recognition from another perspective. They recognised the organisations as the best option for working in disaster situations. The returned aid workers were sometimes disappointed by the organisations that did not use their fieldwork experiences during the recruitment process.
The dissatisfiers: supervision, interpersonal relations, working conditions, salary, and policy

The inexperienced aid workers expected not to be left alone in difficult work situations; however, lack of supervision, or support in the field was considered a problem by the returning aid workers. The authors of the letters did not discuss this, possibly because they did not want to risk the reputation of their organisation. Only one recruitment officer mentioned that the organisation arranged regional meetings for expatriates, which constituted a possibility for colleagues to exchange experiences and to meet representatives from the headquarters. MSF has established links to a research institute (Epicentre) that in collaboration with a helpdesk at the headquarters answers medical questions directly from the field via satellite telephones [personal communication with MSF Sweden].

The expectation expressed by the presumptive aid workers that they would be taken care of by the organisation was not confirmed by the experienced aid worker. Instead, they were often disappointed in the organisation and emphasised the importance of being properly briefed before missions, to be supported by the headquarters during difficult missions, and to receive professional debriefing after the field work was completed.

*Interpersonal relations* were discussed by all groups. Incoming volunteers expressed a desire to develop interpersonal relations as members of a team, as well as maintaining relations with friends and family at home. They wished to “understand other people”, referring to the locals. The authors of the letters and the experienced aid workers expressed admiration of the beneficiaries, especially women who took on huge responsibilities in the hard living conditions. The authors also wrote about the local staff in two respects. One group identified a need for updating the local staff’s knowledge and motivating them to do a better job. Others admired the skills and attitudes among the local personnel who in most cases were also victims of the disaster. The recruitment officers emphasised the importance of being able to lead others and to have good communication skills as necessary for successful job performance.

*Working conditions* are naturally important for the aid workers. The inexperienced did not know what to expect, but wanted to have secure working conditions in the field. The authors wrote about many patients, long working days, and lack of resources as the main problems and source of stress during their missions. However, they perceived it as something they could manage as they were in this situation just for a short period, compared to the local staff that both lived and worked under these difficult circumstances. The returned aid workers confirmed the high demands of the
work and the hard working conditions in the field. New aid workers wanted to receive sufficient *salary* to maintain their independent life-styles when they returned. However, this aspect did not appear to worry those with experience.

The organisations’ *policies* for professional development, expressed through the recruitment officers, were diverse; some expected applicants to take responsibility for their own professional preparedness, an important prerequisite for professional development. They did not recommend or support newcomers during special preparatory courses in Public Health for humanitarian action. Other organisations required newcomers to take a special course in this field before their first assignment. To succeed as an aid worker, experienced health professionals considered it important to feel secure in their professional role, to know what to do in a crisis, to have a stable personality, and a capacity to work in teams.

Recruitment officers’ main concern was lack of time to find the right person for the right job, most often a person with broad expertise in public health. Most difficult was to find people who could take responsibility as leaders and trainers. In order to socialise newcomers into the organisation, short courses and briefing sessions were mainly used. Some recruitment officers discussed problems with people who stayed too long in the field of humanitarian action and sometimes become cynical about the difficult situations they worked in. The trend identified by the recruitment officers was escalating demand for specialised staff in combination with increased time constraints.
Discussion

Perspectives on humanitarian work

Although the groups interviewed represented different perspectives of work in humanitarian action, common themes emerged when the four studies were considered together; these are presented below. In many respects, the volunteers expressed similar opinions, regardless of whether they just were preparing for their first missions, reported directly from the field, had returned from missions, or were recruitment officers. The common themes identified in the five groups were: Personal and professional development, Preparation and support, Teamwork and relationships, Security and stress, and Gender.

Personal and professional development

The inexperienced health professionals wanted to develop themselves professionally. The aid workers writing from the field, as well as those who had returned, confirmed that it was possible. Recruitment officers did not discuss professional development as a motive for doing humanitarian work.

