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VICARIOUS TRAUMA AND BURNOUT AMONG HUMANITARIAN AID WORKERS IN LEBANON

by
RANA BACHIR ELBEZRI

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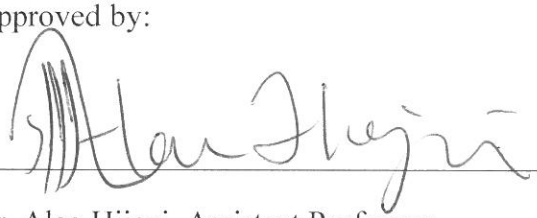

Dr. Alaa Hijazi, Assistant Professor — Advisor

Department of Psychology

Dr. Fatimah El Jamil, Assistant Professor — Member of Committee

Department of Psychology

Dr. Nidal Daou Najjar, Assistant Professor — Member of Committee

Department of Psychology

Date of thesis defense: May 4th, 2017

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AN ABSTRACT OF THE THESIS OF

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Since the eruption of the Syrian civil war in 2011, over 11 million Syrians fled their homes to seek refuge in neighboring countries, including Lebanon. Numerous international non-governmental organizations (INGO's), and local community based organizations (CBOs) have sought to address their needs. The growing number of refugees and expanding NGOs' operations has implications for the psychological and occupational wellbeing of these organizations' aid workers. The combination of repeated exposure to stressful and traumatic accounts of refugees coupled with efforts to address their needs with limited resources can become highly emotionally straining. Two outcomes that may be particularly salient to aid workers' wellbeing are occupational burnout and vicarious traumatization.

This study investigated the predictors of burnout and vicarious trauma in a sample of 116 humanitarian aid workers in Lebanon. Results revealed that perceived organizational support (POS) and self-care were significant predictors of vicarious trauma and burnout. Feelings of anger and resentment towards Syrian refugees were a significant predictor of burnout. Negative attitudes towards Syrians, and feelings of compassion and affection were not significant predictors of vicarious trauma nor burnout.

The scales used to measure self- compassion and defense style were not reliable in this sample and were dropped. The interpretations of the findings and the limitations are discussed.

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To my mother and siblings, thank you for your spiritual support and encouragement.

To my friends, classmates, and colleagues, who in one way or another shared their support and lifted my spirits, thank you.

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CHAPTER 1

INTRODUCTION

Humanitarian organizations supporting forced migrants have been facing challenges on an unprecedented level (UN News Center, 2015). Globally, there are nearly 24 million refugees or displaced people (Newman & Harris, 2015).

According to Antonio Guterres, the former head of United Nations High Commissioner for Refugees (UNHCR), the Syrian civil war is reported to have created the largest refugee crisis of our time (National Public Radio, 2014). Since the outbreak of the war in 2011, over 11 million Syrians have either fled their homes to seek refuge in neighboring countries, crossed the Mediterranean to seek asylum in European countries, or have been internally displaced within Syria (Mercy Corps, 2015). A sizeable majority of these Syrian asylum seekers have fled to neighboring countries including Turkey, Lebanon, Jordan, and Iraq (UNHCR, 2016). The scale of the Syrian civil war poses a real challenge for humanitarian organizations in providing aid services to a large refugee population (Onishi, 2013).

In Lebanon, there are over 2.5 million Syrians who are dispersed across the country and live in collective shelters, rented apartments, or informal camps. The Lebanese government did not establish formal camps for asylum seekers crossing the border (Crisp, 2014). Therefore, refugees in Lebanon vary widely in their access to sufficient shelters, aid services, and livelihood opportunities (Crisp et al., 2013). As of March 31, 2016, there are 1, 048, 275 registered Syrian refugee with UNHCR (UNHCR, 2016). UNHCR is the UN

Refugee Agency mandated to help, support, and protect the rights and wellbeing of refugees worldwide (UNHCR, 2016).

A. Overview of the Work Context of Humanitarian Workers

There has been increased focus on the wellbeing of humanitarian workers serving refugee populations the past two decades, particularly in light of emerging findings about the adverse psychological consequences of humanitarian work (Cardozo et. al, 2012; Musa & Hamid, 2008; Shah, Garland & Katz, 2007). Similarly, popular media has increasingly focused on aid worker's wellbeing in an attempt to highlight the burden of relief work and advocate for long term staff care. For instance, the British newspaper, the Guardian, dedicates a whole section to aid worker experiences, and published a number of articles on aid workers' wellbeing (The Guardian, 2016).

Several risk factors may place humanitarian workers at heightened risk for mental health problems (Cunningham, 2003). For example, aid workers often experience overwhelming workloads, long days, and a lack of privacy and personal space (Min-Harris, 2011). Moreover, aid workers, are exposed daily to refugees asking for help and recounting their traumatic experiences of human rights violations, combat, sexual abuse, torture, grief, and chemical warfare (Nickerson et al., 2014; Russel, 2015). The combination of repeated exposure to stressful and traumatic accounts coupled with efforts to address refugee needs with limited resources can become highly emotionally straining. Moreover, studies find that such continual exposure to trauma places aid workers at increased risk for experiencing negative psychological changes in the way they see themselves and the world (Cunningham, 2003; Pearlman & McKay, 2008). The combination of these factors can heighten worker's

risk for developing mental health problems such as post-traumatic stress disorder, depression, alcohol abuse, and anxiety (Cardozo & Salama, 2002). For example, Cardozo and colleagues (2005) surveyed national and international Humanitarian aid workers from 22 organizations in Kosovo, Albania, during service, and found that they reported symptoms of depression (National:16.9 %, International: 17.2%) and anxiety (National: 14.4 %, International: 8.8%) (Cardozo, Holtz, & Kaiser, 2005). Moreover, 24 % of the Turkish Red Crescent team working in Asia after the Tsunami had elevated symptoms of PTSD (Armagan, Engindeniz, & Devay, 2006). Ehring, Razik, & Emmelkamp (2011) found that 43% of rehabilitation and reconstruction workers surveyed in Pakistan met the diagnosis for PTSD, and 20% and 29% met the diagnosis for depression and anxiety, respectively.

Yet, despite the growing attention to the negative psychological consequences of humanitarian work (Cardozo et. al, 2012; Musa & Hamid, 2008; Shah, Garland & Katz, 2007; The Guardian, 2016; Uriarte, 2014), research about this area remains in its infancy (Ali, Khan & Waheed, 2015). Therefore, this study seeks to focus on the predictors of two psychological dimensions that are highly relevant for aid workers: occupational burnout, and vicarious traumatization, described below.

CHAPTER II

BURNOUT AND VICARIOUS TRAUMA OUTCOMES

This section will describe two key psychological outcomes that may be associated with humanitarian work, burnout and vicarious trauma. For each of these, we will survey main findings in the literature as well as the predictors that this study will investigate.

A. Description and Dimensions of Burnout

The concept of burnout was introduced in the 1970's to describe emotional exhaustion and loss of motivation that social workers experienced after chronic stressful conditions in the workplace (Freudenberger, 1974). It is conceptualized as a psychological syndrome that involves prolonged pressure and demand due to lack of optimal fit between the worker and the workplace, where the worker often reports being tired, overworked, exhausted, and unable to work effectively (Stoica, 2014).

Although burnout is not present in the Diagnostic and Statistical Manual for Mental Disorders, it is included in the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10 CM) under "Factors influencing health status and contact with health services". It is listed as a "state of vital exhaustion" and characterized by lack of energy, increased irritability, and demoralization (World Health Organization, 2015).

Maslach and her colleagues are among the leading researchers on burnout and have conceptualized it as including three key dimensions: an overwhelming emotional

exhaustion, depersonalization, and a sense of ineffectiveness and decreased personal accomplishment (Maslach, Schaufeli, & Leiter, 2001). **Emotional exhaustion** is the most widely reported dimension and refers to feelings that one's physical and emotional resources are over extended (Maslach, 2003). The exhaustion component is also highly similar to the basic fight or flight stress response which is positively correlated with workload demands and stress related health outcomes (Maslach, 2003).To cope with this stress, workers engage in the second dimension of burnout, **depersonalization**, where they distance themselves emotionally and cognitively from their work through loss of motivation and excessive detachment. Workers may also disengage from the people they help and develop negative feelings and attitudes towards them, where at worst, they may have difficulty seeing their humanity and individuality, and may therefore believe that they deserving of their misfortune (Maslach & Jackson, 1981). Such cynical feelings and attitudes may in turn heighten the first dimension of emotional exhaustion (Maslach & Jackson, 1981). The third component refers to feelings of **ineffectiveness,** incompetence, and a lack of achievement and productivity at work, which prompts workers to feel unhappy and dissatisfied about themselves and their achievements (Maslach & Jackson, 1981). Whereas exhaustion and depersonalization tend to emerge from the presence of work overload and social conflict, the sense of ineffectiveness most often arises from the lack of resources and tools to get the job done (Maslach, 2003).

1. Negative Outcomes of Burnout.

Burnout is associated with reduced job performance and work place support and lower job satisfaction, which also translate into lower overall life quality and satisfaction (Hombrados-Mendieta & Cosano-Rivas, 2013). Moreover, burnout negatively impacts the

quality of services that health professionals provide (Hombrados-Mendieta & Cosano-Rivas, 2013; Maslach, Schaufeli & Leiter, 2001).

Burnout also adversely impacts workers' physical health (Hombrados-Mendieta & Cosano-Rivas, 2013; Maslach, Schaufeli & Leiter, 2001). A recent review of burnout-related health outcomes found that it is a risk factor for myocardial infarction and coronary heart disease (Kakiashvili, Leszek, & Rutkowski, 2013). Burnout is also associated with a tendency to have insomnia and poor sleep quality and efficiency (Ekstedt et al., 2006; Maslach, 2003). For example, Kousloglou et al. (2014) found that insomnia was positively correlated with the emotional exhaustion and depersonalization dimensions of burnout and negatively correlated with the personal achievement dimension in a sample of Greek public hospital nurses.

Burnout is similarly associated with various negative psychological outcomes. For example, Ahola and colleagues (2005) reported that approximately half of 3276 survey participants in Finland with severe burnout had a depressive disorder (Ahola et al., 2005). In a sample of 5575 French teachers, current anxiety symptoms were associated with all dimensions of burnout (Bianchi & Schonfeld, 2014). Although few studies investigated the relationship between burnout and substance abuse, Cunradi and colleagues (2003) found that higher levels of occupational burnout among US transit operators may increase the risk for alcohol dependence (Cunradi, Greiner, Ragland, & Fisher, 2003).

Humanitarian aid workers may be similarly at high risk of burnout. For example, in a Ugandan sample, a quarter to a half of humanitarian aid workers reported high burnout levels (Ager et al., 2012). Cardozo and colleagues (2012) conducted a longitudinal study with workers of 19 international NGOs operating in low income countries and countries

with chronic crises or risk for widespread violence and found high levels of chronic stress, as well as increased risk for depression, anxiety and burnout (Cardozo et al, 2012). Erickson and his colleagues (2009) interviewed international agency aid workers from 34 different countries. Although 40% of participants scored highly on at least one component of burnout, interestingly, only 3.6% of respondents reported high scores on all three burnout dimensions. The study concluded that despite intense work and stressful environments, a majority of aid workers were still able to find ways to identify achievements, stay connected to others in their work, and restore their well-being (Erickson et al., 2009). Hence, it is important to note that it is rather an interaction between environmental and personal factors that may impact the wellbeing of aid workers working in highly stressful field environments (Erickson et al., 2009).

2. ***Predictors of Burnout.***

Organizational and work factors that predict burnout include feeling overloaded, a non-supportive environment (Stamm, 2005), lacking control over one's work, lack of control or influence over agency policies and procedures, unfairness in organization structure and discipline, low peer and supervisory support (Mor Barak, Nissly, & Levin, 2001), in addition to feeling under-appreciated (Maslach & Leiter, 1997). At the individual level, higher levels of burnout are associated with the neuroticism and extroversion factors of personality (Bakker, Van Der Zee, Lewig, & Dollard, 2006; Madnawat & Mehta, 2012). Moreover, indifferent (Kwon & Lee, 2011) and avoidant coping styles **(**Hudek- Knežević, Krapić, & Kardum, 2006**)** may contribute to the experience of professional burnout (Barak, Nissly, & Levin, 2001)

In terms of demographic predictors, studies demonstrates mixed findings about gender as a predictor of burnout, with some studies showing higher burnout in women (e.g. Sprang, Clark, & Whitt-Woosley, 2007), and other studies showing higher burnout in men (Thomas, Kohli, & Choi, 2014). Age has also been found to be consistently and significantly related to burnout with employees younger than 40 showing higher levels of burnout (Erickson et al., 2009; Thomas, Kohli, & Choi, 2014). For example, a study with humanitarian aid workers from 11organizations in Darfur, Sudan, found that young age predicted burnout and secondary stress (Musa & Hamid, 2008). It may be that the older aid workers have chosen aid work as a long term career and have therefore developed successful skills to cope with the pressures of the work environment (Erickson et al., 2009).

In sum, humanitarian aid work exposes individuals to the severe suffering in the world, which eventually makes burnout an expected consequence (Erickson et al., 2009). In fact, human service work in general is found to be the single largest risk factor for developing professional burnout (Newell & MacNeil, 2010). In addition to burnout, vicarious trauma has also been found to be a key psychological factor in helping and humanitarian work. The concept of vicarious trauma and its predictors are described below.

B. Definition of Vicarious Trauma

Vicarious trauma is the painful and disruptive psychological effects that individuals experience as a result of exposure to trauma that others experience (Comerchero, 2015). The concept of vicarious trauma first appeared in the literature on aid workers in emergency contexts who exhibited signs of post-traumatic stress disorder (Moulden & Firestone, 2007). Practitioners and researchers hold that humanitarian aid workers who help

survivors of traumatic events and repeatedly hear their stories of pain, fear, and suffering may be indirectly vulnerable to developing the same symptoms of the people who experienced the trauma directly (Musa & Hamid, 2008; Perry, 2003).

Due to the empathic engagement with graphic descriptions of others' traumatic experiences, individuals in helping professions such as counselors, social workers, and therapists may become preoccupied by people's stories, and become distressed by them, which is then reflected in their behavior, interpersonal relationships, personal values, and job performance (American Counseling Association, 2015). Symptoms of vicarious trauma include typical signs of PTSD including fear, avoidance of reminders, sleeping difficulties (Stamm, 2005), flashbacks, dissociation (Barrington & Shakespeare-Finch, 2013) strong emotional reactions, intrusive images, and the disruption of beliefs about self, others, and the world (McLean, Wade, & Encel, 2003).

Most of the research on vicarious trauma focuses on health and mental health workers (Jordan, 2001; Kadambi & Truscott, 2004; Way, VanDeusen, Martin, Applegate, & Jandle, 2004). For example, rates of vicarious trauma symptoms range from 34% in child protective services workers (Bride, Jones, & MacMaster, 2007) to approximately 20 % among clinicians treating cancer patients (Kadambi &Truscott, 2004) and finally to 15.2% in social workers (Bride, 2007). However, there are other at risk populations who work with traumatized individuals who have been largely overlooked. For instance, insurance companies claim workers are at risk of developing vicarious trauma and PTSD symptoms because they process a large amount of distressing material from the claims of traumatized clients (Ludick, Alexander, & Carmichael, 2007). Similarly, humanitarian aid workers in Lebanon may be at particularly high risk of developing vicarious trauma because of the large volume of Syrian

refugees they assist on a daily basis. If vicarious trauma is left untreated, it may adversely affect staff wellbeing and further traumatize refugees (Bloom & Farragher, 2011). Preliminary findings suggest high prevalence of vicarious traumatic stress among humanitarian aid workers working with traumatized populations (Musa & Hamid, 2008; Shah, Garland, & Katz, 2007). However, this line of research remains in its infancy.

1. Predictors of Vicarious Trauma.

Not everyone who is vicariously exposed to a traumatic event develops vicarious trauma symptoms (Lerias & Byrne, 2003). There are a variety of individual and organizational factors that may influence workers' risk of developing vicarious traumatization (Măirean & Turliuc, 2013). For example, as with burnout, the extraversion, openness, and neuroticism factors of personality are significantly associated with higher risk of vicarious traumatization (Măirean & Turliuc, 2013). An individual's psychological history, especially a history of depression and anxiety, may also be associated with poor outcomes after vicariously being exposed to trauma (Resick, 2000; Brewin, Andrews, & Valentine, 2000). Younger workers often reported higher number of vicarious trauma symptoms than their older colleagues (Adams, Matto, & Harrington 2001). This could be due to the fact that older individuals have more life experience and are better equipped to face such challenges. Moreover, female gender was found to be one of the best predictors of vicarious trauma symptoms (Murphy et al., 1999). Moreover, an individual's history of previous trauma (e.g. childhood abuse) may trigger painful memories when in contact with a critical event, making it more difficult to adjust to the recent critical event (Adams, Matto, & Harrington. 2001; Lerias & Byrne, 2003). Finally, problem focused coping and excessive alcohol and coffee

consumption were also found to trigger vicarious trauma symptoms (Shalev & Ursano, 2003; Resick, 2000).

This study seeks to understand less frequently studied individual and organizational risk and protective factors for burnout and vicarious trauma. The below section will describe the following individual factors a) Self care, b) Self compassion, c) Self sacrificing defense style, and Perceived Organizational Support (POS) as an organization factor. Finally, the role of attitudes and feelings towards Syrians will be explored.

CHAPTER III

STUDY PREDICTORS

A. Self-care

Self-care in the context of human service work refers to the utilization of skills and strategies by workers to preserve and support their own personal, familial, emotional, and spiritual needs, while attending to the needs of the people they are helping (Figley, 2002; Stamm, 1999). Self-care is associated with better wellbeing and health (Richards, Campenni, & Muse-Burke, 2010) and is a common and effective approach to preventing mental illness among workers (Ogasawara, Shiihara, & Ando, 2013).

In their workbook on vicarious trauma, Saakvitne and Pearlman (1996) have conceptualized self-care to include various categories. These categories included physical self-care (e.g. exercise, time off, medical care, eat healthy, etc.), psychological self-care (e.g. therapy, say no to extra work, etc.), emotional self- care (accept and love oneself, experience full range of emotions, etc.), spiritual self-care (e.g. spend time in nature, pray, etc.), relational (e.g. ask for help, share a fear or secret, etc.), and work related self-care (e.g. take breaks, set limits, etc.).

Generally, self-care practices, including behavioral ones such as maintaining physical health, balanced nutrition, adequate sleep, exercise, and recreation, have been found to buffer workers from the adverse effects of constant exposure to clients' traumatic experiences (McCann & Pearlman, 1990; Newell & MacNeil, 2010) and may prevent normal reactions to traumatic stories from developing into more serious problems such as vicarious trauma and burnout (Canfield, 2005). For example, Many (2012) surveyed 609 mental health

professionals who provided counseling to Hurricane Katrina survivors. The study was conducted five years post hurricane and asked participants to retrospectively evaluate their vicarious trauma symptoms one year after the hurricane. Findings indicated that whereas 32.1% of respondents met criteria for vicarious trauma when asked about their symptoms within one year of the event, 80.14% of these respondents were no longer symptomatic 5 years later, at the time of the study. Of those participants who improved, 77.3% had engaged in self-care activities, which the authors defined as including prayer, meditation, exercise, yoga, engaging in pleasurable activities, massage, time spent alone, or time spent with friends or family (Many, 2012).

As previously discussed, high levels of work stress and demands increase risk for developing professional burnout (Min-Harris, 2011). Yet, fortunately, increased self-care can alleviate burnout among employees in various professions, and can even decrease burnout over time. For example, self-care practices were associated with lower levels of burnout among childcare workers (Eastwood & Ecklund, 2008), hospice workers (Alkema, Linton & Davies, 2008), child welfare workers (Salloum, Kondrat, Hohnco, & Olson, 2014), and counselors (Lawson & Myers, 2011). Therapists claimed in a qualitative study that self-care practices allow them to be more present with their clients (Harrison & Westwood, 2009). In a recent experimental study, a sample of 20 nurses in the United States who practiced yoga, possibly a form of self-care, as part of an 8 week intervention reported less burnout compared with 20 controls (Alexander, Rollins, Walker, Wong, & Pennings, 2015).

