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Burnout in humanitarian work: A qualitative study on the life experiences of workers in Malaysia

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Abstract: Humanitarian workers face numerous challenges when providing assistance to people affected by natural disasters, armed conflicts, and other crises, which often leads to burnout and psychological distress. This qualitative study investigates the interplay of factors that contribute to burnout among Malaysian employees of a refugee-focused humanitarian organization. Ten staff members participated in focus group discussions, which revealed five themes: positive and meaningful emotions; difficult and negative emotions; vicarious trauma, stress, and burnout; work environment, culture, and managerial policies; and structural and governmental stressors. The study emphasizes the need for improved support and resources for humanitarian workers, as well as enhanced organizational policies and practices to prevent and mitigate burnout. The findings suggest that culturally adapted interventions, such as Acceptance and Commitment Therapy (ACT), can help humanitarian workers address their unique psychological challenges. More research is needed to examine the issues present within humanitarian organizations using qualitative methods and adapt appropriate interventions to prevent the development of psychopathology in these settings.

Keywords: humanitarian workers; burnout; qualitative; Malaysia; refugees

1. Introduction

Humanitarian workers are individuals who are involved in providing assistance to people affected by natural disasters, armed conflicts, or other crises (Jalkhy et al., 2023). This can include providing food, shelter, medical care, and other forms of aid, as well as working to protect the rights and well-being of affected individuals and communities. Humanitarian workers can come from a variety of backgrounds, including government agencies, non-governmental organizations, and international organizations such as the United Nations (Asgary and Lawrence, 2014). They may work in a variety of roles, such as relief workers, field coordinators, or program managers. They may be based in affected countries or work remotely to support on-the-ground efforts. With this great load to be shouldered both occupationally and emotionally, there is bound to be sequelae including burnout and psychological distress (Foo et al., 2023a).

Burnout is a common issue among humanitarian workers and is caused by

institutional factors such as lack of support and resources (Aldamman et al., 2019), inadequate training and supervision (Wessells, 2009), poor organizational culture (Foo et al., 2023a), and lack of job control (Taylor et al., 2019). Studies have shown burnout to be associated with a decrease in job satisfaction and an increase in turnover among humanitarian workers (Brendel et al., 2023; Sagaltici et al., 2022; Stevens et al., 2022). Humanitarian workers who experience burnout may also experience negative mental health outcomes, such as depression and post-traumatic stress disorder (PTSD) (Young and Pakenham, 2021). There is a need for better support and resources for humanitarian workers, as well as for better organizational policies and practices, in order to prevent and mitigate burnout.

There are various psychological sequelae that can stem from exposure to traumatic material. Connorton et al. (2012) provided a comprehensive overview that examined the relationship between humanitarian relief work and trauma-related mental illness. According to wide-ranging reviews of the literature, humanitarian relief workers are at an increased risk of developing trauma-related mental illness, including post-traumatic stress disorder (PTSD), depression, and anxiety. There is a need for further research to better understand the relationship between compassion fatigue and burnout among health care workers and how stakeholders need to address these issues effectively (Slatten et al., 2020).

Another form of trauma is vicarious trauma, which is caused by exposure to the traumatic experiences of others, such as through hearing about or witnessing the traumatic events of others (Ireland et al., 2022). Humanitarian workers, such as aid workers and first responders, may be at risk for vicarious trauma due to their exposure to the traumatic experiences of the individuals and communities they serve (Pearlman and McKay, 2008). This can include exposure to traumatic events such as war, natural disasters, and extreme poverty, as well as exposure to the ongoing stress and trauma experienced by those affected by these events. One of the recent perspectives on this was furnished by Houldey (2021), who lends his personal experience to an investigation of aid and humanitarian organisation-related burnout culture. High levels of stress, trauma and moral injury are particular factors that Moreover, it implicates that the organizational culture of aid organizations has potentially adverse impacts on the mental health and well-being of aid workers. It also provides examples of successful initiatives and programs that have been implemented to improve the well-being of aid workers, and it suggests ways to make the sector more sustainable.

This study aimed to look at the interplay of factors that contributed to burnout and vicarious trauma amongst employees at a humanitarian organisation in Malaysia dealing with refugees. The purpose of this qualitative study was to design an intervention that would be culturally tailored to the specific needs that were elicited from the focus group discussions.

