

HAIGAZIAN UNIVERSITY

Vicarious Trauma, Work Demand, and Burnout: The Moderation Effect of Perceived
Organizational Support and Resilience among Humanitarian Aid Workers in Lebanon

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A Thesis submitted to the Faculty of Social and Behavioral Sciences in partial fulfillment of the
requirements for the Master of Art in Psychology – Emphasis: Clinical Psychology at Haigazian
University

Beirut - Lebanon

January 2021

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Vicarious Trauma, Work Demand, and Burnout: The Moderation Effect of Perceived Organizational Support and Resilience among Humanitarian Aid Workers in Lebanon

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is accepted by the Graduate Thesis Committee as satisfying the thesis requirements for
the degree Master of Arts/ Clinical Psychology

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Dedication

This thesis study is dedicated to the humanitarian aid workers in Lebanon who are giving their all to support human beings regardless of their race or nationality. It is dedicated to the aid workers who believe in humanity. To the aid workers who provided even minimal support to the community during the tough times of Beirut Blast and COVID-19 pandemic, your well-being is important and your work is noticed.

Acknowledgement

I am grateful and thankful for my advisor, Dr. Hanine El-Hout, who supported me academically and psychologically through this journey. You made it bearable especially during the tough period. Thank you for all the follow up, constructive feedback, and support.

I am also thankful for my committee members, Ms. Lucy Tavitian and Dr. Marwan Gharzeddine, for their guidance and feedback. Ms. Lucy, your love and passion to research was reflected in my work. Your continuous constructive feedback helped me accomplish my thesis and deliver this content. I am forever grateful for you. As for you Dr. Marwan, you were always an inspiration with your rich experience in clinical psychology. You taught me to think outside the box and outside the books and for that I am grateful.

Hassan, my life-long companion, no words can express my gratitude. You were always there to support me through my ups and downs motivating me to continue and grow. Without you my journey would have been very tough. I love you.

Naghoomi, my beautiful sister and second mother, you are my main motivation and inspiration in life. You are my role model. My gratitude for you is inexpressible. Thank you for accompanying me in this journey and tolerating my anxiety.

To my blessings, mom and dad, thank you for all the emotional and spiritual support. And thank you for all the yummy chocolate and food to motivate me to study.

My deep gratitude goes also to my siblings, nephew, and nieces. Loulou, Mo, Bob, Karim, Joelle, and Celena, thank you for your emotional support.

A special thank you goes to Zakia, my best friend, who is always there to support on all levels. Zakia, this thesis is dedicated to you. You make this world a better place with your passion, hard work, and the human in you. Zakia, your well-being as an aid worker matters.

To all my friends, thank you for your continuous love, support, and motivation. I am lucky to have you in my life.

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Abstract

Humanitarian aid workers assisting Syrian refugees in Lebanon are at high risk of developing burnout which might in turn affect their organizational outcome (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). Thus, this study aimed at examining the effect of vicarious trauma, work demand, resilience, and perceived organizational support as predictors of burnout. It also aimed at examining the role of resilience and perceived organizational support in buffering the effect of vicarious trauma and work demand on burnout among aid workers in Lebanon. Data were collected from 244 aid workers, aged between 23 and 65 year-old, working in non-governmental organizations and UN-agencies with Syrian refugees across Lebanon through an online survey. Data were analyzed using Path Analysis. Results revealed that resilience and perceived organizational support did not moderate the effect of work demand and vicarious trauma on burnout. However, results showed that vicarious trauma, resilience, and perceived organizational support can predict burnout among aid workers whereas work demand did not. As such, future research can further explore the perception of work demand among the Lebanese community and the effect of resilience and perceived organizational support on the relation between vicarious trauma and burnout.

Keywords: Humanitarian aid workers, Syrian refugees, work demands, vicarious trauma, resilience, perceived organizational support, and burnout

Vicarious Trauma, Work Demand, Burnout, and Organizational Outcomes: The Moderation Effect of Perceived Organizational Support and Resilience among Humanitarian Aid Workers in Lebanon

Since 2011, the crisis in Syria has led to an influx of hundreds of thousands of displaced Syrians to Lebanon. This number peaked in 2015 and currently, the United Nations High Commissioner for Refugees (UNHCR) reports the presence of 924,161 registered Syrian refugees in Lebanon (Stevenson et al., 2019). This mass influx was counteracted with a large humanitarian response from several national and international non-governmental organizations and UN-agencies (VASyr, 2018). Yet, the challenge remained in providing proper aid services to this massive refugee population while securing the well-being of humanitarian aid workers (Onishi, 2013) and protecting the well-being and rights of refugees (UNHCR, 2016).