The findings related to Maslow’s theory of basic needs, including the desire for self-actualisation. According to the theory, people are not concerned about the needs higher in the hierarchy, as long as those at lower levels are sufficiently met. However, the experienced volunteers, who had faced the realities of humanitarian assignments, expressed awareness, and re-awakened concerns about the needs at the lower levels in Maslow’s pyramid.

The fact that potential volunteers are likely to be in a self-actualising state has implications for both the recruitment process and for personnel management in the field. Recruiting officers at humanitarian NGOs should be familiar with Maslow’s theory and design their interviews on the assumption that many volunteers for humanitarian work are doing so because of a drive toward self-actualisation, although they may not express this. However, both recruiters and field managers should realise that many volunteers want to test themselves and find their own limits, which can lead to security risks.
The findings indicated that aid workers were motivated before they went into the field. However, the image presented to them through mass media and the Internet appears simple and excludes the demands expected of them. Alternatively, it is possible the presumptive aid workers’ strong conviction they will manage, prevents them from understanding the upcoming challenges. However, it is difficult for inexperienced people to realise complex realities without earlier comparative experiences.

This was in accordance with Vroom’ (1964) expectancy theory that suggests motivation is a multiplicative function of expectancy [the perceived link between performance and rewards], instrumentality [the perceived link between effort and performance], and valance [the preference one holds for the rewards tendered]. Consequently, low values on any of these constructs can result in lower motivation.

According to Hertzberg (1993), the ‘satisfiers’ associated with particular work (achievement, the work itself, responsibility and advancement, and recognition) motivate people to do good work. The findings confirmed the importance of achievement. Although the aid workers described the large demands and frustrations, the majority were motivated to fulfil the fieldwork. The achievements, represented here by surviving patients, probably played an essential role.

The possibility of ‘advancement’ was identified as an important factor for job satisfaction, but was not the focus for the aid workers. It is possible they are ‘doers’ and not interested in bureaucracy. Another reason could be that the hierarchy of the organisation does not attract them. If this is the case, the organisations should consider the option of people working in the Headquarters between missions and making this more attractive. Practical tasks are probably more attractive than policy writing or other kinds of administrative work.

Part of the process to self-actualisation is a desire for recognition for professional achievements or for being a good person. Aid workers in the different stages of aid confirmed this. However, it is the responsibility of the organisations to balance the high expectations on the missions with reality and provide presumptive aid workers additional information and sufficient time for reflections before they decide their future.

Preparation and support
The gap between the expectations of the applicants, the stories in the letters, and from experienced aid workers raises questions about preparation. The expectations of the work appear in discordant with reality.
Requests for more preparatory training in non-medical areas are similar to the findings from study in Australia (Knowles, 1998), where the respondents listed cultural information, language training, and how to adjust as most important pre-departure information. Ethical dilemmas are increasingly in focus for training and it has been suggested that ethical discussion and policies should be included in all steps of the recruitment process (Hunt, 2007).

From personal experience as a course leader and teacher in preparatory courses in public health for humanitarian action, students have sometimes raised questions about why they cannot directly go into the field. They often believe that their western theoretical background and good will is enough to do a good job in the field. The following example illustrates this:

"Why do we need to learn about so many difficult issues like gender, anthropological aspects on health, training, and conflicts? Give me a manual and I will fix it! " [Swedish male doctor].

After two months intensive course, including many discussions, the same person gave another perspective on his future with this comment:

"How could I think I could go to the field without this knowledge and insights about the complex reality in humanitarian field? How could I be so naive?"

Today, this doctor has been working on many missions.

The experienced aid workers requested more multidisciplinary preparatory training. The organisations must either provide relevant preparatory courses themselves or encourage the aid workers to attend courses arranged through other providers, such as university departments. The curriculum of these courses should not only include medical topics, but also psychosocial and cultural aspects of the reality in which they will be functioning.