2. Methods

2.1. Study design and sample

The qualitative method was employed for this study. Humanitarian workers were recruited for this study via a volunteer notice. The humanitarian organisation in question was a, focusing on helping them to gain asylum and also to deal with their

welfare while they were participating in the asylum-seeking process. It was a combination of Malaysian and international expatriate workers, and it covered a range of educational backgrounds and job scopes. There were 10 staff members in this organisation, and they ranged in background from countries around the world, with half being Malaysian and the other half being foreign expatriates. There was an equal spread of male and female staff members. Staff were recruited through an open call in the organisation through a volunteer notice in poster form.

Four face-to-face focus groups were performed, lasting around 1 to 1.5 h each. Two of the focus groups were with the staff in the organization, one was with the Heads of Unit, and one was with the translators and interpreters employed by the organisation. Participants did not join more than one focus group. Malaysian and international staff were not interviewed separately, as there were no language considerations owing to the fact that every member of this organisation was fluent in English at native or near native proficiency. Moreover, there was insufficient international workers per job scope to form a separate focus group and hence it was decided to stratify by job scope, rather than by nationality. Four moderators were used in this qualitative interview process. One of the moderators (CSJ) came from a mental health non-governmental organisation, and two (EK and WS) from local public university psychiatry and mental health departments. All interviews took place during the COVID.

To ensure consistency, a standard set of questions was used for all focus groups. All moderators for focus groups were trained to open participants up, follow cues, and emphasise the value of differing opinions and views, to counteract biases emerging due to the inhibitory effect of social pressure. Focus groups were run until saturation was reached. As saturation was reached after four focus groups, no further focus groups were conducted. In this group, we used multiple techniques to ensure that saturation was not prematurely reached, in order that the full range of perspectives and experiences related to the research topic were explored thoroughly. In this focus group we defined saturation as reached when successive focus groups yielded redundant information or when participants consistently express similar views and insights; in this case it occurred after the fourth focus group. Field notes were also recorded to help provide better context to the interview. A second interview was conducted with participants post data analysis if required to confirm findings in the data. Interviews were recorded and transcribed by a third person.

2.2. Instruments and data collection

The study employed a qualitative method through interviews in which thematic analysis was applied after data collection. The interview was conducted either through phone or video call, whichever was convenient for the respondents. The interview was recorded and transcribed for searching emerging issues. These issues were then collated into identifying common themes for subsequent mapping (Braun and Clarke, 2006). Based on the mapping, themes were displayed in an infographic manner.

Data was analysed using nVivo. In accordance with guidelines for qualitative inductive content analysis an open coding of all discussions was conducted first to search for recurring topics. Single or a few sentences were identified as a code, representing the most elemental unit of meaning. Next, the codes were summarised

into relevant themes for each participant. The assignment of respective codes to specific themes was conducted by three independent analysts (EK, CSJ, WS) and subsequently discussed to reach consensus and, if required, adjusted. In the final step, themes were grouped into a number of relevant categories as they emerged through the analyses.

Study participation for international students was voluntary. All participants were adequately informed about the purpose of the study and granted anonymity and confidentiality regarding their data. In addition, written consent was obtained from all participants. Ethics approval was granted by the ethic committee of the regional university. The study was conducted according to the Declaration of Helsinki.

The following **Table 1** displays the open-ended questions that the study utilized for the interview session. Before the interview, researchers had arranged an online workshop involving the research group and the core members of the humanitarian organisation in question. This online workshop was a one-day session aimed to teach the humanitarian organisation basic psychological skills, involving all 10 members of the organisation, and 6 psychological staff from external agencies, which were a mix of psychiatrists and psychologists, including the three qualitative interviewers. From that platform, during psychological skills delivery sessions and informal post-session oral feedback, some key points emerged which were postulated as the themes for the psychological distress within the humanitarian organisation. Hence these became the themes for preparing the main qualitative interview questions.

Table 1. Questions for the open ended interview.

No.	Questions
1	How do you feel when working at the humanitarian organisation?
2	What are the pressures you have at this organisation?
3	What gives you meaning and purpose when working at this organisation?
4	What issues would you like to bring up about the organisation?

2.3. Data analysis

The thematic analysis was performed using a systematic methodology following Dasan et al. (2022). This technique involved categorizing themes in a hierarchical manner in order to understand the experiences of humanitarian workers. At first, we thoroughly engaged with the data by carefully examining interview transcripts in order to develop a deep comprehension of the material. As a result, we created initial codes by assigning concise labels to significant portions of the data that accurately represent the content of the replies. For instance, comments reflecting job satisfaction due to fulfilling work were coded as “meaningful work engagement”. As we advanced, we discerned more extensive patterns by categorizing these codes as possible themes. The meticulous evaluation ensured that these themes precisely reflected the coded data, leading to the identification of several themes. Each theme was then thoroughly defined and named.