The massive displacement of Syrian refugees have left non-governmental organizations and UN-agencies overwhelmed in facing its consequences (Rizkalla & Segal, 2019). Humanitarian aid workers were thrown into dealing with the tragedy of many of the traumatized refugees without getting proper training or space to absorb what they have encountered due to time limitations (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). Many refugees have suffered the loss of their homes and family members (Habib, 2019) and currently live in shelters with minimum access to basic needs including food and medical and psychological services (Rizkalla & Segal, 2019). The responsibility of alleviating the suffering and aiding refugees in overcoming the trauma they experienced in their home country, has left humanitarian aid workers at higher risk for developing post-traumatic stress disorder, depression, and anxiety (Rizkalla & Segal, 2019; Chemali, Smati, Johnson, Borba, & Fricchione, 2018).

In addition to the psychiatric disorders, humanitarian aid workers are at higher risk of developing burnout (Wilson, 2016). The definition of burnout includes the experience of emotional, mental, and physical exhaustion as a consequence of long-term engagement in occupational positions that are demanding emotionally (McFadden, Campbell, & Taylor, 2014). Burnout includes three dimensions: emotional exhaustion, depersonalization, and lack of personal accomplishment (Maslach & Leiter, 2016). Different factors put aid workers at higher risk of developing burnout including: perceived organizational support (Yaghoubi, Pourghaz, & Toomaj, 2014), resilience (Hao, Hong, Xu, Zhou, & Xie, 2015), and stressors such as work demands (McFadden, Campbell, & Taylor, 2014) and vicarious trauma (Wilson, 2016).

To elaborate more, stressors affecting burnout include job demands and presence of vicarious trauma (McFadden et al., 2014; Wislon, 2016). Several studies empirically supported the effect of job demands on burnout through an evaluation of workload and role conflict (Dillenburger, 2004; Ellett & Leighninger, 2006; Juby & Scannapieco, 2007; Stalker, Mandell, Frensch, Harvey, & Wright, 2007; Tham & Meagher, 2009; Strand & Dore, 2009; Van Hook & Rothenberg, 2009). 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 in reference to 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).

COVID-19, a situational stressor, is a pandemic disease that was declared in January 2020 by World Health Organization WHO. The virus prevention requires specific measures, the most important of which is social distancing, which is maintaining at least 1-meter distance between two people, and good hygiene. In densely populated areas like the refugee's camps in Lebanon, it is very difficult to maintain social distancing, thus increasing the chances of people being infected by the virus or spreading the virus inside the refugee's camps. Moreover, the scarcity of basic hygienic materials like soap and clean water, and the limited access to basic medical needs in the Syrian camps, leave the people in refugee's camps at heightened risk of infection by the virus (Kluge, Jakab, Bartovic, D'Anna, & Severoni, 2020).

Given these conditions, front liners in the refugee's camps, such as the humanitarian aid workers, might be at a high risk of encountering the virus and/or transmitting it. Such a period leaves the humanitarian aid workers under pressure and causes them to struggle with feelings of fear of encountering the disease, fear of stigma or fear of being avoided by family or community (WHO, 2020). According to Inter-Agency Standing Committee (2020), the local community and front liners are at higher risk of developing anxiety and depression due to the fear of uncertainty, stigma, and social isolation. The transactional model of stress and coping theory suggested that resilience places a major role in alleviating the effect of stress on individuals (Rutter, 2012). Thus, it was suggested that resilience, as a personality trait, might have a moderating role in protecting individuals from developing burnout in addition to other mental health disorders (Hjemdal, Vogel, Solem, Hagen, & Stiles, 2010; Hao, Hong, Xu, Zhou, & Xie, 2015). Resilience is defined by its traits that reflect well differentiated, integrated, and strong sense of the self that promote developing healthy relationships with others. Therefore, these traits enhance the adaptive functioning of resilient people (Reich, Zautra, & Hall, 2010).

Moreover, organizational support theory claims that the organizational attitude toward employees can predict the latter's attitude toward the organization (Cao, Chen, Tian, & Diao, 2015). Perceived organizational support refers to the employees' perception of value in their organization (Kurtessis, Eisenberger, Ford, Buffardi, Stewart, & Adis, 2015). Several factors contribute to this perception including fairness, supervisor, reward, and work environment (Kurtessis et al., 2015). As such, empirical evidence supported the claim that perceived organizational support also moderates the effect of work stressors on burnout (Asad & Khan, 2003; Jawahar, Stone, & Kisamore, 2007). Nevertheless, Maslach and Leiter (2016) claimed that burnout can be contagious thus affect colleagues at work. Some researchers argue that humanitarian work is self-rewarding which decrease the occurrence of turnover despite the intentions. However, workload and presence of vicarious trauma can affect the quality of performance and put Syrian refugees at higher risk of developing additional trauma (McFadden, Campbell, & Taylor, 2014).

Rationale

Research on the well-being of humanitarian aid workers has been given increased attention (Ager, Pasha, Yu, Duke, Eriksson, & Cardozo, 2012; Connorton, Perry, Hemenway, & Miller, 2011). Several studies supported the importance of resilience in buffering the effect of work stress on burnout (Hjemdal, Vogel, Solem, Hagen, & Stiles, 2010; Hao, Hong, Xu, Zhou, & Xie, 2015). Yet, there is a need for further exploration on its role in moderating the effect of stressors on burnout in the humanitarian field (Gritti, 2015; Brooks, Amlot, Rubin, & Greenberg, 2018).