Paradoxically, during times of high stress when self-care may be most needed, regular self-care practices tend to fall by the wayside (Headington Institute, 2015). Humanitarian workers are particularly challenged to find a balance between their work duties

and attending to their wellbeing due to the physical and emotional demand of their work (Headington Institute, 2015). This in turn is problematic because the combination of chronic stressors and lack of self- care can increase humanitarian aid workers' risk of developing traumatic symptoms and psychosocial problems, subsequently increasing their risk of causing harm to the people they serve (Min-Harris, 2011), and voiding their efficacy and sustainability as professional helpers (Thompson, 2014). Therefore, aid workers' awareness and implementation of appropriate methods of self-care is important for overall wellbeing and continued professional competence (Min-Harris, 2011).

B. Perceived Organizational Support (POS)

Perceived organizational support (POS) describes the extent to which employees believe that the organization values their contributions and cares about their welfare (Eisenberger, Huntington, Hutchison, & Sowa 1986). In fact, POS reflects the quality of social interactions that occurs between workers and their employer (Casper, Harris, Taylor, Day, & Holli, 2011).When employees perceive high levels of organizational support, they feel obligated to repay the organization with effort and dedication, and believe that in exchange, the organization will fulfill its obligations for the efforts made on its behalf (Eisenberger, Huntington, Hutchison & Sowa, 1986). Workers perception of organizational support depends on the organization’s caring activities such as rewarding their contributions, showing concern about their well-being, and providing them with opportunities to participate in organizational decisions (Eisenberger, Huntington, Hutchison & Sowa, 1986). In their meta-analysis, Rhoades and Eisenberger (2002) found that POS was related to outcomes beneficial to

employees such as job satisfaction and positive mood, as well as to the organization such as affective commitment, better performance, and lessened withdrawal behavior.

There also seems to be a link between people's subjective experience of their social interactions and connections in the context of the organization and various aspects of their health. For example, higher levels of perceived organizational support are associated with better physical health and less headaches and sleep, digestive, and respiratory problems (Arnold & Dupre, 2012). Moreover, the relationship between POS and physical health is mediated by negative and positive emotions such as calmness, anxiety, excitement, and boredom. (Arnold & Dupre, 2012). Therefore, POS is positively associated with psychological health. When people feel valued, they are more likely to experience positive mood (Rhoades & Eisenberger, 2002), which in turn lead to physical wellbeing (Dupre & Day, 2007).

A number of studies suggest that perceived work support is associated with decreased burnout across various contexts and work settings. For instance, this relationship is observed for software employees in the United States (Jawahar, Stone, & Kisamore, 2007), teachers in the UK (Kinman, Wray, & Strange, 2011) and Nigeria (Anomneze, Ugwu, Enwereuzor, & Ugwu, 2016), Economic Affairs and Finance Organization staff in Iran (Yaghoubi, Pourghaz, & Toomaj, 2014), health nurses in China (Cao, Chen, Tian, & Diao, 2016) and Nigeria (Eze, 2014), and American chefs (Twigg & Kang, 2011). Moreover, this relationship was also observed among humanitarian aid workers who provided services to traumatized individuals. For instance, positive organizational support contributed to the resiliency of expatriate humanitarian aid workers working at an international agency in the United States (Eriksson et al., 2009). This study also suggested that supportive agency

policies and procedures motivate workers to take care of themselves, leading to less emotional exhaustion (Erickson et al., 2009).

Very little literature exists on the association between POS and vicarious trauma. One study found that when social workers perceived their organizations to be supportive, they experienced lower levels of vicarious trauma (Nelson, 2015). Boscarino, Figley, and Adams (2004) also found that increased work support among social workers who provided services to those affected by the World Trade Center (WTC) attacks was associated with lower burnout and secondary trauma. Therefore, lack of organizational support is an important factor that might contribute to vicarious trauma and burnout among workers providing services to traumatized individuals (Edmund & Bland, 2011).

C. Self-Compassion

Self-Compassion involves acting with warmth, kindness, caring, and understanding towards oneself when one is experiencing pain and suffering and confronted with personal failings (Neff, 2015). Kristin Neff (2015) conceptualizes self-compassion as having three elements: Self kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. **Self-kindness** describes feeling sympathy, warmth and understanding rather than being self-critical when one feels inadequate or in pain**. Common humanity** involves recognizing the reality that making mistakes, suffering, and imperfection are part of the larger human experience rather than something specific to one self. Viewing one's experiences this way helps mitigate feelings of self-pity and isolation from society and heightens a sense of connectedness with others (Kirkpatrick, 2005). **Mindfulness** involves observing our experiences from a non-judgmental perspective,

and accepting our pain, thoughts, and feelings with openness and without suppression (Neff, 2015).

Several studies (Neff, 2003; Neff, Pisitsungkagarn, & Hsieh 2008; Conway, 2007; Williams, 2005) found that self-compassion is associated with various interpersonal and psychological benefits. For instance, self-compassion is associated with supportive social relationships, emotional intelligence, self-determination (Neff, 2003), feelings of autonomy and competence (Neff, 2003) academic success (Conway, 2007), and social identity strength (Williams, 2005). On the other hand, self-compassion is negatively correlated with self-criticism, rumination, and thought suppression (Neff, 2003).

Moreover, research indicates that self-compassion serves as a protective factor in promoting mental health (Neff, 2009), as self-compassionate individuals experience more positive, and less negative emotions (Neff, Rude, & Kirkpatrick, 2007). Moreover, self-compassion is a strong negative predictor of anxiety and depression even after controlling for self-criticism (Neff, 2003). Higher self-compassion is associated with lower anxiety and depression and higher general positive emotions and life satisfaction (Bhat & Shah, 2015).

There is growing research about the association of self-compassion and burnout. Studies with clergy men (Barnard & Curry, 2012), psychotherapists (Amrani, 2010), and human service providers working in underserved contexts (Hailey, 2004), found that those higher in self-compassion were less likely to experience burnout. Thus, self-compassion appears to buffer individuals from burnout by helping them relate to themselves in an adaptive manner in the presence of job-related stressors.

Few studies examined self-compassion in relation to trauma and PTSD, with no studies examining its link with vicarious trauma. In a sample of Veterans, baseline self-

compassion predicted PTSD symptom severity at 12-month follow-up, and therefore appears to influence the degree of chronicity and course of PTSD symptoms (Hiraoka et al., 2015). In a study with university students who were trauma survivors, greater self-kindness and mindfulness were associated with less overall post-traumatic stress symptoms, as well as less hyper-arousal and emotional numbing (Valdez & Lily, 2015).

D. Self-sacrificing Defense Mechanism

Defense mechanisms are defined as automatic psychological processes that individuals use to cope with anxiety in response to internal or external stressors (Cramer, 1998). Freud (1894), and later his daughter Anna Freud (1937) explained that there are three psychic structures in our mind: the id, ego and superego. The id includes the impulses, ideas or desires. These impulses are subject to evaluation of the superego, which seeks to control behavior through enforcement of internalized ethical and moral laws. The ego is required to mediate between the id and the superego and to work within the demands of reality in containing the id impulses, which may result in anxiety and feelings of being threatened or overwhelmed. Accordingly, the ego employs a range of defense mechanisms that operate at an unconscious level to contain this anxiety (McLeod, 2009). The use of a defense mechanism is a normal part of personality function. Rather, psychological disorders appear when the individual applies an excessive or rigid use of these defenses (McLeod, 2009). Distinctions are often made between immature/maladaptive defense mechanisms that emerge early in development and are more unconscious (e.g., splitting, acting out, isolation) and mature/adaptive defense strategies that emerge later in development and are more conscious (e.g., sublimation, rationalization, humor) (Cramer, 1998). Similarly, defenses can be

categorized into various subtypes including :(a) Maladaptive defense style which reflects an inability to manage impulses by taking constructive action, for example through withdrawal, acting out, regression, inhibition, passive aggression, and projection; (b) Image-distorting style consists of defenses involving splitting the image of self and other into good and bad and includes derivatives of omnipotence, splitting, and primitive idealization; (c) Self-sacrificing style reflects a need to maintain an image of the self as kind, helpful, and never angry, and consists of reaction formation and pseudo-altruism; and (d) Adaptive style represents positive coping strategies and consists of the most mature defense mechanisms such as suppression, sublimation, and humor (Adams & Riggs, 2008). Immature defense mechanisms are associated with poor psychological functioning (Punamaki, Kanninen, Qouta, & El-Sarraj., 2002). Therefore, it is argued that these coping defenses are important variables to consider in research about trauma (Punamaki, Kanninen, Qouta, & El-Sarraj 2002).

1. ***Self-Sacrificing Style*.**

Self-Sacrificing is a defense mechanism style that takes place when individuals consider the needs of others before their own needs, which eventually leads to harm and neglect of the self (Nistelrooy, 2014). Individuals adopt this style to fulfill the need to perceive oneself as kind and helpful to others (Vaillant, 1992). Due to the essential role of defense mechanisms in everyday experiences of coping and adaptation (Ramkissoon, 2014) and in regulating the reactions of individuals to their experiences (Vaillant, 1994), it is reasonable to propose that characteristic defense styles, and in particular, self-sacrificing, may also be at play in the experiences of humanitarian aid workers and in their perceptions of self, others, and the world (Vaillant, 1971).

The self-sacrificing defense style has been identified as a potential risk factor for vicarious traumatic stress (Adams & Riggs, 2008). A study conducted with therapists reported that those with mature and healthy coping styles reported less vicarious trauma symptoms, less negative affect, and less burnout (Pearlman & Saakvitne, 1995). In contrast, individuals with a self-sacrificing defense style, characterized by reaction formation and pseudo-altruism, were more vulnerable to vicarious trauma (Pearlman & Saakvitne, 1995). Regarding findings within non therapist or human service provider populations, Bond (2004) conducted a meta-analysis investigating the association between defense mechanisms and psychopathology. The study found that maladaptive, image-distorting, and self-sacrificing defense styles among psychiatric patients were significantly correlated with low physical wellbeing and ego development and with poorer mental health (Bond, 2004). Moreover, self-sacrificing defense style and self-criticism are correlated with somatic complains, anxiety, and depressive symptoms among physical illness patients (Hyphantis, Goulia, &Carvalho, 2013).

Unfortunately, there are no known studies that examined the link between defense style and burnout. However, in light of the above findings about the association between defense style and physical and psychological wellbeing, it is plausible to propose that self-sacrificing defense style may predict more occupational burnout.

E. Culture: Feelings and Attitudes towards Syrians

Since the outbreak of the Syrian crisis, Lebanon has been second to Turkey in the numbers of refugees it has received. As of February, 2016, and with the Syrian crisis entering its fifth year, about 1, 055, 984 Syrian refugees are currently registered with UNHCR (UNHCR, 2016). This number may not reflect the actual Syrian population currently residing

in Lebanon, because many Syrian refugees did not register with UNHCR out of fear that their information will be shared with the Syrian government. As such, Syrian refugees comprise around 25 to 30 percent of Lebanon's population (Naharnet, 2015). In the absence of refugee camps, Syrian asylum seekers are taking refuge in villages and towns all over Lebanon, with most settling in the poorest areas of the North and Bekaa Valley (Harb & Saab, 2014).

Initially, some Lebanese were hospitable towards the Syrian refugees and offered them assistance and care. However, Lebanese attitudes later changed as the conflict became protracted and the host community resources became further strained. According to results from a national opinion poll (Fafo AIS), Lebanese attitudes towards Syrian refugees lacked respect and empathy. Many blame the refugees for a reported spike in crime in the country (Holmes, 2013). Moreover, Syrians are blamed for the economic crisis experienced at a national level as they are accused of taking work opportunities from poor host communities at lower wages (Christophersen & Thorleifsson, 2013). The majority of Lebanese also resent that international and national organizations mainly assist Syrian refugees, while they feel that their needs are neglected (Christophersen & Thorleifsson, 2013). A majority of Lebanese in the North and the Bekaa preferred forbidding Syrian refugees all access to work, restricting their movement and political freedom in the country (Harb & Saab, 2014) and placing them in refugee camps (Ilass, 2013).

Moreover, given the historical and geopolitical context of Syria-Lebanon relations, a majority of Lebanese respondents also believed that Syrian refugees are a national security threat (Harb & Saab, 2014), and that their presence would lead to instability and unrest in the country, which would eventually increase the risk of civil war (Christophersen &Thorleifsson, 2013). Accordingly, it is feared that the continued strain between the Syrians

and Lebanese host community could potentially lead to an explosion of sectarian conflict that could affect the whole Middle East region (Dahi, 2014).

Finally, there are historical tensions between Syrians and Lebanese due to Syria's military presence in Lebanon for three decades which ended in 2005 (Ilass, 2013). During the Syrian presence, many Lebanese people were arrested, abducted, tortured, and killed arbitrarily, and checkpoints and detention facilities became part of Lebanese daily life (Lebanese Global Information Center, 2005). Syrian troops also often used extreme violence against Lebanese people and assassinated many high rank officials (Khoury, 2001).

Therefore, since many of the humanitarian aid workers in Lebanon come from the host communities themselves, it is possible that they, like their peers, may harbor negative attitudes and negative feelings towards refugees, because of the economic and security related threats they perceive and due to the historic grievances against the Syrian occupation of Lebanon. Unfortunately, no research was found on the psychological impact of helping others one perceives as belonging to the same group that harmed or oppressed one's group. It is therefore unclear whether these aid workers would experience dissonance between having negative feelings towards beneficiaries they are expected to empathize with and serve.

Therefore, we explored the relationship between a) negative attitudes towards Syrian refugees and b) negative and positive feelings towards Syrian refugees and levels of burnout levels and vicarious traumatization among aid workers in Lebanon.

CHAPTER IV

GOALS AND HYPOTHESES

A. Goals of this study

Most studies with humanitarian aid workers have focused on workers in Africa and Europe with very few studies exploring aid workers' mental health in the Middle East. Moreover, even general research on predictors of burnout and vicarious trauma symptoms in humanitarian aid workers is still in its infancy. Given the recent crisis contexts in the Middle East, this study investigated the levels and prevalence of vicarious trauma and burnout among humanitarian aid workers in Lebanon. This study also examined the various individual and organizational factors that may either buffer or heighten risk for developing burnout and vicarious trauma symptoms. Individual factors include self-care, self-compassion, and self-sacrificing defense mechanism style. Organizational factors include perceived organizational support (POS). This study also explored the association between humanitarian aid workers' attitudes towards Syrian refugees and their feelings towards Syrians refugees with their levels of vicarious trauma and burnout. Finally, the study examined the role of gender and age as demographic predictors.

B. Hypothesis

1. Hypothesis 1

Continual exposure to trauma places aid workers at increased risk for experiencing negative psychological changes in the way they see themselves and the world (Cunningham, 2003; Pearlman & McKay, 2008).

a. Hypothesis 1a**:** Humanitarian aid workers in Lebanon will report at least a moderate level of burnout due to their daily exposure to traumatized Syrian refugees.

b. Hypothesis 1b**:** Humanitarian aid workers in Lebanon will report at least a moderate level of vicarious trauma symptoms due to their daily exposure to traumatized Syrian refugees.

2. Hypothesis 2

Studies demonstrates mixed findings about gender as a predictor of burnout, with some studies showing higher burnout in women (e.g. Sprang, Clark, & Whitt-Woosley, 2007), and other studies showing higher burnout in men (Thomas, Kohli, & Choi, 2014).

a. Exploratory Hypothesis 2a**:** Female humanitarian aid workers in Lebanon will report higher levels of burnout than males in response to their daily exposure to traumatized Syrian refugees.

Female gender was found to be one of the best predictors of vicarious trauma symptoms (Murphy et al., 1999)

b. Hypothesis 2b: Female humanitarian aid workers in Lebanon will report higher vicarious trauma symptoms than males in response to their daily exposure to traumatized Syrian refugees.

3. Hypothesis 3

Younger age consistently and significantly predicts greater levels of burnout (Erickson et al., 2009; Thomas, Kohli, & Choi, 2014)

a. Hypothesis 3a**:** Younger humanitarian aid workers in Lebanon will report higher level of burnout than workers at an older age, in response to their daily exposure to traumatized Syrian refugees.

A study found higher number of vicarious trauma symptoms in younger workers compared to their older colleagues (Adams, Matto, & Harrington 2001)

b. Hypothesis 3b**:** Younger humanitarian aid workers in Lebanon will report higher level of vicarious trauma symptoms than workers at an older age, in response to their daily exposure to traumatized Syrian refugees.

4. Hypothesis 4

Self-compassion was found to be associated with lower levels of burnout among different populations (Amrani, 2010; Barnard & Curry, 2012; Hailey, 2004). Self-compassion was also found to be associated with less overall post-traumatic stress symptoms, as well as less hyper-arousal and emotional numbing (Valdez & Lily, 2015).

a. Hypothesis 4a**:** Self compassion will negatively predict occupational burnout symptoms among humanitarian aid workers in Lebanon. That is, higher levels of self-compassion will be associated with lower levels of burnout, and lower levels of self-compassion will be associated with higher levels of burnout

b. Hypothesis 4b**:** Self compassion will negatively predict vicarious trauma symptoms among humanitarian aid workers in Lebanon. That is, higher levels of self-

compassion will be associated with lower levels of vicarious trauma, and lower levels of self-compassion will be associated with higher levels of vicarious trauma.

5. Hypothesis 5

Research has identified self-care as a common strategy to prevent mental illness and vicarious trauma (Ogasawara, Shiihara, & Ando, 2013). Lack of self-care coupled with chronic stress can increase humanitarian aid workers' risk of developing traumatic symptoms and other negative psychosocial effects (Min-Harris, 2011).

a. Hypothesis 5a: Staff self-care practices will negatively predict burnout among humanitarian aid workers in Lebanon. That is, increased self-care practices will be associated with lower levels of burnout.

b. Hypothesis 5b: Staff self-care practices will negatively predict vicarious trauma among humanitarian aid workers in Lebanon. That is, increased self-care practices will be associated with lower levels of vicarious trauma symptoms.

6. Hypothesis 6

Individuals with a self-sacrificing defense style may be particularly vulnerable to vicarious trauma and burnout (Pearlman & Saakvitne, 1995).

a. Hypothesis 6a: Self Sacrificing defense mechanism style will positively predict burnout among humanitarian aid workers in Lebanon. That is, self-sacrificing defense style characteristics among workers will be associated with higher levels of burnout.

b. Hypothesis 6b**:** Self Sacrificing defense mechanism style will positively predict vicarious trauma among humanitarian aid workers in Lebanon. That is, self-sacrificing defense style characteristics among workers will be associated with higher levels of vicarious trauma.

7. Hypothesis 7

Organizational support through various policies and procedures may motivate workers to take better care of themselves, leading to less emotional exhaustion (Erickson et al., 2009), and lower levels of vicarious trauma (Nelson, 2015).

a. Hypothesis 7a**:** Perceived organizational support will negatively predict burnout among humanitarian aid workers in Lebanon. That is, the more workers perceive their organizations as supportive, the less burnout they will experience.

b. Hypothesis 7b**:** Perceived organizational support will negatively predict vicarious traumatization among humanitarian aid workers in Lebanon. That is, the more workers perceive their organizations as supportive, the less vicarious trauma symptoms they will experience.

8. Exploratory hypothesis 8

During the Syrian occupation of Lebanon (1976- 2005), many Lebanese people suffered from extreme violence (Lebanese Global Information Center, 2005). A majority of Lebanese believe that Syrian refugees are a national security threat (Harb & Saab, 2014), and that their presence would lead to instability and unrest in the country (Christophersen &Thorleifsson, 2013).

a. Exploratory hypothesis 8a: Lebanese humanitarian aid workers will have high levels of negative attitudes towards Syrian refugees in Lebanon.

b. Exploratory hypothesis 8b: Lebanese humanitarian aid workers will have high levels of negative feelings towards Syrian refugees in Lebanon.

c. Exploratory hypothesis 8c**:** There will be a significant association between negative attitudes towards Syrian refugees and burnout in the Lebanese sample.

d. Exploratory hypothesis 8d: There will be a significant association between feelings towards Syrian refugees in Lebanon and levels of burnout in the Lebanese sample.

e. Exploratory hypothesis 8e: There will be a significant association between negative attitudes towards Syrians and vicarious trauma in the Lebanese sample.

f. Exploratory hypothesis 8 f: There will be a significant association between feelings towards Syrian refugees in Lebanon and levels of vicarious trauma in the Lebanese sample.