3. Results

This subsequent section provides a comprehensive analysis of the themes,

accompanied by direct quotations from participants to exemplify the notions.

Emerging theme

A total of 5 themes of issues were identified from the interviews. We categorised them from micro to macro level, namely from the inner experience of the individual concerned, all the way up to governmental and structural factors. Hence, they were: Positive and meaningful emotions; Difficult and negative emotions; Vicarious trauma, stress, and burnout; Work environment, culture, and managerial policies; and Structural and governmental stressors.

Theme 1: Positive or Meaningful Emotions

As anticipated from a humanitarian organisation, there were many focus group comments that focused on the positive emotions engendered from the experience. Many participants found that they enjoyed their work as it was meaningful and fulfilling, hence it was congruent to their inner values which drove them forward as a person. Many of the respondents were able to give comments on how meaningful their job was as they could achieve meaningful outcomes in a humanitarian capacity:

“Most of these cases have a happy ending where the individuals obtain permanent residence in a third country and can start a life with their children. This is especially true for the very vulnerable cases that require immediate and international protection.”

There is also the aspect of protectiveness and the ability to shield others in difficulty that comes from the job, as reflected in the following comment:

“It’s the protective nature of the work that I find most fulfilling. I’m happy about that—you know, being able to help people who are actually at risk.”

Theme 2: Difficult or Negative Emotions

Due to the nature of humanitarian work, there was a general consensus among the participants that there were mixed emotions stemming from both their privilege as being an individual with stable income amongst clients without, and also a feeling of guilt. This feeling of guilt stemmed from a life that was separate from that of a refugee:

“But when you think about it—like, ‘Oh my God, I have a house to go back to after work, but these people... we don’t know where they’re going to end up.’”

At the same time there was also the feeling of unfairness that sometimes shone through. This was evident where some of their job was devalued or trivialised as the difficult nature of the job was not clear, for instance when playing with children:

“I’ve heard colleagues make comments like, ‘Oh, you just play with children, so it must be easy to manage.’ Such remarks are frustrating for the team because it takes hours to build the necessary rapport.”

This was also suggested by some workers who said that:

“Like, other team members or other colleagues who don’t really understand the nature of work that you’re in. And they say this kind of comments. So, yeah...”

However, these difficult emotions were counterbalanced by the preceding sense of purpose (Theme 1) that led them to want to take care of the refugees’ welfare above all.

“It’s overwhelming to the point that you have no choice but to carry on, to shoulder the burden and ensure that the needs of the refugees and the services or support they require are met.”

Interestingly, one of the positives of working in a multinational humanitarian organisation is often described as the culture and diversity. However, this was seen as a downside by particular participants:

“The organization, even on a global scale, is characterized by a diverse culture with individuals of different characters and personalities. However, sometimes strong personalities can come across as very negative, affecting others and their job performance. In the context of Asian culture, where we might not necessarily be introverts but have a distinct way of doing things, the clash of different cultures can be particularly challenging.”

Theme 3: Vicarious Trauma, Stress, and Burnout

It was highlighted clearly that second hand or vicarious trauma was one of the consequences of the job:

“The nature of my work involves primarily handling cases of sexual and gender-based violence. The constant exposure to gender-based violence is taking a toll, distorting my worldview of men and everything else, really. It’s highlighting the injustice in the world, not just within the refugee context, but in a broader sense. While I wouldn’t describe it as traumatizing, I do feel that it has had a negative effect on me, something akin to second-hand trauma.”

There is a strong feeling of numbness and desensitisation to the experiences of the humanitarian workers:

“The empathy level has always been for the refugees; you hear so many devastating stories. Yet, when it comes to my personal life, I wonder why I don’t experience the same depth of feeling.”

One thing was that due to short staffing, it appeared that staff were not able to take meaningful leave, and hence they were more prone to burnout and stress:

“Planning leave is challenging. Working from home blurs the lines between work and personal time. With our team being so small, taking leave only means returning to an overwhelming workload, which is more stressful than not taking any leave at all.”