Although Lebanon is a small country with poor economy, they hosted the largest number of Syrian refugees (UNHCR, 2016; VASyr, 2018). The consequences of the massive influx

contributed to additional burden on humanitarian aid workers to find a common ground between national Lebanese and Syrian refugees (Habib, 2019). Political policies restricted the work on non-governmental organizations dealing with refugees in addition to several restriction on refugees in different areas (Habib, 2019; Hägerdal, 2018). Aid workers in Lebanon are experiencing additional stressors due to their heavy duties with little attention being given to their well-being (Habib, 2019); thus, they might be at higher risk of developing burnout. Nevertheless, humanitarian aid workers are afraid to request organizational support because they might get accused of not being competent enough (Chemali et al., 2018) which can worsen their well-being and quality of work. Therefore, it was of high importance to explore how these policies affect the organizational perception of employees thus affecting their well-being.

Significance

This study could provide context in different areas of the humanitarian aid work in Lebanon. Thus, allowing the provision of suggestions to improve policy and crisis management strategies (Chemali et al., 2018). Therefore, improve fieldworker mental health and boost humanitarian aid response standards. Organizations with sick members will probably have lower productivity and quality of service (Pigni, 2014). In addition, burnout and perceived organizational support may predict absenteeism and turnover behaviors (Villavicencio-Ayub, Jurado-Cardenas, & Valencia-Cruz, 2014). So, detecting areas that need further organizational enhancement through policies and employee intervention programs may decrease employees' turnover behavior and absenteeism, and improve the quality of service provided. For instance, mindfulness programs have been tested among humanitarian aid workers in Palestine and results show enhancement in their overall performance specifically in becoming more empathic.

Humanitarian aid workers experiencing burnout tend to detach from responding empathically to the suffering of beneficiaries as a result of depersonalization (Pigni, 2014).

Research Questions

1. Does resilience moderate the effect of work demand and vicarious trauma on burnout?
 - 1.1. Does resilience moderate the effect of work demand on burnout?
 - 1.2. Does resilience moderate the effect of vicarious trauma on burnout?
2. Does perceived organizational support moderate the effect of work demand and vicarious trauma on burnout?
 - 2.1. Does perceived organizational support moderate the effect of work demand on burnout?
 - 2.2. Does perceived organizational support moderate the effect of vicarious trauma on burnout?
3. Do individuals who show high level of work demand report higher level of burnout?
4. Do individuals who show high level of vicarious trauma report higher level of burnout?
5. Do individuals who have high level of resilience report lower level of burnout?
6. Do individuals who perceive high organizational support report lower level of burnout?
7. Do individuals with high level of burnout report higher level of absenteeism and turnover intentions?
8. Does working in times of COVID-19 affect the level of burnout among aid workers?

Chapter 2

Literature Review

Syrian Refugees in Lebanon

Economic and Living Conditions of Syrian Refugees

Refugees in Lebanon live in poverty as a function of the host country's poor economy and the fact that it is not a signatory of the international conventions on refugees (Habib, 2019). Thus, Lebanon considered itself a transit country rather than asylum seeking country. Therefore, in Lebanon, the term "displaced people" replaced the term "refugees" to show that there is neither intention nor will to allow the Syrians to stay for a long time like the Palestinians (Janmyr, 2017). This, in turn, rendered laws to protect the right of refugees absent (Habib, 2019) and the government left it to the municipalities to manage the influx of Syrians (Janmyr, 2017).

Curfews are an example of autonomic policies imposed by 45 municipalities across Lebanon to restrict the movement of Syrian refugees (Janmyr, 2017). Municipality police and local groups were not allowing Syrians to leave their houses after 7:00 PM sharp in some areas (Hägerdal; 2018). This measure have increased child labor; it pushed children to work since the children movement was less restricted. Thus, many Syrian children became the income generators for their families through working as street vendors, beggars, and farmworkers (Habib, 2019). In addition to their restricted movement, Syrian refugees were restricted from work (Tinas, 2017). Along with the inadequacy of the resources of international aid to cover the magnitude of the crisis (Habib, 2019), Syrian refugees became at higher risk of abuse and exploitation (Tinas, 2017). International aids did not have the capability to cover the living expenses of all Syrian refugees. So, some of them were forced to work illegally for a very low income in order to keep up with the living expenses (Habib, 2019). Despite all the programs

initiated to support Syrian refugees, they still lack many of their basic needs due to unsustainability and lack of funds (Cherri, González, & Delgado; 2016).