CHAPTER V

METHODOLOGY

A. Participants

A total of 116 full time humanitarian aid workers from INGOs and local community based organizations participated in this study. The majority of participants were Lebanese (92.2%), belonged to the 25-34 age group (62.1%), and were female (66.4%). Over half were single (57.8%). Moreover, the majority of the participants worked in the South (37.9%) and Beirut/Mount Lebanon (31 %), and had been working in their organizations for 24 months and more (57.8%). Furthermore, please see Table 5.1 below.

Table 5.1
Sample Descriptive

		N	%
Gender	Male	38	32.8
	Female	77	66.4
Age	18-24	17	14.7
	25-34	72	62.1
	35-44	20	17.2
	45-54	6	5.2
	55+	1	.9
Social Status	Single	67	57.8
	Married	36	31.0
	Divorced	3	2.6
	Engaged	9	7.8
	Widow	1	.9
Nationality	Lebanese	107	92.2
	Palestinian	9	7.8
Field Office Location	Beirut/Mount Lebanon	36	31.0
	Tripoli(North)	9	7.8
	Qubayat (North)	10	8.6
	Tyre (South)	44	37.9
	Bekaa	10	8.6
	Zahle	7	6.0
Length of time at the organization	Less than 6 months	15	12.9
	6-12 months	14	12.1
	12-24 months	20	17.2
	24 months and more	67	57.8

B. Research Design and Procedure

This survey-based study utilized a non-random convenience sampling. Following approval from the Institutional Review Board at the American University of Beirut, the researcher contacted 6 INGOs and 3 local CBOs to visit and meet with program managers to introduce the study. 1 INGO and 2 CBOs were located in remote areas so the introduction took place via phone. During the visit, the researcher introduced the study and asked for permission to arrange for a meeting with the staff, and then to send an invitation via email to be circulated to them. The majority of aid workers work in the field and return to the office after they finish their activities. This has created a challenge to schedulingmeetings with NGOs' staff to introduce the study to them. Some NGOs were hesitant to circulate the survey among their staff, although it was anonymous, because they were concerned about exposing the levels of burnout and vicarious trauma among their staff. The sensitivity of the study topic (vicarious trauma and burnout) and measuring perceived organizational support made it difficult for NGOs to agree on participation. Program managers requested to check the survey questions before they shared it with their staff. One INGO refused to circulate the survey with the staff due to the concerns mentioned above.

The visits and phone calls were followed by an email to the program managers that included an explanation about the study objective (Appendix B), the link to the survey, and informed consent (Appendix A). The email also included the invitation to participate in the research study, which was circulated among NGO staff in different locations by the program manager in each NGO (Appendix D1). A tip sheet was also attached to the email to guide participants on when to seek help along with a list of referral places (Appendix M).The survey was available for participants in both English and Arabic. Participants were informed

that they may complete the survey online at their convenience. Once participants clicked the link, they were directed to the website of the survey. Each manager sent a reminder to the staff after two weeks from sending the first invitation (Appendix D2). Participants were assured that participation in the study survey is **voluntary**, and that no one will know who participated and who did not including the researcher and the managers. Participants did not receive monetary compensation for their participation.

C. Measures and Reliability

1. Demographics.

A demographics form included questions about the participants' age, gender, marital status, field office location, years at the organization, and nationality (Appendix E).

2. Burnout.

Level of occupational burnout was assessed using the Maslach Burnout Inventory (MBI-HSS) (Maslach& Jackson, 1981). The MBI is the most widely used measure of burnout. It is self-report measure that consists of22 items rated on a 7-point Likert scale ranging from *"never"* to *"every day"*. It produces scores on three dimensions of burnout: emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA).The scales internal reliability ranges from Cronbach alpha of 0.88 for emotional exhaustion, to 0.78 for Personal accomplishment, and 0.71 for Depersonalization (Aguayo, Vargas, de la Fuente, & Lozano, 2011). A combination of high scores on EE and DP, and a low score on

PA, correspond to a high level of burnout. The scale demonstrated excellent reliability in the current study (α = .91) (Appendix G).

3. Vicarious Trauma.

Vicarious Trauma was evaluated using the Secondary Traumatic Stress Scale (STSS; Bride, Robinson, Yegidis, &Figley, 2004). The instrument includes questions about the three main clusters of PTSD symptoms per DSM-IV criteria; intrusive symptoms, hyper-arousal symptoms, and avoidance symptoms. The STSS includes 17 items that are evaluated on a 5-point scale (1 = never; 5 = very often). Sample items include ‘‘I thought about my work with victims when I didn’t intend it’’, ‘‘I wanted to avoid working with some victims’’, ‘‘I was easily annoyed’’. The STSS has excellent internal consistency (α=.94) (Ting, Jacobson, Sanders, Bride, & Harrington, 2005). The scale demonstrated excellent reliability in the current study (α = .94) (Appendix F).

4. Self - Compassion.

Self-compassion was measured using the Self-Compassion Scale-Short Form (SCS-SF; Raes, Pommier, Neff, & Van Gucht, 2011). This scale contains 12 items that are rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). It is composed of 6 dimensions that include: Self-Kindness subscale (2 items; e.g., “I try to be understanding and patient toward aspects of my personality I don’t like”), Self-Judgment subscale (2 items; e.g., I’m disapproving and judgmental about my own flaws and inadequacies”), Common Humanity subscale (2 items; e.g., “I try to see my failings as part of the human condition”), Isolation subscale (2-items; e.g., “When I’m feeling down, I tend to

feel like most other people are probably happier than I am"), Mindfulness subscale (2 items; e.g., "When something painful happens I try to take a balanced view of the situation"), and Over-identification subscale (2 items; e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong"). The SCS-SF demonstrated adequate internal consistency (Cronbach's alpha ≥ 0.86) and a near-perfect correlation with the long form SCS ($r \geq 0.97$) (Raes, Pommier, Neff, & Van Gucht, 2011). In the current analysis, the reliability test revealed a low reliability for this measure ($\alpha = .55$), therefore, self compassion as dropped from the regression analysis (Appendix J).

5. Self-sacrificing Coping Style.

Self-sacrificing defense style of each participant was measured through subscales from The Defense Style Questionnaire (DSQ-88) (Andrews, Singh, & Bond, 1993). DSQ-88 is a self-report measure designed to assess conscious derivatives of 24 defense mechanisms that are categorized into four defense styles: maladaptive, image-distorting, self-sacrificing, and adaptive (Mullen, Blanco, Vaughan, Vaughan, Roose, 1999). Each item is evaluated using a 9-point Likert scale where 1= strongly disagree and 9= strongly agree to measure. Self-sacrificing defense style include 4 items: (2 items reaction formation and 2 items pseudo-altruism). In this study, denial (2 items) is included within self-sacrificing defense style, since it was found to load highly on the self-sacrificing factor in patient and non-patient samples (Bond, Gardner, Christian, &Sigal, 1983). Scores are calculated by averaging the scores of the representative items. Internal consistency of the DSQ was demonstrated through factor analyses showing four theoretically meaningful clusters (Cronbach's alpha =.72) (Andrews, Singh, & Bond, 1993). The DSQ has demonstrated test–

retest reliability, construct and criterion validity, and the ability to distinguish patients from non-patients (Andrews, Singh, & Bond, 1993; Bond, Gardner, Christian, & Sigal, 1983). In the current analysis, the reliability test revealed a low reliability for this measure (α =.52), therefore, self sacrificing was dropped from the regression analysis (Appendix I).

6. Perceived Organizational Support.

The Survey of Perceived Organizational Support (SPOS) was utilized to assess employee's perception that their organization values their contribution and is concerned about their wellbeing (Eisenberger, Huntington, Hutchison, & Sowa, 1986). This 8-item survey is a short form of the original 36 items survey. Sample items are "My organization strongly considers my goals and values" and "My organization would ignore any complaint from me." Participants endorse items using a 7-point Likert- type scale with (0 = strongly disagree; 6 = strongly agree).Previous studies used exploratory and confirmatory factor analyses with employees from diverse occupations and organizations and demonstrated high internal reliability and uni-dimensionality of the scale (Rhoades &Eisenberger, 2002). This version of the SPOS has excellent internal reliability (α = 0.93), with item-total correlations ranging from 0.70 to 0.84 (Worley, Fuqua, & Hellman, 2009).The scale demonstrated excellent reliability in the current study (α =.90) (Appendix H).

7. Self-care.

The Self-Care Assessment Survey was originally developed by Saakvitne and Pearlman in their workbook on vicarious trauma, "Transforming the pain" (Saakvitne and Pearlman, 1996). It includes 6 domains of self-care: physical, psychological, emotional,

spiritual, relationship, and workplace self-care. Items are measured on a 4 point Likert scale, with 0 being "I never do this" and 3 being "I do this often." For the purpose of this study, 26 items were selected from the original survey and a total average self-care score was calculated across the six domains. No research or literature regarding the validity or reliability of this survey was found (Saakvitne, Pearlman, & Staff of TSI/CAAP, 1996). The total scale demonstrated very good reliability in the current study (α = .87) (Appendix K).

8. Feelings towards Syrians refugees.

Feelings towards Syrian refugees in Lebanon measures were selected from the Harb and Saab (2014) study of intergroup relations between Syrians and Lebanese. Feelings were measured using six items, such as anger, fear, and resentment; compassion, respect and affection. For the purpose of the study, compassion and affection were selected and combined into one variable. Anger and resentment were also selected and combined in one variable. Each item was evaluated using a 5-point Likert-like scale where 1= Not at all and 5= extremely (Appendix L).

8. Attitudes towards Syrian refugees.

Based on findings discussed earlier about Lebanese attitudes towards Syrian refugees, we also created four items for the purpose of the study assessing attitudes regarding Syrian refugees taking jobs from locals, representing a national threat, receiving more aid than locals, and being resented for their country's military presence in Lebanon. Each item was evaluated using a 5-point Likert-like scale where 1= strongly disagree and 5= strongly agree. The scale demonstrated very good reliability in the current study (α = .84) (Appendix L1).

D. Data analysis

Bivariate correlations were conducted to test the relationship between each predictor variable and both dependent variables: Vicarious trauma and burnout. Two multiple regressions (forced entry) were conducted, one for each dependent variable, to explore the effects of the following predictor variables: Perceived organizational support, self care, feelings, and attitude towards Syrians on the overall vicarious trauma and burnout levels. Since the self-compassion and defense style scales demonstrated poor reliability, as indicated above, they were dropped from further analysis.

CHAPTER VI

RESULTS

A. Preliminary Analysis

The preliminary analyses included missing value analysis (MVA), analysis of univariate and multivariate outliers, and normality analysis.

1. Missing value analysis.

The total number of survey responses was 165. We deleted 49 cases as follows: 14 respondents submitted completely blank surveys (the Lime survey platform counted each click by respondents on the link and generated an ID), 12 respondents completed only the demographic data, 2 respondents did not answer any question in the survey, but the surveys were submitted and marked as completed, and finally, 21 respondents only completed the first two questionnaires (MBI and STSS).

An independent samples t-test was carried out to determine if there was a significant difference in the level of vicarious trauma and burnout between the ones who completed the survey, and the ones who did not complete the survey, but only completed these two questionnaires (STSS and MBI). The results for the MBI: $t(130) = -1.68$, $p > .05$; and STSS: $t(135) = 1.90$, $p > .05$ indicate that there was no significant difference in the levels of vicarious trauma and burnout between the respondents who completed the survey and the ones who did not.

A missing value analysis was conducted on 116 participants, and revealed that all the variables had less than 5% missing values. The data was found to be missing at random, because Little's MCAR test was not statistically significant, χ^2 (3411) = 3423.802, p >.05, *ns*.

The final number of participants was 116. Further, an EM imputation was used to replace any missing data. To test if the EM imputation distorted the results in any way, the analysis was run twice, once with the imputations and once without. The results for both analyses were extremely similar, with no differences in patterns of correlations or significant predictors in the final regression models. This suggested that the findings were robust, and were not affected by missing values. The below results are of the primary analysis that included the EM imputation.

2. Univariate and multivariate outliers.

Univariate outliers were analyzed through Z-scores. Any Z-score with a value beyond ±3.29 was considered a univariate outlier. Multivariate outliers were analyzed through the Mahalanobis distance using SPSS syntax. In the current analysis, no cases were beyond ±3.29, indicating that the data did not include univariate outliers. Also, no case value exceeded the prescribed chi squared value, χ^2 (5) = 20.52, p < .001, thus, no multivariate outliers were found.

3. Influential cases.

An examination of the standardized DFBeta's for all the predictors in the current analysis indicated that there were no influential cases found in the data set.

4. Normality.

Normality of the variables was examined by observing the z-scores of skewness. The z-skewness was acquired by dividing skewness by the standard error of skewness. Only one variable (resentment and anger) had z-skewness score of +3.65, which is above the ±3.29 significance level revealing that anger and resentment feelings towards Syrian refugees was positively skewed. The other variables were normally distributed. Transformation was not carried out to avoid any changes in the data which might affect generalization.

B. Scale Descriptive

As seen in Table 6.1, on average, the sample experienced moderate level of job-related burnout, because the scores were near the midpoint, which supported hypothesis 1a. The most endorsed dimension by participants was emotional exhaustion (Table 6.2). The sample scored below the midpoint (3) on Secondary Traumatic Stress Scale, suggesting low levels of vicarious trauma symptoms, which did not support hypothesis 1b.

Self-care scores were near the midpoint which indicated that participants utilized self-care practices moderately. Emotional subscale was the most endorsed by participants (Table 6.3). In addition, on an average, participants endorsed moderate level of positive perceived organizational support. Furthermore, participants experienced low level of anger and resentment towards Syrian refugees currently residing in Lebanon, which did not support exploratory hypothesis 8b. On the contrary, participants experienced moderate level of compassion and affection towards Syrians currently residing in Lebanon, which also did not support exploratory hypothesis 8b. On average, participants' scores on a measure of

negative attitudes towards Syrian refugees in Lebanon were neutral, which did not support exploratory hypothesis 8a.

Table 6.1
Scale Descriptive

	Mean	Std. Deviation
STSS	2.49	.86
MBI	2.31	1.09
POS	3.42	1.46
Self-Care	1.59	.45
Feelings: Comp/Affect	3.65	.95
Feelings: Resent/Anger	2.25	1.08
Attitudes towards Syrians	3.04	.98

Note: STSS: Secondary Traumatic Stress Scale; MBI: Maslach Burnout Inventory; POS: Perceived Organizational Support; Feelings: Compassion/Affection; Feelings Resentment/ Anger

Table 6.2
MBI Subscales

	Mean	Std. Deviation
Emotional Exhaustion	2.94	1.62
Depersonalization	2.24	1.54
Personal Achievement	1.65	1.07
Total MBI	2.31	1.09

Note: MBI: Maslach Burnout Inventory

Table 6.3
Self-Care Subscale

	Mean	Std. Deviation
Physical subscale	1.50	.64
Psychological subscale	1.09	.59
Emotional subscale	2.04	.67
Spiritual subscale	1.54	.69
Relational subscale	1.66	.70
Work related subscale	1.72	.67
Total self care	1.59	.45

C. Correlation between Predictor Variables and Vicarious Trauma and Burnout

1. Assumptions of the Pearson Correlation Test.

a. Variable Type. All variables were scale variables.

b. Normality of Predictors and Outcome Variables. The variables STSS, MBI, POS, Self-care, Compassion/Affection, and Attitudes were normally distributed. Anger/Resentment feelings was positively skewed. Pearson Correlation (two-tailed) test was performed to examine the correlation between the predictors: Perceived organizational support (POS), Self Care, Compassion /Affection, Anger/Resentment, attitudes towards Syrians and gender; and the dependent variables: Vicarious trauma and burnout.

2. Main Analysis

a. Vicarious Trauma. The results of the Pearson correlation (two-tailed) test revealed four significant correlations. There was a positive strong correlation between vicarious trauma and burnout. Also, there was a negative moderate correlation between vicarious trauma on the one hand, and perceived organizational support and self-care on the other hand. Thus, the more humanitarian aid workers perceive their organization as supportive and practice self care, the less likely they are to experience vicarious trauma. Finally, there was a positive weak significant correlation between vicarious trauma and feelings of anger and resentment towards Syrian refugees in Lebanon, which supported exploratory hypothesis 8f. (See Table 6.4).

b. Burnout. The results of the Pearson correlation (two-tailed) test revealed that there were five significant correlations. There was a strong negative correlation between burnout and perceived organizational support. Also, there was a negative moderate correlation between burnout and self care. Thus, the more humanitarian aid workers perceived their organization as supportive and practiced self care, the less likely they were to experience burnout. In addition, there was a weak positive correlation between burnout and attitudes towards Syrians and feelings of anger and resentment towards Syrian refugees in Lebanon, which supported exploratory hypotheses 8c and 8d. The more anger and resentment towards Syrian refugees, and negative attitudes the participants experienced, the more likely to experience burnout. Finally, there was a weak negative correlation between burnout and feelings of compassion and affection towards Syrian refugees. The more compassionate and affectionate humanitarian aid workers felt towards refugees, the less likely they were to feel burnout. (See Table 6.4).

c. Age. Contrary to our hypothesis 3a and 3b, age was not significantly associated with vicarious trauma nor burnout at the bivariate level. Age had a significant positive weak correlation with feelings of resentment and anger. This indicated that humanitarian aid workers from older age groups were more likely to have anger and resentment feelings toward Syrian refugees residing in Lebanon.

Since age was measured by age groups, an ANOVA analysis for the effects of age on the levels of vicarious trauma and burnout was carried out. There was no significant effect of age on vicarious trauma ($F (4, 109) = .70$, $p > .05$, *ns*), and burnout $F (4, 111) = 1.09$, $p > .05$, *ns*) among humanitarian aid workers in Lebanon, which did not support hypothesis 3a and 3b.

Table 6.4
Pearson Zero Order Correlation Matrix

	Age	STSS	MBI	POS	Self Care	Anger / resentment	Compassion / affection
STSS	.12						
MBI	.09	.75**					
POS	-.09	-.50**	-.66**				
Self Care	-.04	-.42**	-.55**	.53**			
Anger and resentment	.20*	.21*	.37**	-.18	-.13		
Compassion and affection	.04	-.08	-.29**	.17	.06	-.21*	
Attitude	.18	.02	.33**	-.24*	-.13	.36**	-.40**

* Correlation is significant at the 0.05 level (two-tailed).
** Correlation is significant at the 0.01 level (two-tailed).

d. Gender. No significant differences were found between male humanitarian aid workers and female aid workers on burnout (Males: M= 2.36, SD= 1.01; Females: M=2.22, SD= 1.13, t (113) = -.47, p >.05, *ns*). In addition, no significant differences were found between male aid workers and female aid workers on vicarious trauma (Female: M= 2.55, SD=.90; Male: M=2.35, SD= .79; t (111) = 1.15, p>.05, *ns*). Thus, exploratory hypothesis 2a and 2b stating that female humanitarian aid workers in Lebanon will report higher levels of burnout and vicarious trauma than males were not supported.

The results of the point-biserial correlation (two-tailed) test revealed that there was no significant correlations between gender, and any of the predictor variables, nor the outcome variables. (See Table 6.5).

Table 6.5

Point biserial Correlation Matrix

	Gender
Age	.10
STSS	-.11
MBI	.04
POS	-.09
self care	-.09
anger and resentment	.07
compassion and affection	-.08
Attitude	.10

Note: Correlation is significant at the 0.05 level (two-tailed).