These findings supported earlier requests for more resources to HRM, especially targeted towards standardised training and agreed with earlier research (McCall et al., 1999; Mowafi et al., 2007; Richardson, 2006), in that there is a need for a coordinated and cooperative approach to training. The universities could be used more in this area. If recruitment has long-term perspectives, the presumptive aid workers should be encouraged to study at least some of the disciplines included in humanitarian action. The universities could help support the aid workers between the missions. Master’s level courses can teach how to systematise experiences, update knowledge, and introduce tools for planning. In addition, increased efforts in public health training during basic medical education could help in the process to convince presumptive aid workers of the importance of the public health perspective in the humanitarian field.
Vast sums of money are spent on humanitarian aid, but small amounts are used for recruiting and training. This under financing has existed since the first missions (Jelliffe et al., 1983; Wheat, 2000). Lack of training resources is a major problem for organisations, especially the smaller ones (Potter et al., 2002). Donors should support efforts to increase the quality of the HR system, including training activities. Initial briefing sessions should be scheduled well in advance to allow volunteers an opportunity to acquire the skills they still lack. Briefings should cover practical matters and prepare volunteers psychologically for the extremely stressful work, and for disillusionment and frustration. Some stress factors can be alleviated by the organisations, for example, by making sure that missions are well organised and by providing clear procedural guidelines.

Questions about psychological support in the field were not mentioned in the four studies and earlier studies have identified a lack of support for psychologically distressed relief workers (Hearns et al., 2007; McCall et al., 1999; Salama, 1999; Salama et al., 2004). The request for more support can be linked to Herzberg’s ‘dissatisfiers’ (policy, supervision, interpersonal relations, working conditions, and salary), which do not motivate, but lead to dissatisfaction when they are lacking or inadequate. Volunteers returning from the field mentioned the importance of coherent organisational policy and this was in accordance with a study in which aid workers felt disappointment with the organisations, as they felt did not follow the promises in their policies (Hearns et al., 2007).

Teamwork and relationships

One of the key questions in all four studies concerned teams, which were described differently depending on the perspective. To be a team player and to build teams is identified as important for expatriates in humanitarian action (Kealey, 1990; McCall et al., 1999). Assessment centres for identifying good team players were mentioned by recruitment officers as a method of selecting people with these skills.

A sense of belonging and recognition of one’s worth are among the human needs within Maslow’s theory of basic needs. It is therefore important that organisations provide a sense of community and coherence for their volunteers. Some organisations already encouraged their volunteers to maintain ties with friends and family at home while they were on missions. It would be advisable that efforts along these lines are increased, as it would encourage personnel to maintain their sense of community, even under isolated field conditions. A sense of coherence is closely related to well being (Antonovsky, 1987), and organisational theories (Flanagin et al., 2004) also stress the importance of familiarising newcomers with the structure and
values of the organisation. For ‘learning organisations’ team learning [collaboration to work and develop knowledge effectively in small groups] is considered important (Senge, 1990) both for the individuals and for the organisations to maintain high retention rates.

Teamwork is discussed in western health care systems (Toofany, 2007) and within military training. In disasters, many different teams with different organisational culture and goals are supposed to work within a larger coordinated team. Different models for preparing for this kind of teamwork have been developed by the American Federal Emergency Management Agency [FEMA] and in the military sector through computerised scenarios (Schaafstal et al., 2001). The four studies indicated the need for more attention on teamwork in the field, independent of position. All authors of the field letters and the interviewees reflected, directly or indirectly, on teamwork.

From personal experience of meetings with highly qualified students, they often think they are good team players, as they have many colleagues in their ordinary work in a Western health care system. However, they have a choice to leave a difficult constellation of personnel at work and relax at home together with friends. In humanitarian fieldwork, they have to cope with people from different cultures and with different motives and values, not always the same as their own, and they have to live together.

More attention to the difficult questions of how to cope with these difficult situations and how to help the helpers is needed. Theories in occupational health might be useful, but more discussions on teamwork are also needed during the preparatory phase. Support mechanisms during fieldwork need to be developed, as this would prevent the image that aid workers are always supposed to take care of themselves, even in extraordinary situations, an image close to heroism.