Theme 4: Work Environment, Culture, and Managerial Policies

There is recognition that colleagues have health issues, be it physical or mental health, due to the overwhelming burnout and also the physical health issues that resulted from dealing with the stress of humanitarian work, and that they needed help:

“Many of my colleagues have also suffered health issues, some to the extent of requiring hospital treatment. They struggle with sleep, with some sleeping late and waking early, unable to visit their families due to the demands of the job.”

At the same time, there appeared to be a good understanding that colleagues would need to be helped and that there was a culture of trying to do simple counselling interventions with colleagues. However, it was also recognised that a higher level of intervention was potentially needed as they as colleagues simply did not have the capacity to provide the help:

“It’s distressing because there’s a limit to how much you can assist them. You can talk, attempt interventions, but it feels inadequate.”

On top of individual interventions, it was also recognised that the organisation needed to have a confiding and confidential culture so that the quality of the work could improve:

“The work is inevitably stressful, but a supportive environment where staff can share and feel at ease would alleviate some pressure. If leadership fostered this, it would greatly improve job satisfaction.”

One issue highlighted was that they were constantly forced to accustomed to new deputy representatives’ style because of the organisation policy that the representative changes once in four years. Hence, this caused discontinuity in the work policies and led to staff not being able to keep up the organisations’ continually changing objectives:

“Adjusting to different management styles every few years is challenging. It disrupts achieving goals and targets, leaving us questioning our ability to adapt to new strategies.”

The sentiment that the local office of the humanitarian organisation was not being given support by the central office was also evident, as they were seen as struggling while the head office remained distant from the field:

“The lack of support from higher up is obvious; they fail to understand our struggles on the ground, despite high expectations for reporting and other tasks. When we are in need, their assistance is clearly absent.”

From an individual perspective, it also appeared that due to contractual issues and organisational factors that hampered job development but were not specified, staff were not able to put their heart and soul into the job, as they were not able to grow as per their goals in life:

“On a personal note, I’ve aspired to work internationally, a sentiment shared by many colleagues. However, contractual issues and lack of development opportunities have hindered our professional growth.”

One final point that was highlighted by respondents too was that the organisation used Key Performance Indexes (KPIs) as mechanisms to quantify performance of staff. However, these KPIs could stifle progress and genuineness or empathy in work:

“We juggle being humane with the operational demands of the job, balancing empathy with KPIs and accountability.”

Theme 5: Structural and Governmental Stressors

This theme represented the concerns that the organisation had that involved issues at the higher levels, namely dyssynchronisation of the organisation’s work culture and work policy with that of national organisations. There was explicit criticism of the disconnect between local strategies and with those of the organisation per se. Hence, it seemed that the organisation was not in lockstep with the local policies, thus leading to negative or difficult emotions emerging as per Theme 2, and consequently a sense of futility, disillusionment and burnout as per Theme 3:

“Our strategy often seems out of sync with local strategies, creating a disjointed effect. This lack of alignment is problematic.”

It was also highlighted that political changes in the host country Malaysia could also impact the burnout levels in the work the humanitarian workers did:

“Moreover, changes in the political climate of Malaysia affect our work, making it a constantly evolving challenge.”

4. Discussion

The first three themes constituted the majority of the feedback gleaned during qualitative interviews. The latter two themes, in particular, highlighted that there were a lot of difficult thoughts, emotions, and consequently private experiences that emerged while working in a humanitarian organisation. Thoughts that were seen to be “positive” in a way, e.g., diversity, actually had negative flip sides, as there was a high amount of burnout from dealing with multiple cultural backgrounds and multiple victim narratives covering a wide scope of cultures. Also, due to the high exposure to traumatic material at the job, there was a high amount of vicarious trauma, potentially secondary traumatic stress disorder, compassion fatigue, and burnout as the terminal consequence of this sequence of psychological sequelae.

This correlated well with previous qualitative groups done by Ashary and Lawrence (2014) in a group of 44 humanitarian workers from international backgrounds, which included the following: population’s rights to assistance, altruism and solidarity as motives; self-identification with the mission and directives of INGOs; shared personal and professional morals fostering collegiality; accountability towards beneficiaries in areas of programme planning and funding; burnout and emotional burdens; uncertainties in job safety and security; and uneasiness over changing humanitarian principles with increasing professionalisation of aid and shrinking humanitarian access. In this study, while dissatisfied with overall aid operations, participants in Asgary and Lawrence (2014)’s qualitative interview were generally satisfied with their work and believed that they were well-received by, and had strong relationships with, intended beneficiaries. This differed somewhat from the participants in the current study, who were overwhelmed by both personal, environmental and institutional pressures.