B. Regression Analysis: Predictors of Vicarious Trauma and Burnout

In order to test hypotheses 1 through 7 and the exploratory hypotheses regarding the predictors of vicarious trauma and burnout, two multiple regression analyses for each outcome variable were conducted using the forced entry method. The outcome variables were vicarious trauma and burnout, and the predictor variables were perceived organizational support (POS), self-care, resentment and anger, and compassion and affection towards Syrian refugees, as well as negative attitudes towards Syrians.

1. *Assumptions of Regression.*

a. Variable type. All the variables in the regression analysis were scale and quantitative variables.

b. Ratio of cases to IV's**.** Sample size is one of the most important assumptions for the regression, and it is important to have a sufficient number. Tabachnick and Fidell (2013) recommend the following as a simple "rule of thumb" when expecting a medium effect sized relationship between the IVs and the DV. The sample size (N) must be larger than (50+8m) where m is the number of IVs. On the other hand, if the point is to test for individual predictors, the sample size must be larger than (104+m). The data used for this research had a sample size of $N = 116$, and 5 independent predictors, therefore, both assumptions were met (50+8(5) = 90, or 104+5= 109).

c. Normality of predictors and outcome variable. The variables: vicarious trauma, burnout, perceived organizational support, self care, compassion and affection, and attitudes towards Syrians were all normally distributed. Resentment and anger towards Syrian refugees was positively skewed.

d. Assumption of Multicollinearity**.** Multicollinearity exists when two or more predictor variables are highly correlated. This poses a problem because it weakens the statistical significance of each independent variable (Allen, 1997). In this analysis, to test for multicollinearity, both the statistics of the variance inflation factor (VIF) and the tolerance were checked. These values indicate if any one of the predictors has a strong linear relationship with any of the other predictors. If this is found to be the case, it means that the predictors being tested are looking at the same thing and therefore, the results of the analysis for those predictors are interchangeable with each other. In this analysis, none of the variables tested produced a VIF statistic above 10. Also, the tolerance statistic for all variables was above .1 OR .2. Therefore, both values indicated that no multicollinearity was present.

e. Normality of residuals**.** The dependent variables vicarious trauma and burnout were examined through a histogram to test for the assumption of normality of residuals. Upon observation, it was clear that the distribution was not significantly different from that of the normal bell shaped curve or normal distribution. Therefore, this assumption was met (See Figure 1; Figure 2).

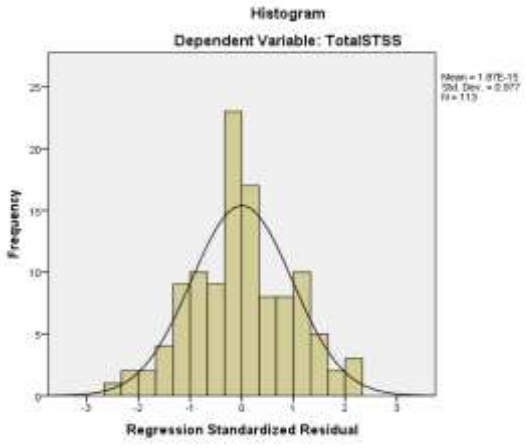

Figure 1

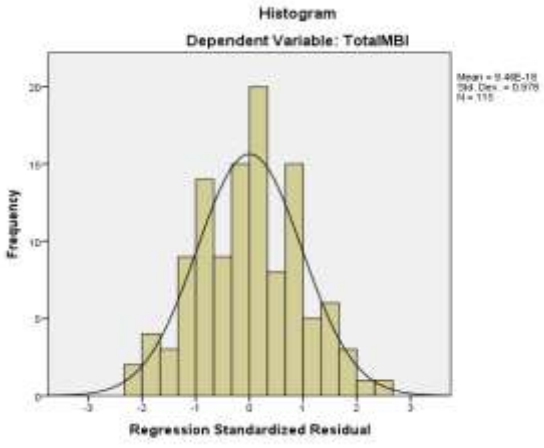

Figure 2

f. Independence of errors. The independence of errors assumption states that the errors of prediction are independent of one another, specifically testing whether bordering residuals are correlated (Tabachnik & Fidell, 2013). This assumption is examined using the Durbin-Watson test, the test statistic normally varies between 0 and 4, with a score of 2 indicating that the residuals are not correlated (Field, 2013). Although 2 is an ideal score, values between 1 and 3 are acceptable, however, anything above or less than these values should be viewed with caution (Fields, 2013). In the current analysis, for the vicarious trauma model, the Durbin Watson value was 1.93, which is close to 2, and therefore the assumption of independent errors was met. Furthermore, for the burnout model, the Durbin Watson value was 2.10, which is also close to 2, hence the assumption of independent errors was met once again.

g. Homoscedasticity of Regression Slopes. The residuals scatter plot (ZRESID vs. ZPRED) was examined to test the assumption of homoscedasticity. ZPRED is the standardized predicted values of the dependent variable based on the model, while ZRESID is the standardized residuals or errors (Field, 2013). Homoscedasticity can be inferred because the graph looks like a random array of dots dispersed around zero. This pattern is indicative of a situation in which the assumptions of homoscedasticity and linearity have been met. (See figures 3 and 4)

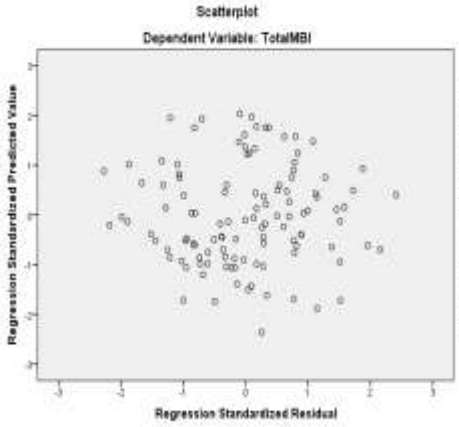

Figure 3

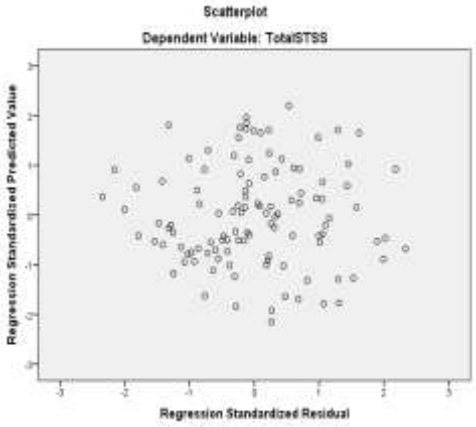

Figure 4

C. Main analysis for vicarious trauma forced entry regression.

The F-test demonstrated that the regression model was significantly better than the mean in explaining the variance in the outcome variable (Vicarious trauma), F (5, 107) = 9.70, p<.001. The predictors explained 31 %, (R^2= .31) of the variance of the outcome variable (Vicarious trauma).

The adjusted R square was R^2 = .28, which showed that the final regression model explained 28% of the variance of the outcome variable (vicarious trauma) at the population level. Furthermore, when shifting from the sample to the population, the shrinkage was ΔR^2 = 3%; which reveals that the regression model would generalize well to the population.

As per Table 6.6, only perceived organizational support and self care were significant predictors of vicarious trauma. Perceived organizational support was a significant negative medium to large predictor of vicarious trauma, therefore supporting hypothesis 7b.

Self care was a significant negative small to medium predictor of vicarious trauma, thus supporting hypothesis 5b. Lastly, feelings of compassion and affection towards Syrian refugees, resentment and anger towards Syrian refugees, and attitudes towards Syrian refugees were not significant predictors of vicarious trauma; thus, exploratory hypotheses 8e and 8f were not supported.

Table 6.6
Results of Forced Entry-Regression-Vicarious Trauma

Model		B	Std. Error	Beta	T	Sig.
1.00	(Constant)	4.20	.54		7.75	.00
	POS	-.23	.06	-.38**	-3.88	.00
	Self care	-.41	.18	-.21*	-2.24	.03
	Anger and resentment	.14	.07	.17	1.95	.05
	Compassion and affection	-.04	.08	-.04	-.49	.62
	Attitude	-.15	.08	-.16	-1.75	.08

Note: For model 1; R^2= .312, ΔR^2= .280, * p< .05, ** p< .01, *** p< .001

D. Main analysis for burnout forced entry regression.

The F-test demonstrated that the regression model was significantly better than the mean in explaining the variance in the outcome variable (burnout), F (5, 109) = 30.45, p<.001. The predictors explained 58% (R^2= .58) of the variance of the outcome variable (burnout).The adjusted R square was R^2 = .56, which showed that the final regression model explained 56% of the variance of the outcome variable (burnout) at the population level. Furthermore, when shifting from the sample to the population, the shrinkage was ΔR^2 = 2%; this reveals that the regression model would generalize well to the population.

As per Table 6.7, only perceived organizational support, self care, and feelings of anger and resentment were significant predictors of burnout. Perceived organizational support was a significant negative large predictor of burnout, therefore supporting hypothesis 7a. Self care was a significant negative small to medium predictor of burnout, supporting hypothesis 5a. Finally, feelings of anger and resentment towards Syrian refugees was a significant positive small predictor of burnout, therefore, supporting the exploratory hypothesis 8d.

Lastly, feelings of compassion and affection towards Syrian refugees and attitudes towards Syrian refugees were not significant predictors of burnout hence, the other parts of the exploratory hypothesis in 8c were not supported.

Table 6.7
Results of Forced Entry-Regression-Vicarious Trauma

Model		B	Std. Error	Beta	T	Sig.
1.00	(Constant)	4.35	.53		8.24	.00
	POS	-.34	.06	-.45**	-6.04	.00
	Self care	-.66	.18	-.27**	-3.69	.00
	Anger and resentment	.20	.07	.20**	2.95	.00
	Compassion and affection	-.15	.08	-.13	-1.93	.06
	Attitude	.08	.08	.07	1.05	.30

Note: For model 1; R^2= .583, ΔR^2= .564, * p< .05, ** p< .01, *** p< .001

CHAPTER VII

DISCUSSION

This study explored various predictors of vicarious trauma and burnout in a sample of humanitarian aid workers in Lebanon. The predictors included self-care, perceived organizational support, and attitudes as well as feelings towards Syrian refugees in Lebanon.

A. Levels of Vicarious Trauma and Burnout

1. Vicarious Trauma.

Our sample of humanitarian aid workers endorsed low levels of vicarious trauma symptoms as a result of their work with traumatized Syrian refugees. We found those results somewhat surprising, given that these aid workers assist a large number of traumatized Syrian refugees daily. Moreover, these low rates appear to be inconsistent with some previous findings that suggested high prevalence of vicarious traumatic stress among humanitarian aid workers serving traumatized populations (Musa & Hamid, 2008; Shah, Garland, & Katz, 2007). Yet, Lerias and Byrne (2003) have suggested that not everyone who is vicariously exposed to a traumatic event develops vicarious trauma symptoms (Lerias & Byrne, 2003), as various individual and organizational factors may moderate this risk (Măirean &Turliuc, 2013).

Moreover, although humanitarian aid workers are in daily direct contact with refugees, it may be that Syrian refugees are no longer sharing their traumatic stories in great detail as the war enters into its seventh year. Perhaps, refugees who just fled their country

may be more likely to share the detail of their traumas compared to refugees who have been in Lebanon for a few years. Finally, although the survey included a broad inclusion criteria of front line humanitarian workers who work with Syrian refugees, there was no way to ascertain from the current study what the nature of the work with refugee beneficiaries was, and consequently, the extent of the worker's exposure to traumatic material.

2. Burnout.

As hypothesized, our sample experienced moderate level of occupational burnout because the average was near the midpoint. In particular, emotional exhaustion was the burnout dimension most endorsed by our participants, in comparison to depersonalization and sense of reduced personal achievement. Emotional exhaustion refers to feelings that one's physical and emotional resources are over extended (Maslach, 2003). Our results were consistent with previous research documenting burnout as an expected consequence of humanitarian work and the suffering that humanitarian aid workers are regularly exposed to (Erickson et al., 2009). In fact, previous research found that human service work as the single largest risk factor for developing professional burnout (Newell & MacNeil, 2010). Our results were also consistent with prior findings that emotional exhaustion tends to be the most widely endorsed dimension of burnout (Maslach, 2003).

Some previous research suggested that female gender (Sprang, Clark, & Whitt-Woosley, 2007), and young age (Erickson et al., 2009; Thomas, Kohli & Choi, 2014) may increase the risk for developing burnout. The majority of our sample were young women, which may have increased the likelihood of them developing and endorsing moderate levels of burnout.

Another possible factor contributing to the low to moderate levels of both vicarious trauma and burnout in the sample was the nature of the study design. We found no significant differences on burnout and vicarious trauma between those who completed the full survey and the ones who only completed these first two measures. However, since the study utilized convenience sampling, and we emphasized the voluntary nature of the study, it is possible that the most burnt-out and vicarious traumatized workers would have been the least likely to partake in the survey, which may have underestimated the true levels of burnout and trauma in the sample of aid workers.

B. Factors Predicting Vicarious Trauma and Burnout

The predictive model selected in this study accounted for a moderate percentage of the variance in vicarious trauma and a high percentage of the variance in burnout.

1. Perceived Organizational Support (POS).

Greater perceived organizational support was associated with less vicarious trauma and less burnout at both the bivariate level and in the final regression models. Very little literature exists on the association between POS and vicarious trauma as a specific outcome. Our findings, therefore, contribute to this nascent line of research, and support Nelson's (2015) findings about the inverse association between perception of organization support and reported levels of vicarious traumatic stress.

Our results support extensive research findings that perceived work support is associated with decreased burnout across various contexts and work settings (Jawahar, Stone,

&Kisamore, 2007; Kinman, Wray, & Strange, 2011; Anomneze, Ugwu, Enwereuzor, &Ugwu, 2016; Yaghoubi, Pourghaz, &Toomaj, 2014; Cao, Chen, Tian, & Diao, 2016), including humanitarian work (Eriksson et al., 2009). More broadly, our results are consistent with previous findings that positive organizational support contributes to the general resiliency of humanitarian aid workers (Eriksson et al., 2009), and that the absence of such support might contribute to vicarious trauma among workers serving traumatized individuals (Edmund & Bland, 2011). Our sample's scores indicated that participants endorsed moderate positive organizational support, which encompasses aspects such as believing that one's organization values one's contributions and cares about his/her welfare.

Moreover, supportive agency policies and procedures motivate workers to take care of themselves, which leads to less burnout (Erickson et al., 2009) and may lead to less vicarious trauma. In our study, we also found a significant positive correlation between perceived organizational support and self-care. It is possible that aid workers in our sample might have developed much higher levels of burnout and vicarious trauma had a moderate level of organizational support not been present.

It is worth noting that more than half of our sample worked at their organization for 24 months or more. This may be one factor explaining the moderately high levels of perceived organizational support endorsed, as workers who are not satisfied with their organization and feel that they are unfairly treated are more likely than others to quit their job (Lévy-Garboua, Montmarquette, & Simonnet, 2005). Yet, not all workers who stay in their organizations are necessarily satisfied and happy. In a country like Lebanon with extensive economic problems and limited employment opportunities, these workers may have stayed in the organization, even if unhappy, for lack of better opportunities. Thus, although

participants were assured of the anonymity of the results, we wonder if they may have endorsed these moderate levels of perceived organizational support out of concern of retribution. We also wonder about the role that social desirability may have played in their reporting of POS levels.

2. Self-care.

There was a negative association between self-care on the one hand, and vicarious trauma and burnout, at both the bivariate level and in the final regression models. These findings are consistent with previous research indicating an association between utilizing self-care strategies and lower levels of vicarious trauma; where self-care was found to buffer workers from the adverse effects of constant exposure to clients' traumatic experiences (McCann & Pearlman, 1990; Newell & MacNeil, 2010), and help prevent the development of vicarious trauma symptoms (Canfield, 2005). Previous findings also suggested that the combination of chronic stressors and lack of self- care can increase humanitarian aid workers' risk of developing traumatic symptoms and psychosocial problems (Min-Harris, 2011). Similarly, our results build upon existing findings that increased self-care can alleviate burnout among employees in various professions, (Eastwood &Ecklund, 2008; Alkema, Linton & Davies, 2008; Salloum, Kondrat, Hohnco, & Olson, 2014; Lawson & Myers, 2011).

Overall, our sample's scores indicated good self-care in some domains, whereas others needed improvement. For example, the most endorsed self-care practices were emotional ones, which include things such as spending time with others whose company one enjoys, accepting and loving oneself, and allowing oneself to experience the full range of

emotions. It is worth noting that more than half of our sample (66.4%) were single women. Some research suggests that single women are more likely to report adequate self-care than married ones (Lee et al. 2009). Perhaps these younger single women may have more time to engage in self-care activities than married ones, who might be more focused on other responsibilities at home, including caring for others (Lee et al., 2009).

On the other hand, participants rarely endorsed utilizing work related self-care practices. These items included taking breaks, arranging the workplace, setting limits and boundaries, and making quiet time to complete their tasks. It might be that the conditions at their work did not facilitate work related self-care. Such factors may have included heavy workloads, high volumes of refugees assisted daily, big teams, shared work places, or lack of systematic structure for taking breaks. Furthermore, participants rarely utilized relational self-care practices, such as asking for help, sharing their feelings with someone they trust, and scheduling quality time with their families. It might be that the relational concept of self-care feels inconsistent with their role as humanitarian care givers for others. Therefore, perhaps switching roles and asking for help and sharing vulnerable feelings with others may feel incongruent and less familiar.

Finally, most of the research on self-care has been done in Western, individualistic contexts. Workers in individualistic cultures might be more concerned with self-care, and are more likely to think about themselves than workers in collectivist cultures. In collectivist cultures, the welfare of the community is placed above individual needs, and individual needs are pursued in the interest of the community and not for personal benefit (Boekaerts, Zeidner, & Pintrich, 1999). Since Lebanon espouses many collectivistic values

(Kazarian, 2011), it is possible that an overall culture of self-care is not yet rooted within Lebanese (and Palestinian) employees.

3. Cultural factors: Attitudes and feelings towards Syrians

a. Negative Attitudes and Feelings (anger and resentment) towards Syrian refugees in Lebanon. At the bivariate level, our findings suggested that greater negative attitudes towards Syrian refugees was associated with greater burnout, but this variable had no significant association with vicarious trauma. Moreover, there was no significant association between negative attitudes towards Syrian refugees and vicarious trauma or burnout in the final regression models.

Moreover, experiencing more anger and resentment towards Syrian refugees was associated with greater levels of vicarious trauma. However, this association lost its significance in the final regression model of vicarious trauma, thereby not supporting our hypothesis.

In contrast, greater feelings of anger and resentment towards Syrian refugees were associated with greater burnout both at the bivariate level and in the final regression model. Since no previous research directly investigated the association between burnout and vicarious trauma and feelings towards the population served, our hypotheses were exploratory. In this context, it may be interesting to invoke the concept of emotional dissonance to further explain the association between burnout and feelings of anger and resentment towards the beneficiaries one is serving. Emotional dissonance refers to the discrepancy between the emotions workers need to show and their true emotions (Bakker & Heuven, 2006). Such discrepancy consumes the workers' energy resources, and they

eventually become exhausted toward their recipients and their work (Bakker & Heuven, 2006). Aid workers' feelings of anger and resentment towards Syrian refugees may then be incompatible with the need to serve them and demonstrate neutrality, caring, and empathy. Such dissonance may ultimately prove exhausting and contribute to workers detaching from their jobs and burning out.

Yet, overall our sample demonstrated rather low levels of anger and resentment towards Syrian refugees and low levels of negative attitudes towards Syrians residing in Lebanon, which is not consistent with previous research. Rather, previous studies indicated that Lebanese people blame the refugees for the increased number of crimes in the country (Holmes, 2013), and for the national economic crisis, since they are accused of taking work opportunities from poor host communities at lower wages (Christophersen &Thorleifsson, 2013). Further, the majority of Lebanese also appear to resent that international and national organizations mainly assist Syrian refugees, while they feel that their needs are neglected (Christophersen &Thorleifsson, 2013). Finally, in one report, a majority of Lebanese in the North and the Bekaa preferred forbidding Syrian refugees all access to work, restricting their movement and political freedom in the country (Harb & Saab, 2014), and placing them in refugee camps (Ilass, 2013).