Security and stress
The level of stress is an important aspect of working conditions in the field and correlates with depression, psychiatric symptoms, and low morale. In groups of peacekeepers, five underlying psychological stress factors are identified: isolation, ambiguity, powerlessness, boredom, and threat/danger (Bartone et al., 1998). Stress among managers at field level and among aid workers is rarely discussed, but warrants attention (Hearns et al., 2007; McCall et al., 1999; Salama, 1999). Stress reactions among humanitarian field workers (Barron, 1997; Eriksson et al., 2001; McCall et al., 1999; Salama, 1999) and among peacekeepers (Bartone et al., 1998; Orsillo et al., 1998) have been discussed. The factors likely to increase stress are identified as long working period in humanitarian assistance operations, unclear work
description and roles, high expectations, feelings of failure or guilt, lack of contact with relatives at home, and the need to ‘turn off’ emotions in order to be able to function (Barron, 1997; Bartone et al., 1998; Eriksson et al., 2001; McCall et al., 1999; Orsillo et al., 1998; Salama, 1999). A feeling of guilt is also identified within a group of aid workers in complex emergencies (Hearns et al., 2007).

Military experiences suggest that patients tend to avoid mentioning their mental symptoms to doctors, and somatisation is common (Gabriel et al., 2002). The most common reactions to stress in this group are hostility, psychotic symptoms, depression, and paranoid ideas. Being able to help people in need and the possibility to work in other cultures are rewarding factors that counteract stress reactions (Orsillo et al., 1998).

In aid workers similar symptoms close to those often labelled as ‘burned out syndrome’ have been identified. These symptoms can be divided into five groups: physical, emotional, behavioural, work related, and interpersonal symptoms (Salama, 1999).

Few studies have discussed the mental health of aid workers after traumatic events in the field. Those that exist report the most difficult parts of the work as dealing with many dead bodies, seeing children dying, and handling the bodies of dead children. Common reactions include confusion, sadness, irritability, and intrusive thoughts of the trauma (Robbins, 1999; Talbot et al., 1992). Kealey (1990) identified stress tolerance as one of the important characteristics for ‘adaptation skills’, important for cross-cultural work. Earlier research has tried to alert the organisations about the increasing problem among aid workers in different settings (Eriksson et al., 2001; McCall et al., 1999; Salama, 1999), but only limited research on the long-term psychological effects of aid workers has been done (Eriksson et al., 2001).

Working conditions are among the factors that Hertzberg identifies as ‘dissatisfiers’, if they are inadequate. Maslow includes security and freedom from fear among the most basic human needs, with only physiological requirements being more fundamental. Thus, humanitarian organisations should be more attentive to working conditions, if they want their volunteers to be satisfied, particularly regarding security.

Recruiters should also understand that potential volunteers need reassurance regarding their safety, but may be inhibited about asking questions about dangers in the field. NGOs officers should explain the field security system to all potential volunteers during information sessions and during the interviews. In addition, the administrators determining personnel policies
and practices within humanitarian NGOs should recognise that debriefings
after missions are an important measure for helping all kinds of aid workers
to handle their stress reactions, even if they are supposed to be experts. This
is part of role modeling and can ensure that newcomers are comfortable
within the organisation.

Gender

In Scandinavia, women dominate the health sector in humanitarian action.
This is in contrast to studies on international NGOs during the 1990s, in
which women were under-represented in disaster relief (Macnair, 1995; Peck
et al., 2000; Simmonds et al., 1998; Taylor, 1997). No difference between
men and women’s motives for helping are identified (Liao-Troth et al.,
1999). However, recruitment officers indicated that practical reasons could
explain the gender differences as they had experienced it was easier for men
to leave their families for short missions than it was for women.

As women dominated all four studies, no attempt was made to analyse the
results by gender. However, during 30 years of contact with the
humanitarian sector in Sweden, it is the author’s impression that more
women than men are interested in volunteering, although the proportion of
men has increased.

For decades, missionaries, explorers, and researchers have sent letters or
reports of their experiences around the world. This material constitutes the
background material to books and films and the majority of the authors of
these documents have been men, as traditionally, women have not been
expected to have adventures like these. One exception was Mary Kingsley,
an explorer from Victorian England. At the end of the nineteenth century,
she went to West Africa to collect specimens for the British Museum.
However, she had to do it secretly, as her relatives did not accept female
explorers (Höjer, 1982).