4.1. Recommendations

Echoing previous work in the area, mindfulness-based techniques have been found to be helpful in dealing with humanitarian workers (Foo et al., 2023b). This is especially so for Acceptance and Commitment Therapy (ACT), which uses values and goals work as an integral addition to pure mindfulness-based strategies (Pang et al., 2022; Wider et al., 2024a; Young et al., 2022). ACT incorporates high levels of exercises to increase psychological flexibility, which is the ability to accept difficult thoughts and emotions while still taking action towards values-aligned goals (Cutler, 2021; Wider et al., 2024b). ACT employs a hexaflex divided into three large groups: being present (contact with the present moment and self as context), opening up (acceptance and defusion), and do what matters (values and goals and committed action processes) (Sloshower et al., 2020). A previous study found that ACT values interventions led to an increase in response rates and a decrease in burnout symptoms among volunteer firefighters (Newman, 2016), and this can be adapted quite reasonably as an efficacious intervention for the humanitarian workers whose particular issues have been identified by this qualitative discussion. Hence, we will attempt in this discussion to place the themes elucidated in this study using an ACT framework.

For the second and third themes of difficult emotions and burnout, two of the

components in the ACT hexaflex is acceptance and present moment awareness, which would be techniques would be helpful in dealing with these emotions. Many participants clearly detailed that they enjoyed the meaningful nature of their job and the challenge of working with such complex clients, and the satisfaction of resolving a humanitarian case. However, they required assistance to deal with the difficult emotions that working in this situation inevitably cause. Hence, present moment and acceptance techniques can be a useful strategy to intervene in these situations. The fourth theme highlighted that having supportive environments at work was a key factor, and suggested that better cohesion in the organisation and more teamwork rather than indicator chasing would have made the organisation a better place to work in. Such supportive environments were generally driven, in the words of most participants, by values rather than focusing on goals per se. Linking back with the second theme, values work would then be crucial in identifying what drives individuals forward, as a directional bellwether irrespective of how situations were at the humanitarian organisation. For the fourth and fifth themes in particular, it also appeared that participants were fused with the identity of being a humanitarian worker and all the stress that they had to go through. Hence, they needed to practise defusion from the thoughts that hooked them.

4.2. Limitations

This study, while comprehensive within its scope, is not without limitations. The stressors and experiences identified are drawn from a specific segment of humanitarian workers within a particular organization, which may not reflect the broader spectrum of experiences in different humanitarian settings. The findings are thus context-dependent and may not be generalizable to all humanitarian workers. The qualitative approach, while rich in detail, captures a snapshot of the workers' experiences and may not fully encapsulate the long-term impact of these stressors or the evolving nature of their coping strategies. Additionally, the study is limited by its reliance on self-reported data, which is subject to biases such as recall bias and social desirability bias. Despite these limitations, the study offers valuable insights into the psychological challenges faced by humanitarian workers and highlights the need for targeted interventions.

5. Conclusion

There is a need to expedite the development of interventions that can tackle the unique psychological challenges that humanitarian workers face. Quantitative studies can give larger population-based information about the psychological distress that humanitarian organisations face. However, they do not go into detail regarding the human factors that differ from individual to individual and that can provide a target for intervention design. Hence it is key that we perform qualitative studies to generate hypotheses on behaviour change in these organisational settings, in order to reduce distress. However, at the same time, we must be mindful that this study represents a very specific segment of humanitarian workers. Thus, the stressors identified within this particular organization may not be translatable to other areas of humanitarian work.

Prevention is certainly better than intervention, from a public health perspective, and it is key that humanitarian organizations have clear policies and procedures in place to address and prevent burnout. This can include providing training on identifying and preventing burnout, establishing channels for staff to report burnout, and ensuring that complaints are handled in a fair and confidential manner. Moreover, it is important for humanitarian organizations to foster a culture of respect and inclusiveness, and to actively promote positive communication and teamwork among staff, so that issues that can lead on the pathway towards burnout can be averted. More research will hence need to be done in two chief domains: firstly, on examining the issues that are present within humanitarian organisations through qualitative methods so that any intervention performed can be specific rather than generic, and secondly, on adapting appropriate interventions that can prevent the development of psychopathology in humanitarian organisations.

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