It is possible that people from Beirut, Mount Lebanon and the South, who comprised the majority of our sample, might have different attitudes towards Syrians than people in the Bekaa and the North for various geographic, political, and economic reasons. Perhaps this is also because the majority of the sample belonged to the 25-34 age group, who did not witness the Syrian military presence in Lebanon during the height of the civil war. Although our participants are likely to have "inherited" stories about the Syrian presence and

some degree of negative attitudes and feelings from their parents and elders, such negative feelings and attitudes may be lower compared to an older sample. Similarly, perhaps this younger sample is more readily able to distinguish between Syrian refugee beneficiaries and the Syrian government that engaged in the military presence. Finally, our participants have been in humanitarian work for two years or more. We wonder if this means that their lived experiences listening to refugee stories helped reduce their prejudices and heighten their commitment to serving people in need with empathy and compassion.

Although our sample reported low levels of anger and resentment and neutral attitudes towards Syrian refugees in Lebanon, their scores may not reflect their true feelings and attitudes towards the refugees. Since program managers were the ones who circulated the surveys, social desirability may have played a role in the participants' responses to items measuring their attitudes and feelings towards Syrian refugees.

b. Compassion and Affection towards Syrians. Our sample endorsed moderate levels of compassion and affection towards Syrian refugees in Lebanon. At the bivariate level, our findings suggested that greater feelings of compassion and affection towards Syrian refugees was associated with less burnout, but this variable had no significant association with vicarious trauma. Moreover, there was no significant association between feelings of compassion and affection towards Syrian refugees with vicarious trauma or burnout in the final regression models.

It is possible that some of the attitude and feelings variables discussed above lost their significant association with burnout and vicarious trauma in the final regression model because the other variables in the model better explained the variance.

In sum, in comparing the personal, organizational, feelings and attitudes in predicting vicarious trauma, the results suggested that the organizational factors had the largest association with vicarious trauma symptoms compared to the personal (e.g. self-care), and culture related factors (e.g. feelings and attitudes). It seems that the organizational aspects are quite powerful, and can greatly contribute to traumatic stress symptoms among humanitarian aid workers. It is likely that when workers feel that their work is valued and appreciated, and that they are treated with respect and provided with autonomy and resources, that they are then more likely to take care of themselves, have positive feelings and attitudes, and perform in a professional manner. Yet, it is important to note that it is rather an interaction between environmental and personal factors that may impact the wellbeing of aid workers working in highly stressful field environments (Erickson et al., 2009).

CHAPTER VIII

RECOMMENDATIONS AND CONCLUSION

A. Limitations

A main limitation of this study is that the humanitarian aid workers sample was attained through convenience sampling, which limits generalizability to the overall population of humanitarian aid workers. Given the low levels of vicarious trauma and moderate levels of burnout endorsed in our sample, it now seems possible that our convenience sampling strategy may have led us to miss large portions of the target population (burnt out and vicariously traumatized aid workers). It is possible that the most burnt-out and vicariously traumatized workers would have been the least likely to participate in a somewhat long and uncompensated survey, which may have underestimated the true levels of burnout and trauma in aid workers. Lack of funding to compensate participants for their time and the inability of the researcher to be physically present in all NGOs to introduce the study and increase buy in may have greatly reduced our ability to sample a wide range of humanitarian aid workers with varying levels of burnout and vicarious trauma. Perhaps these limitations are reflected in the fact that our sample size was relatively small in comparison to the overall population accessed, likely to number in the hundreds.

Further, the sample was not fully representative of a range of age groups, gender, and geographic areas in Lebanon. In addition, one of the limitations in this study is that we didn't know the size/type of NGOs where participants worked, and therefore, could not investigate the role of such organizational factors. Our survey also did not assess the

conditions and nature of their work, which might have provided useful insights in understanding their experiences with trauma and burnout. Given the NGOs' concerns about the sensitivity of the study topics, we thought it best to not collect the names of the NGOs, which would have given us more information about the NGO's size/type and the nature of the participants' work.

Moreover, the study utilized a correlational cross sectional design. Therefore, no casual inferences can be made about the association between vicarious trauma and burnout, and their various predictors investigated in the study. Perhaps POS leads to lower vicarious trauma and burnout, but perhaps it is the opposite, that those who are low on these dimensions are more likely to perceive their organizations as more supportive. Similarly with self-care, perhaps those who are least traumatized and least burnt out are the ones more likely to have the space, energy, and motivation to engage in self-care strategies.

A key limitation is that two of the scales used in our study, defense style and self- compassion, demonstrated low internal consistency in our sample, and were, therefore, dropped from further analysis. These two predictors had not been extensively investigated previously, and we were curious about their potential novel contributions to the literature. One of the scales, self- compassion, had previously demonstrated good internal consistency within a Lebanese sample (Michli, 2016), so it's not clear why this was not replicated in our sample. To our knowledge, the defense style questionnaire had not been previously assessed in Middle Eastern cultures, and therefore, it's not clear whether the construct or the items did not hold across a different culture. Our sample was too small to conduct a factor analysis on either of these two measures. In addition, the self-care scale was taken from a workbook on vicarious trauma (Saakvitne and Pearlman, 1996). Therefore, this scale has not been

previously used as a research instrument and its psychometric properties have not been established.

Another possible limitation was the number of items in the survey (107 items), which might have burdened participants with limited time, or contributed to boredom and fatigue towards the end of the survey.

B. Future Directions

One novel contribution of our study is the exploration of the role of aid workers' feelings and attitudes towards the populations they serve, especially in a complex political context like Lebanon. Feelings towards Syrian refugees, including compassion/affection and anger/resentment, as well as negative attitudes towards them, were significantly associated with burnout. Future research can build upon these findings and seek to understand the mechanisms underlying how positive and negative feelings towards beneficiaries are associated with lower or higher burnout, respectively. It may also be helpful to explore why compassion and affection towards Syrian refugees along with negative attitudes are associated with burnout and not vicarious trauma.

As discussed earlier in our limitations, our survey didn't assess various organizational structures and practices, and it would be helpful for future research to investigate what type of organizational factors contribute to perceptions of support among workers. For example, Dekker and Barling (1995) argued that individuals feel less valued in large organizations, where highly formalized policies may reduce flexibility in dealing with workers' needs. Yet, in the current study, there was no way to find out whether organizational practices differed between larger INGOs and smaller local CBOs, because the name/type of

the organization was not collected. Since program managers were the ones who circulated the invitations to participate in the study, social desirability might have played a role in participants' responses to the POS and self-care items. Future research can look into measuring social desirability as well to investigate its possible role in shaping participants' responses.

Future research can build on these cross sectional. correlational findings by utilizing longitudinal or experimental designs. For example, future studies can assess the effects of self-care and POS on vicarious trauma and burnout via an experimental design that tests programs specifically targeting self-care and supportive organizational practices.

Finally, as discussed earlier, given that our convenience sampling strategy may have led us to miss large portions of the target population, we suggest that future research employ various additional data recruitment strategies such as compensating participants' time with money or gift cards, or providing a free seminar on self-care and burnout following the administration of the survey.

C. Conclusions

Our results contribute to the growing discussion about the importance of attending to humanitarian aid workers' psychological wellbeing in stressful protracted conflict contexts. Our finding about the key role of perceived organizational support supports the call for organizations to more actively prioritize worker wellbeing and develop policies, practices, and intervention programs that seek to prevent, buffer, or address symptoms of burnout and vicarious trauma in aid workers. Within such a context of organizational support, our findings also suggest that individual aid workers can also play an active role in attending to and

prioritizing their own well-being. Finally, our results contribute a preliminary novel finding about the role of negative worker feelings towards served beneficiaries in a complex political context, and the taxing emotional dissonance that may create. This may not be an explicitly addressed dimension in the current discussions about workers' burnout and wellbeing, but may prove helpful to include.

APPENDIX A

Consent to participate in an Online Research Study

This notice is for an AUB-IRB Approved Research Study

For Dr Alaa Hijazi at AUB.

It is not an Official Message from AUB

You are invited to participate in a research study entitled "Predictors of Vicarious Trauma and Burnout among Humanitarian Aid Workers in Lebanon" conducted by Dr. Alaa Hijazi, Faculty of Arts and Sciences at the American University of Beirut. The conduct of this study will adhere to the IRB approved protocol.

The IRB approved method for approaching subjects is an online lime survey hosted on AUB server. The purpose of the study is to investigate predictors of burnout and vicarious trauma among humanitarian aid workers working with traumatized populations in Lebanon. We will be asking humanitarian aid workers in Lebanon to take online surveys that will be sent to their professional agency email. This collected information will be used in published research as well as in academic presentations.

PROCEDURES

This message invites you to:

1. **Read the consent document and consider whether you want to be involved in the study.**

And to note:

- **Participation is completely voluntary.**
- **Completing the questionnaire will take around 20 minutes.**
- **Only the data you provide in the questionnaire will be collected and analyzed.**
- **The research team will not have access to your name or contact details.**
- **The results of the survey will be published in a research article/thesis available in printed form and electronically from AUB Libraries.**

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

You will not receive payment for participation in this study.

The results of the study will contribute to the research concerned with understanding the predictors of burnout and vicarious trauma among aid workers, which will assist organizations in providing a supportive working environment and psychological care.

POTENTIAL RISKS TO SUBJECTS AND/OR SOCIETY

The risks of the study are minimal.
You may experience distress or embarrassment when answering some of the questions. You will be provided with a list of referral places and/or tip sheet where and when to seek help at the end page of the survey.

CONFIDENTIALITY

The collected data will remain confidential and anonymous.

PARTICIPATION AND WITHDRAWAL

If you voluntarily consent to take part in this study, you can change your mind and withdraw at any time without consequences of any kind.

QUESTIONS ABOUT THE STUDY

If you have any questions about the study, you can contact the research team.
Dr. Alaa Hijazi, Email: ah177@aub.edu.lb, Phone number: +961.1.350000 ext: 4370,
Or Rana Bizri: Email: relbezri@hotmail.com, phone number: 03-773029.

CONCERNS OR QUESTIONS ABOUT YOUR RIGHTS

If you have concerns about the study or questions about your rights as a participant, you can contact the
AUB IRB Office:
Phone number: 01-350000 Ext. 5455, 5454, or 5445
Email: irb@aub.edu.lb
Address: American University of Beirut
PO BOX: 11-0236 F15

ACCESS TO THE SURVEY

If after reading the consent document and having your questions answered, and you voluntarily agree to take part in the study; you can access the survey by clicking on the following link.

موافقة مستنيرة على المشاركة في مشروع بحثي على الانترنت

هذا الاشعار هو لبحث للدكتورة ألاء حجازي في الجامعة الأميركية في بيروت وموافق عليه من قبل مجلس المراجعه للبحوث الخاص بالجامعة الاميركية في بيروت

هذه ليست رسالة رسمية من الجامعة الاميركية في بيروت*

نود دعوتكم للمشاركة في مشروع بحثي بعنوان:" مؤشرات الصدمة غير المباشرة والارهاق وسط عاملي المساعدة الانسانية في لبنان" الذي تجريه الدكتورة ألاء حجازي في كلية الاداب والعلوم. أن اجراءات هذه الدراسة تلتزم بقوانين مجلس المراجعه للبحوث الموافق عليها. ان الغرض من المشروع البحثي هذا هو تقصي مؤشرات الارهاق والصدمة غير المباشرة بين العاملين في مجال المساعدة الانسانية الذين يتعاملون مع أفراد مصابين بصدمات نفسية في لبنان. سوف نطلب من العاملين في المساعدة الانسانية في لبنان إجراء استطلاع على الانترنت يتم ارساله إلى بريدهم الالكتروني المهني الخاص. وستُنشر المعلومات التي تمّ جمعها في بحث منشور كما في مداخلات أكاديمية.

شرح الاجراءات:

كمشارك في البحث، سيُطلب منك قراءة نموذج الموافقة هذا. في حال الموافقة، سيُطلب منك استكمال الاستبيان عبر الانترنت حول صحتك النفسية، وكيف تشعر حيال عملك وكيف ترتبط به وكيف تهتم بنفسك.

كما أرجو أخذ العلم:

- أن مشاركتك هي مشاركة **طوعية** بالكامل
- تستغرق المشاركة ما يقارب 20 دقيقة
- لن يتمّ الطلب منك الافصاح عن اسمك أو عن أية معلومات خاصة في خلال المشاركة.
- فريق العمل سيعمل فقط على بيانات مجهولة المصدر تم جمعها عبر هذه الدراسة.
- لن يتم نشر النتائج الفردية، بل فقط سيتم تحليل معلومات صادرة عن مجموعة من المشاركين.

- سوف يتم نشرنتائج الاستبيان في رسالة الماجستير و/أو مقالة بحثية عبر موقع مكتبة الجامعة الاميركية الالكتروني أو في المكتبة.

الفوائد المحتملة للمشارك و /أو المجتمع:

ان المشاركة في هذه الدراسة لا ترتّب أية تكلفة على عاتق المشارك. كما لن يكون هناك أيضًا أي تعويضات مالية.

إن الفائدة المحتملة هي أن مشاركتك ستساهم في البحث المعني بفهم مؤشرات الارهاق والصدمة غير المباشرة وسط العاملين في المساعدة الانسانية، الأمر الذي سيعمل على مساعدة المنظمات في توفير بيئة عمل داعمة والرعاية النفسية.

المخاطر المحتملة:

هناك ما لا يتجاوز الحد الأدنى من المخاطر المرتبطة بالمشاركة في هذه الدراسة.

من الممكن أن تشعر بالانزعاج نتيجة لاجابتك على بعض الاسئلة. سوف تم تزويدك بلائحة أقترحات و أماكن يمكن اللجوء الها للمساعدة.

الخصوصية:

ألبيانلت التي سيتم جمعها ستحفظ بسريه ولن يتمّ الطلب منك الافصاح عن اسمك أو عن أية معلومات خاصة في خلال المشاركة. ففريق العمل سيعمل فقط على بيانات مجهولة المصدر تم جمعها عبر هذه الدراسة.

وإذا، في أي حال من الأحوال أو لأي سبب من الأسباب، فضّلت عدم الاجابة على أية أسئلة، لا تتردد في الانسحاب وتخطي هذه الأسئلة

لمزيد من المعلومات:

إذا كانت لديكم اي أسئلة حول الدراسة البحثية هذه، أو أي اهتمام بمعرفة ما توصلت إليه الدراسة، يمكنكم التواصل مع د. آلاء حجازي، ah177@aub.edu.lb، 961.1.350000+ مقسّم4370، أو السيدة رنا بزري: relbezri@hotmail.com، 03-773029.

إذا كان لديك أية مخاوف، شكاوى، أو أسئلة عامة حول البحث أو حقوقك كمشارك، الرجاء الاتصال بمكتب المراجعة المؤسساتية للعلوم الاجتماعية والسلوكية في الجامعة الاميركية في بيروت على الرقم: 01-350000 مقسّم 5445, 5454, 5455

إذا قبلت البيانات الواردة أعلاه وترغب بالمشاركة في هذه الدراسة، اضغط على زر الموافقة أدناه. وإذا كنت لا ترغب بالمشاركة الرجاءالضغط على زر الخروج أدناه.

APPENDIX B

Email Script for contacting the head of field offices

Dear (Officer's name),

My name is Rana Bizri and I am a graduate student at the American University of Beirut. I am conducting a study for my master's thesis where I am inviting at least 106 humanitarian aid workers to participate and fill out an online survey. The study assesses the predictors of burnout and vicarious trauma among aid workers providing services to refugees. Vicarious trauma is the emotional effect and reaction that result from hearing people's traumatic stories. I was wondering if I can obtain a permission to conduct this study in your field office, and if so, if it is possible to schedule an informal meeting with your office staff upon their convenience where workload is expected to be the least. During this meeting, which is expected to take about 30- 45 minutes, I would like to offer some snacks while I introduce myself, and the study.

Participating in the study will involve completing questionnaires online about one's burnout and vicarious trauma symptoms, along with measures assessing the predictors to be investigated, which includes: coping styles, self care practices, perceived organizational support, and attitudes towards Syrians. Completion of this survey is expected to take no longer than 20 minutes. The survey will be available online and can be sent upon your approval in an all staff email that contains the link to a lime survey.

I would appreciate that your staff members know that their participation in this study is entirely voluntary. Refusal to participate will involve no penalty or loss of benefits with your organization. Participants will also have the right to stop participating and skip any questions they don't wish to answer.

Note: NGO Head of offices are international staff (English speakers). No Arabic transcripts will be used.

APPENDIX C

Script for Study Description to Participants

Hello everyone, my name is Rana Bizri and I'm a graduate student in clinical psychology at the American University of Beirut. I am conducting my thesis study which is the last requirement in the program before I graduate.

My study assesses burnout and vicarious trauma among humanitarian aid workers. Vicarious trauma is the emotional effect and reaction that result from hearing people's traumatic stories. So I am inviting at least 106 aid workers to participate and answer a number of questions. I will answer any question you might have.

Participating in the study will involve completing an online survey about one's burnout and vicarious trauma symptoms, along with measures assessing coping style, self care practices, and attitudes towards Syrians in Lebanon as predictors. An all staff email will be sent including a link that will lead you to a lime survey. Completion of this study is expected to take no longer than 20 minutes.

Please be informed that this survey is related to a thesis study and is not related to any organization. Your support and participation is highly appreciated, but if you chose not to participate, it will not affect your status at your organization. Your participation is entirely voluntary. The survey will be completely anonymous and it will not ask for your name or any information that will reveal your identity. Your individual responses are also completely confidential, and will not be shared with anyone other than myself and my research supervisor. My research supervisor is Dr. Alaa Hijazi. She can be reached at ah177@aub.edu.lb or 01-350000- Ext:4670

نص شرح الدراسة للمشاركين

مرحبا جميعا"،

أنا اسمي رنا البزري، تلميذة دراسات عليا في علم النفس العيادي في الجامعة الاميركية في بيروت. أنا أحضر رسالة الماجستير وهي تبحث مؤشرات الصدمة غير المباشرة والارهاق وسط عاملي المساعدة الانسانية في لبنان.

لذلك أود أن أدعو 106 موظفين على الاقل للمشاركة في الاجابة على مجموعة من الأسئلة. لمن يرغب في المشاركة، سأقوم باجابة أي سؤال أو استفسار حول الدراسة.

أود شكركم لأنكم قبلتم مقابلتي والاستماع لي بالرغم من ضغط العمل والمسؤوليات الموكلة لكم.

للمشاركة في هذه الدراسة ، هناك مجموعة من الاسئلة عن مؤشرات الصدمة غير المباشرة والارهاق، ومجموعة من الاسئلة التي تقوم باختبار وسائل التكيف لديكم ومدى الاهتمام بانفسكم، بالاضافة الى مشاعركم ومواقفكم اتجاه اللاجئين السوريين القاطنين في لبنان.

تستغرق المشاركة 20 دقيقة. سوف يتم ارسال الاستبيان بواسطة البريد الالكتروني لمن يود أن يشارك في وقت لاحق هو يختاره.

أرجو أخذ العلم أن هذه الدراسة هي متعلقة برسالة الماجستير الخاصة بى.

لكم مني جزيل الشكر اذا اخترتم المشاركة بهذه الدراسة والاجابة على الاسئلة. ولكم أيضا الشكر لاستماعكم اذا كان اختياركم عدم المشاركة.

أرجو أخذ العلم أن مشاركتكم هي سرية ولن تؤثر على عملكم اطلاقا.

لن يطلب منكم اي اسماء او اي معلومات تدل على هويتكم. ألاجوبة ستحفظ بسرية ولن تشارك مع أي جهة غيري وغير المسؤول عن مراقبة سير الدراسة. يمكنكم التواصل مع المسؤول عن هذه الدراسة الدكتورة ألاء حجازي عبر البريد الاكتروني:

ah177@aub.edu.lb أو عبر التلفون: 01-350000- Ext: 4670

APPENDIX D-1

AUB Social & Behavioral Sciences
INVITATION SCRIPT

Invitation to Participate in a Research Study

This notice is for an AUB-IRB Approved Research Study

for Dr. Alaa Hijazi at AUB.