Today, it is acceptable from the Western point of view that single women go
for missions, even in disasters situations. Most of the letters from the field in
this study were written by women. The authors of the field letters reacted
strongly against the brutalities against women in DRC, with histories of rape
and sexual assaults. Although rape and sexual violence exist in western
countries, the extent of the problem is so great in DRC and other countries in
conflict, that it is overwhelming. Therefore, there is a urgent need for
thorough preparation for these situations, before departure into the field.
Different wishes and concerns

Inspired by discourse analysis, expectations and frustrations at three stages of the mission, before, during, and after, were compared in three different groups, the aid workers, the recruitment officers, and the public. The statements about public opinions and frustrations are based on the reflection on the western societies, presented in the background, common knowledge, and personal experiences. Two themes were repeated in the three groups and they were mentioned in relation to the three stages of the mission: The image of the perfect aid worker, to return home, or to stay too long.

The image of the perfect aid worker

The organisations compete for the best or the perfect humanitarian aid workers. Hugo Slim (2005) formulated their wish as:

“The perfect humanitarian worker today is idealized as a slick corporate professional equipped with clear standards and skill but who has her feet firmly on the ground and rooted in a passionate personal commitment to victims of war and disasters. S/he is truly global and cosmopolitan creature who is able to work in any country. At the leadership level, s/he must also be able to work well at every level of society from displaced person to government minister”.

However, different actors have different expectations of aid workers and the system they work in, which is illustrated in Table 2.
Table: 2 Actors’ wishes and frustrations

<table>
<thead>
<tr>
<th></th>
<th>Before mission</th>
<th>During mission</th>
<th>After mission</th>
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</thead>
<tbody>
<tr>
<td><strong>Aid workers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Want to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Be important</td>
<td></td>
<td>• Be the good aid worker</td>
<td>• Diminish their contribution</td>
</tr>
<tr>
<td>• Be part of a team</td>
<td></td>
<td>• Reality more complex than expected</td>
<td>• No-one listens</td>
</tr>
<tr>
<td>Frustrations:</td>
<td></td>
<td>• Difficult to live and work in teams</td>
<td>• Most difficult was to work in teams</td>
</tr>
<tr>
<td>• Long time for preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Recruitment officers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Want:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• To find the right people</td>
<td></td>
<td>• The volunteers do a good job</td>
<td>• High retention</td>
</tr>
<tr>
<td>• Good image</td>
<td></td>
<td>• Good publicity</td>
<td>• Good publicity</td>
</tr>
<tr>
<td>Frustrations:</td>
<td></td>
<td>• No time for support</td>
<td>• Low retention</td>
</tr>
<tr>
<td>• Lack of time</td>
<td></td>
<td></td>
<td>• Mixed publicity</td>
</tr>
<tr>
<td><strong>The public</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Want:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• To have heroes</td>
<td></td>
<td>• Have images confirmed</td>
<td>• Heroes</td>
</tr>
<tr>
<td>• See results</td>
<td></td>
<td>• Lack of report from the field</td>
<td>• Where are the heroes?</td>
</tr>
<tr>
<td>Frustrations:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Are aid workers needed?</td>
<td></td>
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</tbody>
</table>

The letters gave a positive image of what will happen to the volunteers in the field. In the book “Another day in paradise“ (Bergman, 2003), a volunteer reflects over mass media’s reporting:

“The report describes aid workers as tireless, and as always, I groan and wish that they would leave out the heroic description and just call us exhausted”.

Not all volunteers are tired all the time, but reflections such as this provide another image about reality. The authors of the letters did not describe themselves as heroes. Instead, they emphasised how much they had learned about themselves, professionally, and about the world. The experienced people thought they had learned more than they had been able to contribute.

Photographs strengthen the image of the fieldwork. The majority of the illustrations in the letters analysed showed a western medical person bending over a patient. However, the majority of aid workers who contributed to the four studies described work where they were mainly trainers and
supervisors. Few photographs illustrated active local staff and active beneficiaries. The overwhelming passive image conflicts with the ethical Code of Conduct where ‘Respect for the disaster victim as an equal partner in action should never be lost’ (IFRC, 1994).