As a vulnerable population, refugees are spread out over different arguably impoverished areas in Lebanon that have varying levels of access to basic needs. These include shelter, food, clothes, livelihood opportunities, and other medical and psychological services (VASyr, 2018). In Lebanon, informal settlements have been accommodating around 18% of Syrian refugees: households live in makeshift structures that are composed of plastic tarp and corrugated iron. An additional 35% live in buildings that do not comply with normal standards for human habitation, like abandoned construction sites or agricultural barns. These informal settlements and substandard housing are not usually waterproof and cannot resist winter storms and eventually do not have access to sewage facilities, soap and running water (Hägerdal; 2018).

The overcrowded and inadequate camps put refugees at higher risk of contracting COVID-19 disease and transmitting it to the host community (Kluge, Jakab, Bartovic, D'Anna, & Severoni, 2020). These camps lack precautionary equipment such as disinfectants, hand sanitizers, and masks which increases the chances of refugees contracting or transmitting the disease with the limited possibility of self-isolation (Kabir, Sohail Afzal, Khan, & Ahmed, 2020). Moreover, Lebanon has limited resources to enhance preventive measures in refugee camps (UNHCR, 2020). Thus, the situation can become catastrophic with the limited access to health care facilities and shortage of medical personnel in the refugee's living areas (Kluge, Jakab, Bartovic, D'Anna, & Severoni, 2020).

Since the nature of COVID-19 requires social distancing and quarantine (WHO, 2020), it led to a noticeable decline in the economic activities, including decrease in hotel and restaurant bookings, fuel consumption, air travels, media industry, and retails sector (Kluge, Jakab,

Bartovic, D'Anna, & Severoni, 2020). COVID-19 outbreak has caused a global economic crisis affecting the 15 topmost world economies that usually donate to the UNHCR which are the main monitors of refugee camps. As such, the economic crisis might affect the donation programs of countries hosting refugees in the upcoming months (Kabir, Sohail Afzal, Khan, & Ahmed, 2020). Thus, worsening the economic and living conditions of refugees who might have already lost their jobs or source of income (Kluge, Jakab, Bartovic, D'Anna, & Severoni, 2020).

Mental Health Status of Syrian Refugees

Syrian refugees are living in a tragic conditions in Lebanon; many experienced loss of their family members, friends, and homes (Refaat & Mohanna, 2013) beside their substandard residence and economic conditions (Habib, 2019). According to Kazour et al. (2017), psychiatric disorders were reported high among the refugees, especially post-traumatic stress disorder, anxiety, and depression. These disorders were the result of the refugees' traumatic war experience in their home country as well as their dramatic living conditions in the host country. Moreover, in Lebanon, Syrian refugees were subjects of abuse and early marriage and struggled with feelings of unacceptance and lack of integration (VASyr, 2018; UNHCR, 2016). COVID-19 crisis increased the risk of refugees developing mental illnesses, such as PTSD, depression, and anxiety due to the associated fear of getting infected by and dying, uncertainty, and inability to keep up with the increased living expenses (Junior, de Sales, Moreira, Pinheiro, Lima, & Neto, 2020). Referring to WHO report (May, 2020), quarantine measures put the mental health of children at risk particularly children who live and work on the streets, children living in crowded areas, and children with disabilities. This is due to the increased risk of children witnessing or experiencing abuse and domestic violence (WHO, 2020).

Intergroup Relationship

Since Lebanon is a small country having challenged infrastructure, the sudden influx of a large number of Syrian refugees strained the Lebanese economic fabric and caused tension between the refugees and the nationals (Hägerdal; 2018). A fierce competition for basic services and employment, which are considered existential requirements, have also developed. For example, enrolment in primary schools reached 113.5% in 2015 and the national unemployment increased by double since 2011 (Habib, 2019).

Some Lebanese nationals consider Syrian refugees to be disproportionately benefiting from the international attention and aid such as stipends, housing subsidies, free health-care services, and employment opportunities without considering the disadvantaged Lebanese communities who do not receive such benefits (Harb & Saab, 2014). Feelings of inequality between Syrian refugees and Lebanese nationals have increased the perception of intergroup threat (Harb, 2016). According to Harb (2016), 90% of the nationals surveyed reported that refugees are perceived as a symbolic threat. That is, refugees were perceived by the Lebanese nationals as a threat to their basic value system (Harb, 2016). On the other hand, many Syrian refugees raised the issue of the widespread inequality and bias in their treatment by the police and community officials, property owners, local businesses, and medical services; for instance, property owners in some areas increased the rental cost on Syrian refugees and they have restricted access to limited number of hospitals (Harb, 2016).