(ah177@aub.edu.lb)

It is not an Official Message from AUB

I am inviting you to participate in a research study " Predictors of Vicarious Trauma and Burnout among Humanitarian Aid Workers in Lebanon " that investigates predictors of burnout and vicarious trauma among humanitarian aid workers working with traumatized populations in Lebanon. You will be asked to complete a short ONLINE SURVEY with demographic information.

You are invited because we are targeting humanitarian aid workers providing services to refugees on a daily basis. You are eligible for this study if you are aged over 18, in contact with refugees on a daily basis.

The estimated time to complete this survey is approximately 20 MINUTES.

The research is conducted online and is hosted on AUB server.

Please read the consent form and consider whether you want to be involved in the study.

If you have any questions about this study, you may contact the investigator/research team: Dr. Alaa Hijazi, Email: ah177@aub.edu.lb, Phone number: +961.1.350000 ext: 4370,

or Rana Bizri: Email: relbezri@hotmail.com, phone number: 03-773029.

نص الدعوة المرسلة عبر البريد الالكتروني للمشاركة بالدراسة

هذا الاشعار هو لبحث للدكتورة ألاء حجازي في الجامعة الأميركية في بيروت وموافق عليه من قبل مجلس المراجعه للبحوث الخاص بالجامعة الاميركية في بيروت

هذه ليست رسالة رسمية من الجامعة الاميركية في بيروت*

نود دعوتكم للمشاركة في مشروع بحثي بعنوان:" مؤشرات الصدمة غير المباشرة والارهاق وسط عاملي المساعدة الانسانية في لبنان" الذي تجريه الدكتورة ألاء حجازي في كلية الاداب والعلوم. أن اجراءات هذه الدراسة تلتزم بقوانين مجلس المراجعه للبحوث الموافق عليها.

ان الغرض من المشروع البحثي هذا هو تقصي مؤشرات الارهاق والصدمة غير المباشرة بين العاملين في مجال المساعدة الانسانية الذين يتعاملون مع أفراد مصابين بصدمات نفسية في لبنان. سوف يطلب منك ان تجيب على استبيان من ضمنه اسئلة متعلقة بالتركيبة السكانية.

أنت مدعو لان هذه الدراسة تستهدف العاملين في المساعدة الانسانية لتقديم الخدمات للاجئين في لبنان.

يمكنك المشاركة اذا كنت فوق ال 18 سنة، تقدم خدمات للاجئين يوميا.

الوقت التقريبي للاستبيان هو 20 دقيقة.يتم أجراء البحث عبر الانترنت الخاص بالجامعة الاميركية

الرجاء قراءة الموافقة المستنيرة قبل المشاركة بالدراسة.

إذا كانت لديكم اي أسئلة حول الدراسة البحثية هذه، أو أي اهتمام بمعرفة ما توصلت إليه الدراسة، يمكنكم التواصل مع د. آلاء حجازي، ah177@aub.edu.lb،961.1.350000+ مقسّم4370، أو السيدة رنا البزري: relbezri@hotmail.com ،03-773029

APPENDIX D-2

Reminder E-mail Invitation Script

It is not an Official Message from AUB

You may have already received an e-mail inviting you to participate in this research study entitled "Predictors of Vicarious Trauma and Burnout among Humanitarian Aid Workers in Lebanon" conducted by Dr. Alaa Hijazi, Faculty of Arts and Sciences at the American University of Beirut. If you have already completed and submitted the questionnaire, please accept our thanks and delete this e-mail. If you have not completed the questionnaire and would like to participate, this is a gentle reminder to help us with this important research.

We are inviting you to complete an online survey. It should take no longer than 20 minutes to complete. Your valuable participation will contribute towards understanding the predictors of burnout and vicarious trauma among aid workers, which will assist organizations in providing a supportive working environment and psychological care.

The questionnaire is strictly confidential and anonymous.

If you have any questions about this study, you may contact the investigator/research team: Dr. Alaa Hijazi, Email: ah177@aub.edu.lb, Phone number: +961.1.350000 ext: 4370,

Or Rana Bizri: Email: relbezri@hotmail.com, phone number: 03-773029.

Please click on the web link below to begin the questionnaire.

Thank you very much for giving your time to help us with our research.

رسالة تذكير للمشاركة بالاستبيان عبر البريد الالكتروني

هذه ليست رسالة رسمية من الجامعة الاميركية في بيروت*

لقد وصلتك رسالة سابقة عبر البريد الالكتروني لدعوتك للمشاركة في مشروع بحثي بعنوان:" مؤشرات الصدمة غير المباشرة والارهاق وسط عاملي المساعدة الانسانية في لبنان" الذي تجريه الدكتورة ألاء حجازي في كلية الاداب والعلوم.

لك جزيل الشكر اذا كنت قد أشتركت واتممت الاجابة على الاسئلة الموجودة في الاستبان. أذا كنت ترغب بالمشاركة ولم يتسنى لك الوقت لاتمام الاستبيان، هذه الرساله هي لتذكيرك لمساعدتك المشكورة.

أنت مدعو لان هذه الدراسة تستهدف العاملين في المساعدة الانسانية لتقديم الخدمات للاجئين في لبنان. يمكنك المشاركة اذا كنت فوق ال 18 سنة، تقدم خدمات للاجئين يوميا.

الاجابة على هذا الاستبيان هو سري بالكامل.

الوقت التقريبي للاستبيان هو 20 دقيقة.

يتم أجراء البحث عبر الانترنت الخاص بالجامعة الاميركية

الرجاء قراءة الموافقة المستنيرة قبل المشاركة بالدراسة.

إذا كانت لديكم اي أسئلة حول الدراسة البحثية هذه، أو أي اهتمام بمعرفة ما توصلت إليه الدراسة، يمكنكم التواصل مع د. آلاء حجازي، ah177@aub.edu.lb، 961.1.350000+ مقسّم4370 ، أو السيدة رنا البزري: relbezri@hotmail.com، 03-773029.

APPENDIX E

Demographics Questionnaire

Please answer the following questions:

Q1: What is your gender?

1) Male 2) Female

Q2: What is your age?

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55+

Q 3: What is your social status?

1. Single
2. married
3. Divorced
4. engaged
5. widow

Q4: What is your nationality?

1) Lebanese 2) Palestinian

Q5: What is your field office location?

1) Beirut 2) Tripoli 3) Qubayat 4) Tyr 5) Zahle 6) Bekaa other than Zahle

Q6: How long have you been working at the organization?

1. less than 6 months
2. 6-12 months
3. 12-24 months
4. 24 months and more

أستبيان التركيبة السكانية

1- الجنس:

----ذكر

----أنثى

2- ألعمر:

----18-24 سنة

----25- 34 سنة

----35-44 سنة

----45- 54 سنة

----55 وما فوق

3- ألحالة الزواجية

----أعزب/عزباء

---متزوج/ متزوجة

---مطلق/ مطلقة

----أرمل/ أرملة

4- ألجنسية

---لبناني

---فلسطيني

5- مكان المكتب الذي تعمل فيه

---بيروت ---طرابلس ---قبيات ---زحلة ---البقاع غير منطقة زحلة ---- صور

6- منذ متى وأنت تعمل في المنظمة؟

----أقل من ستة أشهر

----6- 12 شهر

----12-24 شهر

----24 شهر و ما فوق

APPENDIX F

Secondary Traumatic Stress Scale

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.

NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.

	Never	Rarely	Occasionally	Often	Very Often
1. I felt emotionally numb……	1	2	3	4	5
2. My heart started pounding when I thought about my work with clients……1		2	3	4	5
3. It seemed as if I was reliving the trauma(s) experienced by my client(s)……	1	2	3	4	5
4. I had trouble sleeping……	1	2	3	4	5
5. I felt discouraged about the future…	1	2	3	4	5
6. Reminders of my work with clients upset me	1	2	3	4	5
7. I had little interest in being around others…	1	2	3	4	5
8. I felt jumpy……1		2	3	4	5
9. I was less active than usual……	1	2	3	4	5
10. I thought about my work with clients when I didn't intend to……	1	2	3	4	5
11. I had trouble concentrating……	1	2	3	4	5

12. I avoided people, places, or things that reminded me of my work with clients	1	2	3	4	5
13. I had disturbing dreams about my work with client	1	2	3	4	5
14. I wanted to avoid working with some clients	1	2	3	4	5
15. I was easily annoyed……	1	2	3	4	5
16. I expected something bad to happen……	1	2	3	4	5
17. I noticed gaps in my memory about client Sessions.	1	2	3	4	5

مقياس الصدمة الثانوية / الغير مباشرة

هذه مجموعة من العبارات وضعت من قبل عاملين تأثروا خلال عملهم مع منتفعين تعرضوا لصدمات. أقرأ كل عبارة وحدد مدى انطباقها عليك خلال السبع أيام الماضية باختيار الرقم المناسب.

كلمة (منتفع) تشير الى الاشخاص الذين تلقوا منك مساعدة. يمكن استبدالها بكلمه تناسب نوع عملك: مريض– لاجيء–الخ.

		أبدا	نادرا	أحيانا	غالبا	غالبا جدا
.1	شعرت وكأن عواطفي مخدرة أو متبلدة	1	2	3	4	5
.2	بدأ قلبي يخفق بشدة عندما فكرت بعملي مع المنتفعين	1	2	3	4	5
.3	بدا كما لو أنني أعيش الصدمة (الصدمات) التي تعرض لها المنتفع	1	2	3	4	5
.4	واجهت صعوبة في النوم	1	2	3	4	5
.5	شعرت بالإحباط حول المستقبل	1	2	3	4	5
.6	تذكيري بعملي مع المنتفعين يشعرني بالإحباط	1	2	3	4	5
.7	كان لدي القليل من الإهتمام في التواجد مع الاخرين	1	2	3	4	5
.8	شعرت بالتوتر	1	2	3	4	5

.9	كنت أقل نشاطا من المعتاد	1	2	3	4	5
.10	فكرت في عملي مع المنتفعين عندما لم أكن أنوي ذلك	1	2	3	4	5
.11	واجهت صعوبة في التركيز	1	2	3	4	5
.12	تجنبت الأشخاص أوالأماكن أو الأشياء التي تذكرني بعملي مع المنتفعين	1	2	3	4	5
.13	عانيت من أحلام مزعجة حول عملي مع المنتفعين	1	2	3	4	5
.14	رغبت بتجنب العمل مع بعض المنتفعين	1	2	3	4	5
.15	كنت سريع الإستفزاز	1	2	3	4	5
.16	توقعت حدوث أمر سيئ	1	2	3	4	5
.17	لاحظت ثغرات في ذاكرتي بشأن لقاءاتي مع المنتفعين	1	2	3	4	5

APPENDIX G

MBI-Human Services Survey Christina Maslach & Susan E. Jackson

The purpose of this survey is to discover how various persons In the human services, or helping professionals view their job and the people with whom they work closely. Because persons in a wide variety of occupations will answer this survey, it uses the term recipients to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

Instructions: On the following pages are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

How often: 0-6

0	1	2	3	4	5	6
Never	**A few times a year or less**	**Once a month or less**	**A few times a month**	**Once a week**	**A few times a week**	**Every day**

How Often 0-6

Statements:

1. _____ I feel emotionally drained from my work.

2. _____ I feel used up at the end of the workday.

3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.

4. _____ I can easily understand how my recipients feel about things.

5. _____ I feel I treat some recipients as if they were impersonal objects.

6. _____ Working with people all day is really a strain for me.

7. _____ I deal very effectively with the problems of my recipients.

8. _____ I feel burned out from my work.

9. _____ I feel I'm positively influencing other people's lives through my work.

10. _____ I've become more callous toward people since I took this job.

11. _____ I worry that this job is hardening me emotionally.

12. _____ I feel very energetic.

13. _____ I feel frustrated by my job.

14. _____ I feel I'm working too hard on my job.

15. _____ I don't really care what happens to some recipients.

16. _____ Working with people directly puts too much stress on me.

17. _____ I can easily create a relaxed atmosphere with my recipients.

18. _____ I feel exhilarated after working closely with my recipients.

19. _____ I have accomplished many worthwhile things in this job.

20. _____ I feel like I'm at the end of my rope.

21. _____ In my work, I deal with emotional problems very calmly.

22. _____ I feel recipients blame me for some of their problems.

درجة الارهاق الناتج عن العمل

حدد كم مرة شعرت(شعرتي) بما هو مذكور أدناه:

أبدا	بعض المرات في السنة	كل شهر	بعض المرات في الشهر	كل أسبوع	بعض المرات في الاسبوع	كل يوم
0	1	2	3	4	5	6

ضع أو ضعي دائرة حول الرقم الملائم لاجابتك

	كم مرة؟
1- أشعر أن عملي يستنفدني عاطفيا	6 5 4 3 2 1
2- أشعر أني على أخر رمق بنهاية نهار عملي	6 5 4 3 2 1 0
3- أشعر بتعب عندما أنهض صباحا و علي مواجهة نهار عمل	6 5 4 3 2 1 0
4-بامكاني أن أفهم بسهولة ما يحس به اللاجئين	6 5 4 3 2 1 0
5- أشعر اني أعامل بعضا من اللاجئين بطريقة غير انسانية كانهم أشياء	6 5 4 3 2 1 0
6- العمل مع الناس على مدى النهار يتطلب مني مجهودا كثيرا	6 5 4 3 2 1 0
7- أهنم بمشاكل اللاجئين بفعالي كبيرة	6 5 4 3 2 1 0
8- أشعر أني أنهار بسبب عملي	6 5 4 3 2 1 0
9- عندي انطباع أنه من خلال عملي لدي تأثير ايجابي على الناس	6 5 4 3 2 1 0
10- صرت أقل احساسا تجاه الناس منذ بدأت العمل	6 5 4 3 2 1 0
11- أخشى أن يجعلنب هذا العمل قاسيا عاطفيا	6 5 4 3 2 1 0

12- أشعر أني مليء بالنشاط	6 5 4 3 2 1 0
13- أشعر أن عملي يخيب أملي	6 5 4 3 2 1 0
14- أشعر أني أعمل بجهد كبير في عملي	6 5 4 3 2 1 0
15- لا أبالي فعلا لما يحصل لبعض اللاجئين	6 5 4 3 2 1 0
16- ألعمل المباشر مع الناس يوترني كثيرا	6 5 4 3 2 1 0
17- أستطيع بسهولة خلق جو مريح وهادىء مع اللاجئين	6 5 4 3 2 1 0
18- قربي من اللاجئين في عملي يشعرني بالانتعاش والنشاط	6 5 4 3 2 1 0
19- حققت كثيرا من الامور التي تستحق العناء في هذا العمل	6 5 4 3 2 1 0
20-أشعر اني أفرغت كل جهدي	6 5 4 3 2 1 0
21-في عملي، أعالج المشاكل العاطفية بهدوء كبير	6 5 4 3 2 1 0
22-عندي أنطباع أن اللاجئين يحملوني مسؤولية بعض من مشاكلهم	6 5 4 3 2 1 0

APPENDIX H

Survey of
Perceived Organizational Support
© University of Delaware, 1984

Listed below are statements that represent possible opinions that YOU may have about working at _____. Please indicate the degree of your agreement or disagreement with each statement by filling in the circle on your answer sheet that best represents your point of view about ____. Please choose from the following answers:

0	1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree

1. The organization values my contribution to its well-being.
2. The organization fails to appreciate any extra effort from me.
3. The organization would ignore any complaint from me.
4. The organization really cares about my well-being.
5. Even if I did the best job possible, the organization would fail to notice.
6. The organization cares about my general satisfaction at work.
7. The organization shows very little concern for me.
8. The organization takes pride in my accomplishments at work.

وجهة نظر الموظف/ة في دعم المنظمة له

هذه الجمل في الاسفل يحتمل أن تعبر عن رأيك بالمؤسسة التي تعمل/ين لديها.

ألرجاء تحديد درجة موافقتك أو عدم موافقتك على الاراء التي تتضمنها هذه الجمل من خلال اختيار الرقم الذي يعكس رأيك الى أقرب حد.

6	5	4	3	2	1	0
موافق بشدة	موافق	موافق قليلا	محايد	غير موافق قليلا	غير موافق	غير موافق بشدة

1---------- تقدر المؤسسة مساهمتي في تحقيق ازدهارها

2- --------لا تقدر المؤسسة أي جهد إضافي أبذله

3- --------تتجاهل المؤسسة أي شكوى مني

4- --------تهتم المؤسسة حقا لعافيتي و سعادتي

5-------- لا تلاحظ المؤسسة عملي حتى لو قمت به على أكمل وجه

6-------- تهتم المؤسسة لرضاي العام في العمل

7-------- تظهر المؤسسة القليل من الاهتمام تجاهي

8---------- تفتخر المؤسسة بإنجازاتي في العمل.

APPENDIX I

Defense Mechanism

These statements are about personal attitudes. There are no wrong or right answers. Using the 9-point scale shown below, please indicate how much you agree or disagree with each statement by circling one of the numbers on the scale beside the statement. For example, a score of 5 would indicate that you neither agree nor disagree with the statement, a score of 3 that you moderately disagree, a score of 9 that you strongly agree.

1 **2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

Strongly **Agree** Strongly **Disagree**

Self Sacrificing style: 4 items

1- I get satisfaction from helping others and if this were taken away from me I would get depressed. (pseudo-altruism)

2- If I were in a crisis, I would seek out another person who had the same problem. (pseudo-altruism)

3- If someone mugged me and stole my money, I'd rather he be helped than punished. (reaction formation)

4- I often find myself being very nice to people who by all rights I should be angry at. (reaction formation)

Denial Style: 2 items

1- People say I tend to ignore unpleasant facts as if they didn't exist.

2- I fear nothing

أسلوب التفاني في العمل

هذه الجمل تحتوي على مواقف شخصية . ليس هناك جواب صح أو غلط. الرجاء تحديد مدى موافقتك أو عدم موافقتك مع كل موقف باختيار رقم من الارقام المحددة في المقياس التالي. على سبيل المثال، الرقم ٥، يعكس انك في وضع محايد من الموقف. الرقم ٣، يعكس انك لا توافق باعتدال. الرقم ٩ يعكس انك موافق كليا مع الموقف.

9

1

2	**3**	**4**	**5**	**6**	**7**	**8**	

موافق كليا

غيرموافق كليا

أسلوب التفاني في العمل: أربعة بنود

1------- أشعر بالرضى عند مساعدتي الآخرين وإن لم أستطع القيام بذلك أشعر بالخيبة – (إيثار زائف)

2--------عندما أكون في أزمة ألجأ إلى شخص تعرض لنفس المشكلة – (إيثار زائف)

3------- إذا قام أحدهم بمهاجمتي وسرقة مالي أفضل مساعدته عوضا عن معاقبته. (تشكل ردة الفعل)

4-------- غالبا ما أجد نفسي لطيفا جدا مع الأشخاص الذين ينبغي أن أكون غاضبا منهم (تشكل ردة الفعل).

أسلوب الإنكار

1--------الناس من حولي يقولون انني أميل الى تجاهل الامور الغير محببة وكأنها غير موجودة

2- ------انا لا أخاف من شي

APPENDIX J

Self-Compassion Scale–Short Form (SCS–SF)

How I Typically Act Towards Myself in Difficult Times

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost always				Almost never
1	2	3	4	5

_____1. When I fail at something important to me I become consumed by feelings of inadequacy.

_____2. I try to be understanding and patient towards those aspects of my personality I don't like.

_____3. When something painful happens I try to take a balanced view of the situation.

_____4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____5. I try to see my failings as part of the human condition.

_____6. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____7. When something upsets me I try to keep my emotions in balance.