The recruitment officers were reluctant towards so called ‘Cowboys’ or ‘Rambos’, meaning people who ‘want to take risks or like wars’. These descriptions have similarities to the image of heroes, who are supposed to as ‘being helpful, doing extraordinary actions of bravery and having high ideals’ (Lanara, 1981). According to historical mythology, a hero was even prepared to risk their lives. Today, the use of the word ‘hero’ has expanded, anyone doing his/her daily job can be labelled ‘hero’, for example people working in the health care system (WHO, 2008), social workers (Sigroth-Lambe, 2009), or butterflies in the meadow (Arla Forum, 2009) Simultaneously, the entertainment industry use the concept of heroes, for example in popular songs (YouTube, 2009). The different kinds of heroes have the desire to be somebody special or to be recognised in common.

The main problem with the hero concept is that it needs victims to save. In the humanitarian context, beneficiaries become passive and do not participate in planning and implementation of programmes. This conflicts with the Code of Conduct and the philosophy behind humanitarian action and its values of active participation. Hero worship implies that only heroes are recognised as good aid workers. As aid workers try to be self-actualised, reach to the top of Maslow’s pyramid, they want to be recognised by their employer, colleagues, friends, and relatives. To be appointed a hero makes it easier. The wish to become self-fulfilled was one of the most common motives to volunteer (Anderson et al., 1978; Liao-Troth et al., 1999).

Ideal characteristics for aid workers and leaders have been identified as having adaptation skills, cross-cultural skills, and partnership skills (Kealey, 1996). For humanitarian aid workers as leaders, additional further characteristics are identified (Kealey, 1990). These include: having a sense of humour, ability to admit weaknesses, ability to share emotions, being a team player, having good communication skills, leadership abilities, abilities to motivate others and to stay calm under difficult circumstances, maturity, language knowledge, flexibility and diplomacy, ability to create teams, capacity to coach first time advisors, command respect, and to communicate and build bridges between groups.

Although recruitment officers feel that there are series of questions that can identify the ‘right people’ for their organisation, the assessments of the candidates is often subjective. For example, it is possible to discuss how to identify flexibility and realism, which both the experienced aid workers and
the recruitment officers mentioned as important. Slim (2005) described a realistic person as:

“She/he is always prepared to think of other ways, to bluff or to blur if the time is right. She might give out cash when others struggle to give food. He might try an indirect approach through the Minister’s wife when others are struggling to put together an inter-agency”.

Slim’s opinion is in accordance with the criteria Kealey (Kealey, 1990) described as “Cross cultural skills”, consisting of realism, tolerance, involvement in culture, political astuteness and cultural sensitivity, and he/she is expected to have less frustration and are ‘attuned to power and are not alarmed at it’ (Slim, 2005). Recruitment officers need to look for such people instead of heroes.

Society has a tendency to request swift solutions to complicated problems. This opinion is supported by the mass media’s reporting of disasters. Boring weekdays do not photograph well in the news or in films. The Media rarely discusses what kind of education and earlier experiences people have in order to make courageous missions. The basic medical knowledge, irrespective of length, kind, and pedagogic approach, becomes a magic solution appropriate in both western health care and in disasters all over the world.

An important part of the recruitment procedure is to provide applicants the opportunity to discuss expectations and motives for their future work together with experienced personnel. However, the organisations have a dilemma, they need to attract newcomers to their organisations, and therefore they present a positive image of the fieldwork. At the same time, they do not want to attract too naive or inexperienced people to this kind of work. The organisations also need role models as an image of the work in order to attract and motivate donors and the public for providing financial support for the work.

Retention

Inexperienced aid workers did not want to lose their roots or spend their whole lives outside their home country. Another fear revealed during the interviews was that they could feel alienated and isolated from society when they returned home. Connections to what Maslow called social needs emerged with fears about becoming restless wanderers, or being alienated, or rootless.