Perception of economic threat was due to competition on job opportunities especially in informal and unskilled sectors (Harb, 2016). Unskilled national workers claimed the loss of jobs because of the cash aid refugees receive from NGOs and UNHCR enabling them to work for very low wages (Hägerdal; 2018). Moreover, the huge influx of Syrian refugees was an added

burden on the Lebanese government who has been facing many challenges. For instance, the Gross Domestic Product (GDP) decreased sharply from 8% in 2010 to 1.5% in 2013 limiting the ability of Lebanese government to finance the needs of the expanding population with the existing static economic growth (Ammar, Kdouh, Hammoud, Hamadeh, Harb, Ammar, Atoun, Christiani, & Zalloua, 2016). According to the World Bank (Overview, 2019), after the influx of Syrian refugees to Lebanon poverty prevalence increased among Lebanese nationals. The evident effects of the Syrian crisis have produced resentment among the Lebanese nationals who report that refugees pose a threat to national sovereignty especially that ISIS and Nusra combatants are perceived to be among the refugee population and had caused sectarian violence in the host country (Habib, 2019). These perceived threats were accompanied with support of restrictive policies developed against the refugees. Some of these policies violate basic human rights, including the right of free movement (Harb, 2016). Although many of the Lebanese people sympathize with the suffering of Syrian refugees, they prioritize national security over humanitarian concerns (Hägerdal; 2018).

Despite the Lebanese-Syrian crisis and the political view of refugees, non-governmental organizations acted as a buffer zone between the refugees and nationals to decrease conflict and aid people in need. Several NGOs included a component in their implemented projects that help find a common ground between refugees and locals. They also targeted percentage of the Lebanese people who are in need to benefit from psychological and protection services in different areas (UNHCR, 2016).

Humanitarian Aid Workers

The well-being of humanitarian aid workers has been given increased attention nowadays (Ager, Pasha, Yu, Duke, Eriksson, & Cardozo, 2012; Connorton, Perry, Hemenway, & Miller, 2011; Cardozo, et al, 2012). Organizations assisting Syrian refugees are burdened with the humanitarian crisis and experience several difficulties in facing the outcomes of the massive displacement (Rizkalla & Segal, 2019). By nature, the aid work is usually carried out in risky and stressful situations, whether man-made or natural disasters, for aid workers and the population they are assisting (Gritti, 2015). This makes humanitarian field extremely challenging as it also leads to higher prevalence of mental health, physical and psychosocial challenges, such as increased risk for depression, anxiety and burnout among aid workers which affect their professional and personal life (Strohmeier & Scholte, 2015; Jachens et al., 2019; Gritti, 2015). Aid workers experience the “horrors of wars” while assisting Syrian refugees (Rizkalla & Segal, 2019) through their exposure to long working hours, role conflict, organizational policies, violent attacks (Carmichael & Karamouzian, 2014), exposure to traumatic events or traumatic stories, and response to the refugee needs (Ager, Pasha, Yu, Duke, Eriksson, & Cardozo, 2012; Connorton, Perry, Hemenway, & Miller, 2011; Cardozo, et. al, 2012; Eriksson, Cardozo, Ghitis, Sabin, Crawford, Zhu, Rijnen, & Kaiser, 2013).

Role conflict is one of the major stressors faced by aid workers in their daily tasks and affecting their well-being (Jawahar, Stone, & Kisamore, 2007). For instance, humanitarian aid workers in the field of protection are requested to work on peace building among Syrian refugees and the host community although their initial task is to detect and work through abusive relationships (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). Working in the protection sector requires constant exposure to traumatized children living in abusive environments (ie. at

home, on the streets, or at school). Exposure to traumatizing events can put humanitarian aid workers at higher risk of developing post-traumatic stress disorder-like symptoms. Thus, resolving the tension between Syrian refugees and national Lebanese as part of alleviating the suffering of refugees becomes an additional burden that can lead to burnout (Chemali, Smati, Johnson, Borba, & Fricchione, 2018).

COVID-19 outbreak has been declared a global emergency where governments were the lead actors. In a context already affected by humanitarian crisis, such as Lebanon, this outbreak was an added burden that the local authorities could not face alone and demanded the involvement of local and international NGOs (WHO, 2020). As such, a shift in the role of humanitarian aid workers involved in the emergency response was required (IASC, 2020). Thus, leaving front liners under pressure and stress of coping with the new situation, requirements, and heavy workload. With the COVID-19, front liners struggle with the fear of getting infected or transmitting the disease to family members due to its nature, and the fear of being stigmatized and avoided by the family and community (WHO, 2020; IASC, 2020). According to IASC (2020), struggling with uncertainty and fear of stigma and social isolation put front liners at higher risk of developing anxiety and depression. For instance, according to WHO (2020), health-care workers in China reported high rates of insomnia (34%), anxiety (45%), and depression (50%).

The related psychological distress of COVID-19 was also reflected in a summary of field report discussing the psychosocial issues experienced by aid workers dealing with Ebola, which has an epidemic nature, in West Africa (Cheung, 2015), it was reported that aid workers stressed over the changes in their daily operations, feared contracting the virus, feared the death of their beloved ones without performing the traditional rituals, feared witnessing the death and suffering

of people on daily basis, feared making fatal mistakes and not being good enough, got stressed and angry due to heavy workload, feared being stigmatized by their family and friends, and were requested to choose between quitting their job or sleeping outside the house. Humanitarian aid workers were put under the stress of learning, adapting, and following new procedures and instructions to stay safe during and after the working hours (WHO, 2014; Haggman, Kenkre, & Wallace, 2016).