_____8. When I fail at something that's important to me, I tend to feel alone in my failure

_____9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are s shared by most people.

_____11. I'm disapproving and judgmental about my own flaws and inadequacies.

_____12. I'm intolerant and impatient towards those aspects of my personality I don't like.

كيف أتعامل عادةً مع نفسي في الأوقات الصعبة

التعليمات: الرجاء قراءة كل عبارة بعناية قبل الاجابة. الى يسار كل بند, أشير/ي الى المدى الذي تتصرف/ي فيه بطريقة معينة من خلال استخدام المقياس التالي:

1 2 3 4 5

بالكاد أبدا

تقريبا دائما

1---- أرفض تقبل سلبياتي و عيوبي و أقسو بالحكم عليها

2.---- عندما أشعر بالاحباط, غالبا ما يتمركز تفكيري و انتباهي على كل ما هو سلبي

3----عندما أفشل بشيء مهم بالنسبة لي, تستحوذ علي مشاعر العجز

4----عندما يزعجني أمر ما, أحاول أن أبقي مشاعري في حالة توازن

5 ----- عندما أشعر بالعجز أو بالنقص بطريقة ما, أحاول أن أذكر نفسي أن هذا شعور

يختبره معظم الناس

6-----أنا غير متسامح/ متسامحة, و غير صبور/صبورة على الجوانب التي لا تعجبني في

شخصيتي

7-----عندما أمر بأوقات شديدة الصعوبة, أعطي نفسي القدر الذي أحتاجه من الرعاية و الحنان

8 -----عندما أشعر بالاحباط, أميل الى أن أشعر أن معظم الناس أكثر سعادة مني

9 ----- عندما يحدث أمر مؤلم, أحاول أن تكون نظرتي للموقف متوازنة

10----- أحاول أن أرى قصوري كجزء من الحالة الانساني

11------ عندما أفشل بشيء مهم بالنسبة لي, أميل الى الشعور أنني وحدي في فشلي

12------- أحاول أن أكون متفهم/ متفهمة و صبور/ صبورة تجاه تلك الجوانب من نفسي التي

لا تعجبني

APPENDIX K

Self Care Inventory

The following worksheet for assessing self care is not exhaustive, merely suggestive. Please respond to the following items in each category. Your totals will be calculated for you. Higher scores indicate better self care. Determine which areas you are doing well in, and which areas may need improvement.

3	2	1	0
I do this often	I do this sometimes	I barely or rarely do this	I never do this

Physical Self Care

____ Eat regularly (e.g. breakfast, lunch, and dinner) and healthily

____ Exercise _

____ Take time off when sick

____ Dance, swim, walk, run, play sports, sing, or do some other fun physical activity

____ Get enough sleep

____ Take time to be physically intimate

Psychological Self Care

____ Take day trips, mini-vacations, and/or vacations

____ Make time away from cell phones, email, social media, and the Internet

____ Have my own personal psychotherapy

____ Say no to extra responsibilities when needed

Emotional Self Care

____ Accept and love myself

____ Spend time with others whose company I enjoy

____ Allow myself to experience full range of emotions (happy, sad, angry, frustrated, hopeful, etc.)

Spiritual Self Care

____ Make time for reflection about values, meaning, and purpose in my life; practice gratitude

____ Spend time in nature

____ Connect with supportive spiritual community and engage in spiritual practice/ritual

____ Meditate/pray/sing

____ Contribute to causes in which I believe

Relationship Self Care

____ Schedule regular quality time with my partner or spouse, family members, friends etc

____ Allow others to do things for me

____ Ask for help when I need it

____ Share a fear, hope, or secret with someone I trust

Workplace or Academic Self Care

____ Take a break daily from commitments/activities (e.g. lunch)

____ Make quiet time to complete tasks

____ Set limits and boundaries with residents and peers

____ Arrange work space so it is comfortable and comforting

الرعاية الذاتية

3	2	1	0
أقوم بهذا العمل معظم الاحيان	اقوم بهذا العمل بعض الاحيان	نادرا ما أقوم بهذا العمل	لا أقوم بهذا العمل مطلقا

الرعاية الذاتية الروحية:

----- أخصص وقتا للتفكير بالقيم والمغزى والهدف من حياتي وأعرب عن الإمتنان.

----- أقضي بعض الوقت في الطبيعة

----- أتواصل مع أشخاص حولي يشاركوني و يدعمونني في الأمور الروحانية، و انخرط في الممارسات الروحانية

----- أتأمل او أصلي او أنشد

----- أساهم في القضايا التي أؤمن بها

الرعاية الذاتية الخاصة بالعلاقات

----- أخصص الوقت بشكل دائم لكي أقضيه مع شريكي أو زوجي أو أفراد أسرتي أو أصدقائي الخ..

----- أسمح للآخرين أن يفعلوا شيئا من أجلي

---- أطلب المساعدة عندما أكون بحاجة إليها

---- أشارك مشاعر الخوف أوالأمل أو سر من أسراري مع شخص أثق به

مكان العمل أو الرعاية الذاتية الأكاديمية

----- آخذ قسطا من الراحة يوميا من الالتزامات والأنشطة (مثلاً أتناول الغداء)

----- أخصص وقتا هادئا لإنجاز المهام

----- أضع الحدود المطلوبة مع الزملاء

----- أرتب مكان العمل ليكون مريحا

3	2	1	0
أقوم بهذا العمل بشكل جيد	اقوم بهذا العمل بشكل حسن	نادرا ما أقوم بهذا العمل	لا أقوم بهذا العمل مطلقا

الرعاية الذاتية الجسدية

----- أتناول الطعام بانتظام (على سبيل المثال الفطور والغداء والعشاء) وبشكل صحي

----- أمارس الرياضة

----- آخذ إجازة عند المرض

----- أرقص أو أسبح أو أمشي أو أركض أو ألعب الرياضة أو أغني أو أقوم ببعض النشاطات البدنية المسلية الأخرى

----- أحصل على قسط كاف من النوم

----- آخذ وقتا لكي أقوم بعلاقة حميمة

الرعاية الذاتية النفسية

----- أقوم برحلات يومية أوعطل قصيرة و/أو إجازات

----- أخصص وقتا أبتعد فيه عن الهواتف والبريد الالكتروني ووسائل التواصل الاجتماعي والانترنت

----- أحصل على علاج أو إرشاد نفسي

----- أقول لا للمسؤوليات الإضافية عند الضرورة

الرعاية الذاتية العاطفية

----- أقبل وأحب ذاتي

----- أقضي الوقت مع الآخرين الذين استمتع برفقتهم

----- أسمح لنفسي بتجربة كافة أنواع المشاعر (الفرح، الحزن، الغضب، الإحباط، الأمل، إلخ...)

----- أضحك وأبتسم غالبا

APPENDIX L

Attitudes towards Syrian

To what extent do you experience the following feelings towards Syrian refugees currently residing in Lebanon?

	Extremely	To a great degree	To a moderate degree	Slightly	Not at all
Fear	1	2	3	5	5
Compassion	1	2	3	5	5
Anger	1	2	3	5	5
Respect	1	2	3	5	5
Resentment	1	2	3	5	5
Affection	1	2	3	5	5

إلى أي مدى تشعر بالمشاعر التالية تجاه الاجئين السوريين القاطنين حاليا في لبنان:

أبدا ،لا	إلى حد بسّط	إلى حد ما	إلى حد كبير	إلى حد كبير جدا	
5	4	3	2	1	الخوف
5	4	3	2	1	التعاطف
5	4	3	2	1	الغضب
5	4	3	2	1	الاحترام
5	4	3	2	1	الحقد
5	4	3	2	1	المودة

APPENDIX L1

Attitudes towards Syrians measure

Below are statements regarding Syrian refugees currently residing in Lebanon. You may find that you agree with some and disagree with others to varying degrees. For each statement, please circle the number that best describes o your opinion.

	Strongly agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
The presence of Syrians in Lebanon takes away job opportunities from the Lebanese	**1**	**2**	**3**	**4**	**5**
The presence of Syrians in Lebanon is a national security threat	**1**	**2**	**3**	**4**	**5**
I feel angry because Syrian refugees receive much more aid than the Lebanese	**1**	**2**	**3**	**4**	**5**
I feel anger towards the presence of Syrians in Lebanon because of what the Syrian occupation did to Lebanon	**1**	**2**	**3**	**4**	**5**

فيما يلي بيانات حول السوريين. قد تجد نفسك تؤيد بعضاً من هذه البيانات و تعارض بعضها الخر بدرجات متفاوتة. نرجو أن تحدد ردة فعلك بالنسبة إلى كل بيان من خلال وضع دائرة حول الرقم الذي بعد الاقرب إلى موقفك:

	أوافق بشدة	أوافق	حّادي	أعارض	أعارض بشدة
وجود السوريين في لبنان يسلب اللبنانين من الوظائف و فرص العمل	1	2	3	4	5
وجود السوريين في لبنان يشكل خطر على الأمن القومي	1	2	3	4	5
اشعر بالغضب لان النازحين السوريين يتلقون مساعدات أكثر من بكثير من اللبنانيين	1	2	3	4	5
أشعر بالغضب	1	2	3	4	5

تجاه وجود السوريين في لبنان بسبب ما فعله الاحتلال السوري في لبنان					

APPENDIX M

Tip Sheet about when to seek help/ List of referral places

You may experience a range of emotions after completing this survey.

Here are some tips to manage your distress (American Psychological Association):

Talk about it. Ask for support from people who care about you and who will listen to your concerns. Receiving support and care can be comforting and reassuring.

Take care of yourself. Engage in healthy behaviors to enhance your ability to cope with excessive stress. Eat well-balanced meals, get plenty of rest and build physical activity into your day. Avoid alcohol and drugs because they can suppress your feelings rather than help you to manage and lessen your distress.

For many people, using the tips and strategies mentioned above may be sufficient to get through their distress. At times, however an individual can get stuck or have difficulty managing intense reactions.

If you continue to have emotional distress, seek one of the following professionals for help:

American University of Beirut Medical Center
Cairo Street, Hamra, Beirut, Lebanon
Tel: 961 1 350000, Ext. 5650/1/2
E-mail: **psych02@aub.edu.lb**

Bellevue Medical Center
Mansourieh - Beirut - LEBANON
Main Reception: 9611 682666
Extensions:
Hotline number 1565
Outpatient Clinics: 5620
Emergency Unit: 6300
Email: info@bmc.com.lb

Saint Joseph Medical Center
Achrafieh - Boulevard Alfred Naccache
Face Hotel Dieu
Tel: 961 1 613 616 / 7/ 8
Email: **stjosephlab@stjosephlab.com**

معلومات للمساعدة عند الحاجة

يحتمل أن تشعر بالانزعاج عند الانتهاء من هذا الاستبيان.

هذه بعض الارشادات المنقوله من "الجمعية الاميركية لعلم النفس" لمساعدتك في

ادارة هذا الشعور

التفريغ:

أطلب مساعدة ودعم المقربين منك للاستماع لك. التفريغ يساعدك على الارتياح والاطمْئنان

الاهتمام بالنفس:

أنخرط في السلوك الصحي والمناسب لتحسين قدرتك على تحمل الضغوطات

تناول وجبات صحية

خذ قسطا من الراحة وحسن نشاطك البدني اليومي

ابتعد عن شرب الكحول والمخدرات لانها تتسبب بقمع مشاعرك

في معظم الاحيان تكون هذه الارشادات كافية لتجاوز المحنة والانزعاج. لكن في بعض الاحيان يعاني الشخص من صعوبه في تجاوز المحنه وادارة المشاعر.

اذا استمر الانزعاج لفترة طويلة ، يمكنك طلب المساعده في المراكز التاليه:

ألجامعة الاميركية في بيروت

شارع مصر، الحمرا، بيروت ، لبنان

تلفون:

961 1 350000, Ext. 5650/1/2

البريد الالكتروني: psych02@aub.edu.lb

مركز بلفيو الطبي

المنصورية، بيروت، لبنان

تلفون الاستقبال: 9611682666

الخط الساخن: 1565

العيادات: 5620

الطوارىء: 6300

البريد الاكتروني: info@bmc.com.lb

مركز مار يوسف الطب

الاشرفية– بوليفار الفريد نقاش

مقابل اوتيل ديو

تلفون: 8 /7/ 616 613 1 961

البريد الاكتروني:stjosephlab@stjosephlab.com

BIBLIOGRAPHY

Adams, K.B., Matto, H., & Harrington, D. (2001). The traumatic stress institute belief scale as a measure of vicarious trauma in a national sample of clinical social workers. *Families in Society, 82*, 363–371.

Adams, S. A. & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology, 2*, 26-34.

Ager, A., Pasha, E., Yu, G., Duke, T., Ericksson, C., & Cardozo, B.L. (2012). Stress, mental health, and burnout in national humanitarian aid workers in Gulu, northern Uganda. *Journal of Trauma and Stress, 25*, 713-720. doi: 10.1002/jts.21764

Aguayo, R., Vargas, C., De la Fuente, E., & Lozano, L. M. (2011). A meta-analytic reliability generalization study of the Maslach Burnout Inventory. *International Journal of Clinical and Health Psychology*, *11*, 343-361.

Ahola, K., Honkonen, T., Isometsa, E., Kalimo, R., Nykyri, E., Aromaa, A., & Lonnqvist, J. (2005). The relationship between job-related burnout and depressive disorders-results from the Finnish health 2000 study. *Journal of Affective Disorders, 88*, 55-62.

Alexander, G. K., Rollins, K., Walker, D., Wong, L., & Pennings, J. (2015). Yoga for self-care and burnout prevention among nurses. *Workplace Health and Safety, 63*, 462-470. DOI: 10.1177/2165079915596102

Ali, A., Khan, S. A., & Waheed, A. (2015). Problems confronting the humanitarian workers. ACTA Technica Corviniensis-Bulletin of Engineering. ISSN: 2067-3809.

Alkema, K., Linton, J. M., & Davies, R. (2008). A study of the relationship between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals. *Journal of Social Work in End-of-Life & Palliative Care, 4*, 101–119. http://dx.doi.org/10.1080/15524250802353934

American Counseling Association. (2015). Vicarious trauma. Fact Sheet # 9. Retrieved from www.counseling.org.

Amrani, P. (2010). Loving-kindness: Self-compassion, burnout and empathy among therapists. (Doctoral dissertation). Adelphi University.

Andrews, G., Singh, M., & Bond, M. (1993). The Defense Style Questionnaire. *The Journal of Nervous and Mental Disease, 181,* 246–256.

Anomneze, E. A., Ugwu, D. I., Enwereuzor, I. K., & Ugwu, L. I. (2016). Teachers' emotional labour and burnout: does perceived organizational support matter? *Asian Social Science, 12,* 1911-2025.

Armagan, E., Engindeniz, Z., & Devay, A.O. (2006). Frequency of post-traumatic stress disorder among relief force workers after the tsunami in Asia: do rescuers become victims? *Prehospital and Disaster Medicine, 2,*168–172.

Arnold, K. A., & Dupre, K. E. (2012). Perceived organizational support, employee health and emotions. *International Journal of Workplace Health Management, 5,* 139 - 152.

Bakker, A.B., Heuven, E. (2006). Emotional Dissonance, burnout, and In-role performance among nurses and police officers. *International Journal of Stress Management, 13,* 423-440.

Bakker, A. B., Van Der Zee, K. I., Lewig, K. A., & Dollard, M. (2006). The relationship between the big five personality factors and burnout: a study among volunteer counselors. *The Journal of Social Psychology, 146,* 31-50.

Barnard, L. K. & Curry, J. F. (2012). The relationship of clergy burnout to self compassion and other personality dimensions. *Pastoral Psychology, 61,* 149-163.

Barrington, A. J. & Shakespeare-Finch, J. (2013). Working with refugee survivors of torture and trauma: an opportunity for vicarious post-traumatic growth, *Counseling Psychology, 26,* 89-105.

Bhat, S. A. & Shah, S. A. (2015). Self compassion and mental health: a study on young adults. *Natural and Social Sciences, 3,* 49-54.

Bianchi, R. & Schonfeld, I.S. (2014). EPA-1148- Does anxiety predict burnout? a 5575-participant study. *European Psychiatry, 29*, 1.

Bloom S.L., & Farragher, B. (2011). Destroying sanctuary: The crisis in human service delivery systems. New York: Oxford University Press; 2011.

Boekaerts, M., Zeidner, M., & Pintrich, P.R. (1999). Handbook of Self Regulations. Academic Press 2000. ISBN: 9780121098902Bond, M. (2004). Empirical studies of defense style: relationships with psychopathology and change. *Harvard Review of Psychiatry, 12*, 263-278.

Bond, M., Gardner, S. T., Christian, J., & Sigal, J. J. (1983). Empirical study of self rated defense styles. *Arch Gen Psychiatry, 40,* 333-338.

Boscarino, J., Figley, C., & Adams, R. (2004). Compassion fatigue following the September 11th terrorist attacks: A study of secondary trauma among New York City social workers. *International Journal of Emergency Mental Health, 6*, 57–66.

Brewin, C., Andrews, B. & Valentine, B. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma exposed adults. *Journal of Consulting and Clinical Psychology, 68,* 748–766.

Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work, 52,* 63-70. doi: 10.1093/sw/52.1.63

Bride, B. E., Jones, J. L. & Macmaster, S. A. (2007). Correlates of secondary traumatic stress in child protective services workers. *Journal of Evidence-Based Social Work, 4,* 69-80. DOI: 10.1300/J394v04n03_05

Bride, B. E., Robinson, M. M., Yegidis, B. & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. Research on Social Work Practice, 14, 27-35.

Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization: A review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work, 75*, 81-101.

Cao, X. Chen, L., Tian, L., & Diao, Y. (2016). The effect of perceived organizational support on burnout among community health nurses in China: the mediating role of professional self-concept. *Journal of Nursing Management, 24*, E77-E86.

Cardozo, B. L., & Salama, P. (2002). Mental health of humanitarian aid workers in complex emergencies. In Y. Danieli (Ed.), Sharing the front line and the back hills: Peacekeepers, humanitarian aid workers and the media in the midst of crisis (pp. 242-257). Amityville, NY: Baywood.

Cardozo, B.L., Holtz, T.H., & Kaiser, R. (2005). The mental health of expatriate and Kosovar Albanian humanitarian aid workers. *Disasters*, *29*,152–170.

Cardozo, L.B., Crawford, G. C., Eriksson, C., Zhu, J., Sabin, M., & Ager, A. (2012). Psychological Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study. PLoS ONE 7(9): e44948. doi:10.1371/journal.pone.0044948

Casper, W. J., Harris, C., Taylor-Bianco, A., & Wayne, J. H. (2011). Work- family conflict, perceived supervisor support and organizational commitment among Brazilian professionals. *Journal of Vocational Behavior*, *79*, 640-652.

Christophersen, M. & Thorleifsson, C. (2013). Lebanese Contradictory Responses to Syrian Refugees Include Stress, Hospitality, and Resentment. The Issam Fares Institute for Public Policy and International Affairs (IFI) at the American University of Beirut (AUB). Retrieved from https://www.aub.edu.lb/ifi/Documents/policy_memo/20130705ifi_memo_Fafo_IFI_Policy_brief_Syrians_in_Lebanon.pdf

Comerchero, V. A. (2015). Feature article: Vicarious trauma: risk factors, symptoms and coping strategies. *The School Psychologist, 69,* (1).

Conway, D. G. (2007). The role of internal resources in academic achievement: Exploring the meaning of self-compassion in the adaptive functioning of low-income college students. Doctoral Dissertation, University of Pittsburgh.

Cramer, P. (1998). Coping and defense mechanism s: What's the difference? *Journal of Personality, 66*, 919-946.

Crisp, J. (2014). Out of Camp, out of mind? Refugees International. Retrieved on September 20, 2015 from https://www.refintl.org/blog/out-camp-out-mind

Crisp, J., Garras, G., McAvoy, J., Schenkenberg, E., Spiegel, P., & Voon, F. (2013). From slow boil to breaking point. A real time evaluation of UNHCR's response to the Syrian refugee emergency. United Nations High Commissioner for Refugees Policy Development and Evaluation Service.

Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. *Social Work, 48*, 451-459

Cunradi, C. B., Greiner, B. A., Ragland, D.R., & Fisher, J.M. (2003). Burnout and alcohol problems among urban transit operators in San Francisco. *Addictive Behaviors, 28*, 91-109.