Presumptive aid workers wished to be welcomed by the organisation and have their skills, knowledge, and willingness to volunteer valued. Measures should be taken to assure that new aid workers perceive themselves as members of the organisational community. Preparation for the field should
include an introduction to the organisation’s philosophy, programmes, and structure, so that the volunteers are familiar with the system. Preparation should also include in-depth education about humanitarian aid work, not just as a practical foundation, but also to help the volunteers understand the immense importance and value of aid work for millions of human beings around the world.

The inexperienced volunteers had many questions and worries about the fieldwork. Therefore, more time should be invested in briefing and social contacts: this is an important part of the socialisation process. Increased communication between newcomers and experienced staff would create a deeper feeling of coherence within the group of staff, while improving the learning within the organisations. Recruiters and those responsible for contacts with aid workers during their missions should remember their need for recognition from the organisations.

The problem with people staying too long in the field and sometimes becoming cynical to the difficult situation they work in contradicts the otherwise frequently discussed question about the high turnover of personnel in humanitarian action (Loquericio et al., 2006). However, literature written by experienced aid workers describes this problem as ‘The new fridge syndrome’ meaning the realities and old friend are only interested in hearing small parts of the aid workers experiences, before they start talking about something closer to them (Bortolotti, 2004).

Military research has identified factors important for mental health after returning from missions abroad, especially ‘relation problems’, ‘financial problems’ and ‘severe illness of a close relative’ (Michel, 2005). This finding would probably be similar for civilian aid workers, which confirms the need for more attention to this group of aid workers.

**Methodological discussion**

Previous research concerning humanitarian aid workers has focused on finding the right people to fit into existing organisational systems. Little research has studied the recruiting process from the perspective of the volunteers. These four studies analysed both the volunteer’s and recruitment officers’ opinions on recruitment process, expectations, and concerns. In the third study we also analysed what images one of the information sources, the Internet, gives the public and presumptive aid workers about humanitarian aid work.

A qualitative approach was useful for determining new concepts and relationships. In qualitative research, credibility is increased by including
participants with various experiences and backgrounds (Granheim et al., 2004). In these four studies, credibility was strengthened by the inclusion of inexperienced and experienced health professionals and both nurses and doctors. The interviewees in the first study included people who had worked for various organisations in many different countries and in different roles. The three time perspectives also increased the credibility of the findings.

To protect two specific aspects of credibility, namely, the suitability of meaning units and how well they covered the original data, other researchers independently analysed the interview transcripts, and the letters and the codes, categories and themes were agreed after discussion. This procedure counteracted possible bias introduced into the coding and categorisation process from professional interests and pre-conceptions based on personal experience.

Dependability was protected in part by the use of semi-structured interview guides, which resulted in similar lines of questioning. However, changes in focus during individual interviews and focus-group interviews did influence the degree to which certain topics were pursued through follow-up questions. Dependability in the analysis process (decisions about coding of content) was increased through discussions between the co-researchers involved.

Regarding the theoretical framework, different theories and models were tested, for example the Theory of Planned Behaviour (Ajzen, 1991). Earlier research in business management and general HRM was considered and referred to in the present studies. However, the research team found the theories presented more valuable for this research project, as they could be applied in the humanitarian context.

Maslow has been criticised for being too Western in perspective (Heylighen, 1992) and many traits of self-actualisation are individualistic: individualism is considered a positive phenomenon in the West. However, in some cultures, being an individual is considered a lower state than being a worthy member of a social group. People from these cultures who volunteer for humanitarian work may not be motivated by a drive for self-actualisation; thus, interviews with local volunteers in recipient countries are needed to provide more information.

The models of Maslow (1970) and Herzberg (1993) were useful for comparing the four studies and are constructive instruments for organisations in improving their HRM system. The philosophy behind organisational socialisation and learning organisations was well suited for the holistic approach in this research and was useful for identifying gaps in the recruitment process.
Conclusions and recommendations

The aim of this research project was to investigate how humanitarian organisations, attract, recruit, and prepare expatriate health professionals for fieldwork and how these professionals are utilised, and to identify possibilities for improvements. In relation to the objectives the following conclusions were drawn.