In addition to the psychological stress, humanitarian aid workers are put under physical danger based on the nature of tasks required (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). Humanitarian aid workers might be exposed to physical danger while facilitating resettlement and relief due to the complex nature of the task (WHO, 2015; Chemali, Smati, Johnson, Borba, & Fricchione, 2018). For example, failing to help some families that belong to armed parties might put aid workers at risk of physical attack. Moreover, families that request resettlement are usually among the most vulnerable (UNHCR, 2016); thus, listening to their stories of suffering might lead to post-traumatic stress disorder like-symptoms (Comerchero, 2015), depression, and anxiety (Strohmeier, Hannah, & Scholte, 2015; Chemali, Smati, Johnson, Borba, & Fricchione, 2018).

Evidence based research revealed that in the absence of appropriate psychosocial support, fieldworkers would experience turnover, high burnout, and long-term mental health problems. Unfortunately, infrequent training leaves employees ill-equipped to take care of themselves and exercise resilience in working within the field of trauma (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). Although evidence support the trauma, psychological, and physical problems associated with working in the humanitarian field, workers' well-being is often unaddressed or not prioritized in Lebanon (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). Trainings of

humanitarian aid workers on different topics and mental health services are crucial to destigmatize the vulnerability of workers and promote their well-being in the context of humanitarian force. Studying the areas of needed improvement among humanitarian aid workers would suggest the development of potential policies to improve the quality of crisis intervention while ensuring a healthy well-being of fieldworkers (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). This would require further exploration of the stressors affecting humanitarian aid workers (Bakker & Costa, 2014; Rutter, 2012) in addition to exploring the importance of resilience (Rutter, 2012) and perceived organization support in buffering the effect of stressors on burnout (Villavicencio-Ayub, Jurado-Cardenas, & Valencia-Cruz, 2014).

Stressors

Stressors predicting burnout can be divided into two categories: individual and situational factors (Bakker & Costa, 2014). Experiencing vicarious trauma is part of the individual factors, in addition to socioeconomic status and personality type (Bakker & Costa, 2014). Vicarious trauma is defined as the change that occurs within aid workers (disruptive and painful psychological effects) as a consequence of empathic interaction with people experiencing trauma and dealing with its sequelae (Wilson, 2016; Comerchero, 2015). This concept first appeared in studies on aid workers who exhibited post-traumatic stress disorder symptoms in emergency contexts (Moulden & Firestone, 2007). According to researchers and practitioners, humanitarian aid workers dealing with survivors of trauma and repeatedly listening to stories of suffering, pain, and fear may become indirectly susceptible to developing similar symptoms to those experiencing trauma directly (Rizkalla & Segal, 2019; Musa & Hamid, 2008; Perry, 2003).

Exposure to unique traumatic situations such as war, rape, sexual abuse, and manmade or natural disasters is at the core of the vicarious trauma concept (Wilson, 2016). Empathic

engagement in describing the traumatic experiences of others lead individuals occupying aiding professions such as social workers, therapists, and counselors to become overwhelmed, preoccupied, and distressed by the stories of people. These effects may be reflected in the interpersonal relationships, behavior, job performance, and personal values of humanitarian aid workers (American Counseling Association, 2015). Vicarious trauma has the typical symptoms of post-traumatic stress disorder including avoidance, fear, flashbacks, dissociation, intrusive images, strong emotional reactions, and disruptive beliefs of the self and others (Rizkalla & Segal, 2019; Stamm, 2005; Barrington & Shakespeare-Finch, 2013; McLean, Wade, & Encel, 2003).

Research studies on vicarious trauma mostly focus on the mental health and general health of employees (Jordan, 2001; Way, VanDeusen, Martin, Applegate, & Jandle, 2004; Kadambi & Truscott, 2004). For instance, rates on symptoms of vicarious trauma vary from 34% in child protection services employees (Bride, Jones, & MacMaster, 2007) to 20 % in clinicians dealing with cancer patients (Kadambi & Truscott, 2004) and to approximately 15.2% among social workers (Bride, 2007).

The presence of large number of Syrian refugees in Lebanon place the humanitarian aid workers assisting them on daily basis at higher risk of developing symptoms of vicarious trauma. It may affect the workers well-being if left untreated and lead to further traumatization of refugees (Rizkalla & Segal, 2019; Bloom & Farragher, 2011). Furthermore, vicarious trauma was reported to be higher among younger employees compared to their older coworkers (Adams, Matto, & Harrington 2001). This difference can be explained by the given that older employees have more work and life experiences and are more equipped to deal with such challenges.