Dahi, O. (2014). The refugee crisis in Lebanon and Jordan: the need for economic development spending. The Syria crisis, displacement and protection. *Forced Migration*, Issue 47, 11-14.

Dekker, I., & Barling, J. (1995). Workforce size and work-related role stress. *Work and Stress, 9,* 45–54

Dupre, K.E. & Day, A.L. (2007).The effects of supportive management and job quality on the turnover intentions and health of military personnel. *Human Resource Management, 46*, 185-201.

Eastwood, C. D., & Ecklund, K. (2008). Compassion fatigue risk and self-care practices among residential treatment center childcare workers. *Residential Treatment for Children & Youth, 25,* 103–122. http://dx.doi.org/10.1080/08865710802309972

Edmund, D. S. & Bland, P. J. (2011). Organizational factors leading to vicarious trauma or burnout. Real Tools: Responding to Multi-Abuse Trauma Alaska Network on Domestic Violence and Sexual Assault. Retrieved from http://www.nationalcenterdvtraumamh.org/wpcontent/uploads/2012/09/RealTools_RespondingtoMultiAbuseTrauma_Blandand Edmund.pdf

Ehring,T., Razik, S., & Emmelkamp, P.M. (2011). Prevalence and predictors of posttraumatic stress disorder, anxiety, depression, and burnout in Pakistani earthquake recovery workers. *Psychiatry Research, 185,* 161–166.

Eisenberger, R., Huntington, R., Hutchison, S. & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, *71*, 500-507.

Ekstedt, M., Söderström, M., Åkerstedt, T., Nilsson, J., Søndergaard, H.P., & Aleksander, P. (2006). Disturbed sleep and fatigue in occupational burnout. *Scandinavian Journal of Work, Environment & Health 2006, 32,* 121-13.

Ericksson, C. B., Bjorck, J. P., Larson, L.C., Walling, S.M., Trice, G.A., Fawcett, J., Abernethy, A.D. & Foy, D.W. (2009). Social Support, organizational support, and religious support in relation to burnout in expatriate humanitarian aid workers. *Mental Health, Religion & Culture, 12,* 671-686.

Eze, I. C. (2014). Influence of perceived organizational support and self efficacy on burnout. *Research on Humanities and Social Sciences*, *4*, 45-50.

Figley, C. R. (Ed.) (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.

Freud, A. (1937). *The Ego and the mechanisms of defense*, London: Hogarth Press and Institute of Psycho-Analysis.

Freud, S. (1894). *The neuro-psychoses of defense*. SE, 3: 41-61.

Freudenberger, H. (1974). Staff Burn-Out. Journal of Social Issues, 30, 159-165. DOI: 10.1111/j.1540-4560.1974.tb00706.

Haily, J. A. (2014). An examination of the relationship between self compassion and burnout in human service providers working in underserved faith-based contexts. Doctoral Dissertation. The Wheaton College Graduate School.

Harb, C. & Saab, R. (2014). Social Cohesion and Intergroup Relations: Syrian Refugees and Lebanese Nationals in the Bekaa and Akkar. Save the Children Report.

Harrison, R.L. & Westwood, M.J. (2009). Preventing Vicarious Traumatization of Mental Health Therapists: Identifying Protective Practices. *Psychotherapy Theory, Research, Practices, Training, 46*, 203-219. DOI: 10.1037/a0016081.

Headington Institute. (2015). Stress and Burnout. Retrieved from http://www.headington-institute.org/topic-areas/126/stress-and-burnout.

Hiraoka, R., Meyer, E. C. Kimbrel, N. A., DeBeer, B. B. , Gulliver, S. B., & Morissette, S. B. (2015). Self compassion as a prospective predictor of PTSD symptom severity among trauma exposed U.S. Iraq and Afghanistan war veterans. *International Society for Traumatic Stress Studies, 28*, 127-133.

Holmes, O. (2013). Syrian refugees burden and benefit for Lebanese economy. Retrieved from http://www.reuters.com/article/us-crisis-lebanon-refugees-idUSBRE93G0MW20130417

Hombrados-Mendieta, I., & Cosano-Rivas, F. (2011). Burnout, workplace support, job satisfaction and life satisfaction among social workers in Spain: A structural equation model. *International Social Work, 56*, 228-246.

Hudek-Knezevic, J., Krapic, N. & Kardum, I. (2006). Burnout in dispositional context: the role of personality traits, social support and coping styles. *Review of Psychology, 2,* 65-73.

Hyphantis, T. Goulia, P. & Carvalho, A. F. (2013). Personality traits, defense mechanisms and hostility features associated with somatic symptom severity in both health and disease. *Journal of Psychosomatic Research, 75*, 362-369.

Ilass, R. (2013). Syrian Civil War: For Syrians Who've Taken Refuge In Lebanon - Empathy, Resentment And A Bit Of Schadenfreude. Retrieved from http://www.ibtimes.com/syrian-

civil-war-syrians-whove-taken-refuge-lebanon-empathy-resentment-bit-schadenfreude-1359079.

Jawahar, I. M., Stone, T. H., & Kisamore, J. L. (2007). Role conflict and burnout: The direct and moderating effects of political skill and perceived organizational support on burnout dimensions. *International Journal of Stress Management, 14(2),* 142-159. http://dx.doi.org/10.1037/1072-5245.14.2.142.

Jordan, K. (2001). Working with trauma survivors with PTSD: An overview of assessment, diagnosis, and treatment. *Counseling and Human Development, 34 (1),* 1-12.

Kadambi, M. A. & Truscott, D. (2004). Vicarious trauma among therapists working with sexual violence, cancer, and general practice. *Canadian Journal of Counselling, 38*, 260-276.

Kakiashvili, T., Leszek, J., & Rutkowski, K. (2013). The medical perspective on burnout. *International Journal of Occupational medicine and Environmental Health, 26*, 401-412.

Kazarian, S.S. (2011). Humor in the collectivist arab middle east: The case of Lebanon. *Humor, 24,* 329-348.

Khoury, (2001). Syria's Bloody Record in Lebanon. Retrieved from http://www.gotc-se.org/statements/OtherOrgs109.html.

Kinman, G., Wray, S., & Strange, C. (2011). Emotional labor, burnout and job satisfaction in UK teachers: The role of workplace social support. *Educational Psychology, 31(7),* 843-856. http://dx.doi.org/10.1080/ 01443410.2011.608650

Kirkpatrick, K. L. (2005). Enhancing self-compassion using a Gestalt two-chair intervention, unpublished doctoral dissertation, University of Texas at Austin.

Kousloglou, S. A., Mouzas, O. D., Bonotis, K., Roupa, Z., Vasilopoulos, A, & Angelopoulos, N. V. (2014). Insomnia and burnout in Greek nurses. *Hippokratia*, 150-155.

Kwon, K. J. & Lee, S. (2012). Occupational stress and coping styles as factors affecting the burnout of clinical nurses. *Journal of Korean Academy of Nursing Administration, 18*, 383-393.

Lawson, G, & Myers, J. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps us well? *Journal of Counseling and Development, 89*(2), 163-181.

Lebanese Global Information Center (2005). Syrian Occupation of Lebanon (1976-2005). Retrieved from http://www.lgic.org/en/help_syria.php

Lee, C.S., Riegel, B., Driscoll, A., Suwanno, J., Moser, D. K., Lennie, T.A., Dickson, T.A., Cameron, J., & Worall-Carter, L. (2009). Gender differences in heart failure Self-care: A multinational cross-sectional study. *International Journal of Nursing Studies, 46*, 1485-1495. . http://dx.doi.org/10.1016/j.ijnurstu.2009.04.004

Lerias, D. & Byrne, M. K. (2003). Vicarious traumatization: symptoms and predictors. *Stress and Health,* 129-138. DOI: 10.1002/smi.969

Lévy-Garboua, L., Montmarquette, C., & Simonnet, V. (2005). Job Satisfaction and Quits. *Labour Economics, 14,* 251-268.

Ludick, M., Alexander, D. &Carmichael, T. (2007). Vicarious traumatisation: Secondary traumatic stress levels in claims workers in the short term Insurance Industry in South Africa. *Problems and Perspectives in Management, 5,* 99.

Madnawat, A.V.S. & Mehta, P. (2012). Personality as a predictor of burnout among managers of manufacturing industries. *Journal of the Indian Academy of Applied Psychology, 38,* 321-328.

Măirean, C. & Turliuc, M. N. (2013). Predictors of vicarious trauma beliefs among medical staff. *Journal of Loss and Trauma, 18,* 414-428. DOI: 10.1080/15325024.2012.714200

Many, M. A. (2012). Efficacy of self care and traditional mental health counseling in treating vicarious traumatization among counselors of Hurricane Katrina survivors. Doctor of Philosophy Dissertation.

Maslach, C. & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, *2,* 99-113.

Maslach, C. (2003). Job burnout: new directions in research and intervention. *Current Directions in Psychological Science, 12,* 189-192.

Maslach, C., & Jackson, S. E. (1996). Maslach Burnout Inventory–Human Services Survey (MBI-HSS). In C. Maslach, S. E. Jackson, & M. P. Leiter, MBI manual (3rd ed., pp. 3–9). Palo Alto, CA: Consulting Psychologists Press.

Maslach, C., & Leiter, M. P. (1997). *The Truth about Burnout*. San Francisco: Jossey-Bass.

Maslach, C., Schaufeli, W. B., Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52,* 397-422.

McCann, L. & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3,* 131–149.

McLean, S., Wade, T.D. & Encel, J. (2003). The Contribution of Therapist Beliefs to Psychological Distress in Therapists: An investigation of Vicarious Traumatization, burnout and symptoms of avoidance and intrusion. *Behavioural and Cognitive Psychotherapy, 31*, 417-428.

McLeod, S. A. (2009). Defense Mechanisms. Retrieved from www.simplypsychology.org/defense-mechanisms.html

Mercy Corps. (2015). Quick facts: What you need to know about the Syria crisis. Retrieved on September 17, 2015 from http://www.mercycorps.org/articles/turkey-iraq-jordan-lebanon-syria/quick-facts-what-you-need-know-about-syria-crisis

Min-Harris, C. (2011). Staff care and humanitarian aid organizations: A moral obligation. *The Applied Anthropologist, 31,* 49-53.

Michli, S. N. (2016). Exploring risk and protective factors against internalized homonegativity in a sample of Lebanese lesbian, gay, and bisexual individuals. Masters of Arts Thesis. American University of Beirut.

Mor Barak, M., Nissly, J., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and meta-analysis. *The Social Service Review, 75*(4), 625-661.

Moulden, H. M. & Firestone, P. (2007). Vicarious traumatization: the impact on therapists who work with sexual offenders. *Trauma Violence Abuse, 8*, 67-83.

Mullen, L., Blanco, C., Vaughan, S., Vaughan, R., Roose, S. (1999). Defense mechanisms and personality in depression. *Depression and Anxiety, 10*, 168–174

Murphy, S., Braun, T., Tillery, L., Cain, K., Johnson, L. & Beaton, R. (1999). PTSD among bereaved parents following the violent deaths of their 12–28-year old children: a longitudinal prospective analysis. *Journal of Traumatic Stress, 12*, 273–290.

Musa, S. A., & Hamid, A. A.R. M. (2008). Psychological problems among aid workers operating in Darfur. *Social Behavior and Personality, 36*, 407-416

Naharnet (2015). Amos: Syrian Refugees Make up 25 to 30 Percent of Lebanon's Population. Retrieved from http://www.naharnet.com/stories/en/170438

National Public Radio. (2014). U.N.: Syrian Refugee Crisis Is "Biggest Humanitarian Emergency of Our Era". The two-way breaking News from NPR. Retrieved from http://www.npr.org/sections/thetwo-way/2014/08/29/344219323/u-n-syrian-refugee-crisis-is-biggest-humanitarian-emergency-of-our-era

Neff, K. (2003). Self-compassion: An Alternative Conceptualization of a Healthy Attitude toward Oneself. *Psychology Press. 2, 85-101.*

Neff, K. (2015). Self Compassion. Retrieved on September 10, 2015 from http://self-compassion.org/the-three-elements-of-self-compassion-2/

Neff, K. D. (2009). The role of self compassion in development: A healthier way to relate to oneself. *Human Development, 52,* 211-214.

Neff, K. D., Pisitsungkagarn, K., & Hsieh, Y. (2008). Self compassion and self construal in the United States, Thailand, and Taiwan. *Journal of the Cross Cultural Psychology, 39*, 267-285.

Neff, K. D., Rude, S. S., & Kirkpatrick, K. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality, 41,* 139–154.

Nelson, R. B. (2015). Organizational Culture and Vicarious Trauma. Morgan State University. Dissertation. 118 pages, 3707704.

Newell, J. & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary truamatic stress, and compassion fatigue: a review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health, 6*, 57-68.

Newman, L., & Harris, A. (2015). Supporting recovery from trauma. Refugees and asylum seekers: The Trauma and Grief Network. Retrieved from http://earlytraumagrief.anu.edu.au/files/Refugee%20Tipsheet.pdf

Nickerson, A., Liddell, B.J., Maccallum, F., Steel, Z., Silove, D., & Bryant, R.A. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *Bio Medical Central Psychiatry*, *14*,106.

Nistelrooy, I. V. (2014). Self-sacrifice and self affirmation within care-giving. *Med Health Care and Philos, 17*, 519-528. DOI 10.1007/s11019-013-9523-z.

Ogasawara, E., Shihara, Y. & Ando, M. (2013). Development and evaluation of a self care assessment inventory for workers. *Japan Journal of Nursing Science, 10*, 10-23.

Onishi, N. (2013). Beyond Camps, aiding Syrians is even harder. The New York Times. Retrieved on September 20, 2015 from http://www.nytimes.com/2013/12/31/world/middleeast/beyond-camps-aiding-syrians-is-even-harder.html?_r=0

Pearlman, L. A. & McKay, L. (2008). Understanding and addressing vicarious trauma. Headington Institute. Retrieved from www.headington-institute.org

Pearlman, L.A. & Saakvitne, K.W. (1995) Treating therapist with vicarious traumatization and secondary traumatic stress disorder. In C. Figley's (Eds.) (pp. 150-177).Compassion Fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York, New York: Rutledge/Taylor& Francis Group.

Perry, B. D. (2003). The cost of caring: secondary traumatic stress and the impact of working with high-risk children and families. Child trauma web by child trauma academy. Retrieved from http://www.childtraumaacademy.org/ctamaterials/secTrma2_03_v2.pdf.

Punamaki, R. Kanninen, K. Qouta, S. & El-Sarraj, E. (2002). The role of psychological defences in moderating between trauma and post traumatic symptoms among Palestinian men. *International Journal of Psychology, 37*, 286-296. DOI: 10.1080/00207590244000133

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the self compassion scale. *Clinical psychology and Psychotherapy, 18,* 250-5.

Ramkissoon, M. (2014). Examining the defense style questionnaire 88 (DSQ) in an employee sample: items and two-factor model. *International Journal of Psychology and Psychological Therapy, 14*, 291-299.

Resick, P. (2000). Stress and trauma. Psychology Press: Hove, UK.

Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology, 87*, 698-714.

Richards, K.C., Campenni, C.E., Muse-Burke, J.L. (2010). Self-care and well-being in mental health professionals? The mediating effects of self –awareness and

mindfulness. *Journal of Mental Health Counseling, 32*, 247–264. doi: 10.17744/mehc.32.3.0n31v88304423806

Russel, C. (2015). Diversity in health. *Victorian Department of Health*. Retrieved from http://www.health.vic.gov.au/diversity/refugee.htm

Saakvitne, K. W. & Pearlman, L. A. (1996). Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy. *Transforming the pain: a workbook on vicarious traumatization*. W.W. Norton & Company, New York.

Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2014). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review, 49*, 54-61.

Shah, S. A., Garland, E., & Katz, C. (2007). Secondary traumatic stress: Prevalence in humanitarian aid workers in India. *Traumatology 13(1),* 59-70. http://dx.doi.org/10.1177/1534765607299910

Shalev, A.Y. & Ursano, R. J. (2003) (in press). Mapping the multidimensional picture of acute responses to traumatic stress. In R. Ørner & U. Schnyder (Eds.) Reconstructing early intervention after trauma. Oxford: Oxford University Press.

Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and job burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma, 12*, 259-280.

Stamm, B. H. (2005). The ProQOL Manual: The Professional Quality of Life Scale: Compassion Satisfaction, Burnout & Compassion Fatigue/secondary Traumatic Scale. Baltimore: Sidran Press.

Stamm, B.H. (Ed.) (1999). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, 2nd Edition,. Lutherville, MD: Sidran Press

Stoica, M. (2014). Job burnout and its effect. *Academica Science Journal, 2,* 28-32

Tabachnick, B. G. & Fidell, L. S. (2007).*Using multivariate statistics*. Boston: Pearson/Allyn & Bacon

The Guardian. (2016). Aid Worker Wellbeing. Retrieved from http://www.theguardian.com/global-development-professionals-network/series/aid-worker-wellbeing.

Thomas, M., Kohli, V. & Choi, J. (2014). Correlates of job burnout among human services workers: Implications for workforce retention. *Journal of Sociology and Social Welfare, 12,* 69-90

Thompson, M. (2014). Taking care: reducing vicarious traumatization and burnout by engaging in proactive self care. *Relational Child and Youth Care Practices, 27,* 13-15.

Ting, L., Jacobson, J. M., Sanders, S., Bride, B. E. & Harrington, D. (2005). The secondary traumatic stress scale (STSS): confirmatory factor analyses with a national sample of mental health social workers. *Journal of Human Behavior in the Social Environment,* 177-194. Available online at http://www.haworthpress.com/web/JHBSE by The Haworth Press, Inc. Doi: 10.1300/J137v11n03_09

Twigg, N. W. & Kang, B. (2011). The effect of leadership, perceived support, idealism, and self esteem on burnout. *Journal of Behavioral Studies in Business,* 1-19.

UN News Centre. (2015). Top UN relief official warns humanitarian workers facing 'increasingly complex' situations. Retrieved from http://www.un.org/apps/news/story.asp?NewsID=49800#.VdopC-8Vh1s

UNHCR. (2016). Syria Regional Refugee Response. Inter-Agency Information Sharing Portal. Retrieved from http://data.unhcr.org/syrianrefugees/regional.php.

Uriarte, C. (2014). Letters: Aid workers need to blow off steam. The Guardian. Retrieved from http://www.theguardian.com/global-development-professionals-network/2014/mar/12/aid-workers-blow-off-steam-therapy-training

Vaillant, G. E. (1971). Theoretical hierarchy of adaptive ego mechanisms: A 30-year follow-up of 30 men selected for psychological health. *Archives of General Psychiatry, 24,* 107-118.

Vaillant, G. E. (1992). Ego mechanisms of defense: A guide for clinicians and researchers. Washington: American Psychiatric Press.

Vaillant, G. E. (1994). Ego mechanisms of defense and personality psychopathology. *Journal of Abnormal Psychology, 103*(1), 44-50.

Valdez, C. & Lilly, M. M. (2015). Self compassion and traumatic processing outcomes among victims of violence. Mindfulness. Published online. Doi: 10.1016/j.shaw.2015.09.003

Way, I., VanDeusen, K. M., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious trauma: S comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence,* 49-71.

Williams, J. G. (2005). Forewarning: A tool to disrupt stereotype threat effects. Unpublished doctoral dissertation, University of Texas at Austin, TX, USA.

World Health Organization. (2015).International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10). Geneva: WHO.

Worley, J. A. Fuqua, D. R., & Hellman, C. M. (2009). The survey of perceived organizational support: Which measure should we use? SA Journal of Industrial Psychology, 35,

online version ISSN 0258-5200.Retrieved from http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2071-07632009000100012.

Yaghoubi, N. M., Pourghaz, A., &Toomaj, H. G. (2014). Study of perceived organizational support's relationship with job burnout. *International Journal of Academic Research in Business and Social Sciences, 4,* 315-324. DOI: 10.6007/IJARBSS/v4-i6/961