Returning aid workers described the fieldwork as a mix of duties, different from what they had expected. They had positives feelings about humanitarian aid work, but had experienced stress and frustrations, one of them being living and working in teams. The experienced aid workers requested more multidisciplinary preparatory training.

The main motivating factors for humanitarian field workers were a desire to make a contribution, altruism, and a bit of heroism. Inexperienced aid workers wanted to develop themselves, both personally and professionally; they were also looking for new experiences and looked forward to working in teams with like-minded people and to be recognised by relatives and friends. Their concerns related mainly to security situations in the working area.

The presentation of humanitarian fieldwork in the letters from the field gave a positive image of humanitarian action. The fieldwork was described as a mixture of duties. The expatriates admired the beneficiaries, who were suffering, but managed their difficult situations. Teamwork was considered a positive experience and they admired the MSF organisation for their important missions. The photographs attached to the letters strengthened the messages in the letters; however, in the photographs, the beneficiaries were shown as passively receiving assistance from the MSF staff and the local staff, and the beneficiaries were rarely presented by name in the photo text. Therefore, the findings conflict with the ethical standard Code of Conduct saying that international aid should portray disaster victims as equal partners and not hopeless objects.

The recruitment officers gave the impression of working under great stress, mainly due to lack of time, and followed a standard recruitment procedure with different solutions for assessing candidates. Their description of
humanitarian work was similar to the experienced aid workers. To socialise the aid workers, the organisations used courses and individual briefings. The main concerns for the recruitment officers were the increasing demand for more qualified persons with short notice. Apart from the common problem of high turnover of personnel, they also had experienced some people staying too long in the field of humanitarian action.

**Recommendations**

From the conclusions of the four studies, several recommendations can be made:

- The recruitment system for relief worker would benefit from a more holistic approach, where the personalities of the aid workers are more in focus. Organisations should consider that people come from a very different context to that in a disaster situation and cannot understand all of the many different situations that will be present during their future work. More time must be spent with the applicants, both recruited personnel and returning aid workers, in order to improve the system. A socialisation approach could help identify the right personnel and to motivate current personnel to continue.

- Expatriates are probably ‘self actualised persons’, as described by Heylighen (1992), and as such, there is a risk recruitment officers view them as self-motivated and not requiring the same support and recognition as others. In Maslow’s theory of basic needs, they require the same appreciation, for example back up in the field and debriefing, as everyone else. If these people do not feel they receive the appreciation they think they deserve, it is logical for them to leave the area.

- During the recruitment period, heroism should be discussed in relation to humanitarian values and security risks. Other areas that need more attention during the preparations are stress, security, teamwork, and gender inequities among the beneficiaries. Returning aid workers should be valuable resource during these discussions.

- A multidisciplinary approach is needed in the preparatory courses, where areas linked to health are discussed. Public health should be the focus for the health part. If organisations have long-term perspective, the aid workers should be encouraged to study at least some of the disciplines included in humanitarian action before or between the missions. Universities can support aid workers through courses at Master’s level,
where they learn how to systematise experiences, update knowledge, and receive tools for planning their future in the academic world or in fieldwork in the area of humanitarian action.

- Recruitment officers should consider Hertzberg’s factors for motivation, satisfaction, and long-term positive job performance during aid workers fieldwork periods. Between missions, expatriates could be offered duties that match self-actualisation.

- With more resources available for the recruitment processes, recruitment officers could be more efficient. With more attention to personal management, the possibility for keep the ‘good ones’ is increased.

Future studies
- People in cultures other than Western society may not be motivated by the same factors as Western health professionals. Interviews with local volunteers are needed to provide more information.
- More studies evaluating assessment methods of presumptive candidates within the humanitarian sector are needed.
- Longitudinal studies with aid workers would provide information useful for the recruitment process.

Humanitarian aid work is too serious to be solved with quick magic solutions. HRM, including preparation of aid workers, must be allowed and accepted to take time. Recruitment officers must also be given enough working time for the recruitment process, including support to people in the field. When expatriates have invested time in preparation, they probably want to use it for a long time, which motivates to stay in the sector.
Acknowledgments

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