As for the situational factors, it includes job demands. The term job demands is defined as the aspects of job requiring sustained effort (Demerouti, Bakker, De Jonge, & Janssen, 2001; Bakker & Costa, 2014). Thus, there is an association between job demands and psychological and physiological costs, including fatigue and increased heart rate. Such warning signs may establish a ground for experiencing burnout because work demands lead workers to feel drained and exhausted and to feel the urge of distancing themselves psychologically from work (Bakker & Costa, 2014). Role conflict, role ambiguity, role stress, workload, work pressure, and stressful events are all part of job demands that lead to burnout (Alarcon, 2011, Bakker & Costa, 2014).

Extensive demands can exhaust the worker's energy and leave him unable to recover (Wilson, 2016). Several research studies on child protection workers recognized workload to be a significant stressor (Dillenburger, 2004; Ellett & Leighninger, 2006; Juby & Scannapieco, 2007; Stalker, Mandell, Frensch, Harvey, & Wright, 2007; Tham & Meagher, 2009; Strand & Dore, 2009; Van Hook & Rothenberg, 2009). Low wages and high workload were confirmed to have a negative impact on employees' self-esteem. Strand and Dore (2009, p. 395) claimed in a large-scale study that these conditions allow staff to feel unvalued by the employer. Moreover, such working conditions can be perceived by employees as indicator that their welfare is not a priority to their employer. This can result in increased rate of attrition and decreased organizational commitment (Bakker & Costa, 2014). Workload was also studied by Leiter and Maslach (2005) who reported that it can be a significant predictor for burnout.

Role conflict is another category of role demands that takes place when the employee is expected to perform more than one set of pressuring roles that could affect the accomplishment of one another (Jawahar, Stone, & Kisamore, 2007). It introduces uncertainty since the worker would not be certain whether his or her role demands are well balanced. The experience of

irreconcilable or incompatible expectations associated with single or multiple roles can be psychologically uncomfortable and can generate negative emotions and reactions among employees (Jawahar, Stone, & Kisamore, 2007). For example, different studies claimed that role conflict is associated with dysfunctional outcomes such as psychological strain, burnout, and job dissatisfaction (Jawahar, Stone, & Kisamore, 2007).

In a nutshell, humanitarian aid workers are at risk of developing vicarious trauma and experiencing the psychological and physical effect of work demand that can lead to burnout and therefore affect the organizational outcomes (Jawahar, Stone, & Kisamore, 2007; Bakker & Costa, 2014). Resilience (Rutter, 2012) and perceived organizational support (Villavicencio-Ayub, Jurado-Cardenas, & Valencia-Cruz, 2014) have been suggested to be crucial elements in buffering the effect of stressors on burnout (Rutter, 2012). Thus, enhancing resilience and improving perceived organizational support may contribute to the well-being of humanitarian aid workers (Villavicencio-Ayub, Jurado-Cardenas, & Valencia-Cruz, 2014).

Resilience

Resilience is an interactive phenomenon defined as a process of adaptation in the face of trauma, tragedy, or any other significant stressor (Rutter, 2012). The definition of resilience is still debatable, yet trait orientation proposes that it is a personality trait that aids individuals in achieving development and good adjustment in addition to coping with adversity (Hu, Zhang, & Wang, 2015). A broader approach, psychosocial approach, to resilience was developed to include environmental factors in addition to individual factors: personal traits, support systems, and family. This approach suggested that resilience is beyond static traits of individuals, rather it includes range of qualities possessed, built, and enhanced through training (Gritti, 2015). Yet, resilience as a personality trait can also be enhanced through training, it is empirically supported,

and it is used in the transactional model discussed below (Rutter, 2012; Gritti, 2015; Pigni, 2014). Thus, it will be discussed in this study as a personality trait.

Resilient people have traits that reveal a well-differentiated, integrated, and strong sense of self and traits that develop strong and reciprocal interpersonal interactions with others (Greef & Ritman, 2005; Reich, Zautra, & Hall, 2010). These traits together contribute to higher levels of functional adaptation (Reich, Zautra, & Hall, 2010). Resilient individuals are conscientious, responsible, and generally reveal a high level of personal integrity (Reich, Zautra, & Hall, 2010). They have a tendency to be honorable and honest, and they have a solid combination of values that they try to adhere to. They have control over their impulses and avoid unpremeditated and spontaneous acts that have unclear potential consequences (Reich, Zautra, & Hall, 2010). Abilities of adaptively displacing and channeling impulses and delaying gratification are also characteristics of emotional intelligence. Resilient individuals are capable of experiencing pleasure in addition to other favorable emotions, and they often display a sense of humor (Reich, Zautra, & Hall, 2010).

Resilient individuals generally have future plans. They are driven to accomplish and to be prosperous in diverse life aspects (Reich, Zautra, & Hall, 2010). They are productive, goal-directed, and industrious. They show persistence and determination in pursuing personal goals while preserving balance in their lives and sustaining efforts over time. Generally, they are optimistic regarding their effort results, yet they are flexible and able to adapt to limitations, challenges, and varying life circumstances. They are also flexible in accepting setbacks with composure (Southwick, Vythilingam, & Charney, 2005). Thus, resilient individuals are able to escape psychological dysfunctions in spite of having difficult circumstances. Less resilient personalities get negatively impacted and worn out by life stressors; however, resilient

personalities exhibit self-renewal dynamics when exposed to similar stressors (Narayanan, 2008).

According to the transactional model of stress and coping theory, people's vulnerability to stress varies depending on their personality traits, as resilience (Rutter, 2012). Consistent with this model, resilience, as a personality trait, has been proposed to have an essential role when considering the relationship between burnout and work stress. Various studies among medical doctors (Taku, 2014) and nurses (García & Calvo, 2012; Mealer, Jones, & Moss, 2012) have found resilience to be a protective factor that can act as a buffer between burnout and occupational risk factors. Several studies have also found significant effects of resilience as a mediator on learning burnout and learning stress among students (Wang, Zimmerman, & Zhang, 2011; Zhang, 2013) and as a moderator between job burnout and role stress among teachers (Xu, Zhang, Sun, & Tian, 2013). In a study aimed at exploring the moderating and mediating effect of resilience on work stress and burnout, 541 Chinese civil servants were examined. Results revealed that resilience can play partial role in mediating and significant role in moderating the effect of work stress on burnout. Thus, resilience can be a positive personality trait that may prevent the progress of burnout by releasing work stress and may act as a buffer to alleviate the effects of stress (Hao, Hong, Xu, Zhou, & Xie, 2015). Based on the transactional model of resilience and the previous studies showing resilience to be more of a moderator factor than mediator (Rutter, 2012; Hao, Hong, Xu, Zhou, & Xie, 2015), it was used as a moderating factor along with perceived organizational support in this study to examine its role in buffering the effect of stressors on burnout and organizational outcomes among humanitarian aid workers.

Perceived Organizational Support

Perceived organizational support, according to the organizational support theory, refers to the employees' perception regarding the organization's attitude toward them. It includes the extent to which the organizations value the contribution of employees and care about their well-being and the extent to which the individual perceives support from the team (Kurtessis, Eisenberger, Ford, Buffardi, Stewart, & Adis, 2015). Organizational policies are affected by perceived organizational support. Human values such as creating encouraging work conditions, supervisor support, fairness, and proper rewards in the workplace lead to the development of hope, personal growth, and self-esteem of employees (Yaghoubi, Pourghaz, & Toomaj, 2014). Thus, it can contribute to positive perception of organizational support among aid workers. Organizational support theory claims that the employees' commitment toward the organization is positively associated to the organization's commitment towards them (Cao, Chen, Tian, & Diao, 2015). Employees who perceive high organizational support exhibit higher organizational commitment, better performance, less occupational burnout, less turn-over, and absenteeism (Cao et al., 2015). Values that may contribute to higher perception of organizational support will be further discussed below.

Fairness, as a value, towards employees in the workplace is more important than equal treatment. According to Angerer (2003), employees who perceive their managers to be unfair in promotion or treatment respond in three ways: emotional turmoil, exhaustion, or cynicism. Thus, employees find it difficult to connect and interact with their colleagues and supervisor. Consequently, tension in the work environment emerge where professional courteousness is not met. Humanitarian services promote interdisciplinary behaviors that strengthen professional relationships. Unfairness in the workplace leads to unprofessional behaviors such as interoffice

bickering that limits the flourishing environment. Eventually, helpers would lack the focus and effort needed (Wilson, 2016).

Extrinsic and intrinsic reward, another elements that contribute to higher perception of organizational support, affect employees' performance and level of burnout. Validating the efforts of employees through acknowledging the activities comes under the extrinsic reward that can be facilitated by supervisors. This would increase the employees' hard work toward meeting the organizational objectives (Wilson, 2016). Templeton and Satcher (2007) found that workers who receive positive feedback from their supervisors are less likely to display symptoms of burnout. Intrinsic rewards can be facilitated by extrinsic motivation that incur a feeling of accomplishment which, in turn, increase the capability and competence of workers to meet job demands (Wilson, 2016).

Establishing positive connection with others is essential to accomplish organizational objectives between professional helpers and thus enhancing perception of organizational support. Building a community needs positive connection and trust among workers (they depend on each other). In its absence, workers would operate independently as separate entities which will cause organizational division thus hindering organizational success. Organization can establish a community through nurturing positive professional connections and sense of individual's ownership to organization's success through mission and purpose (Wilson, 2016).

Some studies suggested that perceived organizational support can moderate the effect of stress on burnout (Brown & Roloff, 2015; Jawhar et al. 2007; Asad & Khan, 2003). Wang and Xu (2008) claimed, in a study conducted on Chinese teachers, that perceived organizational support was associated negatively and significantly to decreased personal accomplishment, emotional exhaustion, and depersonalization. Bobbio, Bellan, and Manganelli (2012) stated that

perceived organizational support was a protective factor, among Italian nurses, against burnout. According to Cao et al. (2015), through developing positive and professional self-concept, perceived organizational support can result in the reduction of burnout. Subjective experiences of connections and social interactions in the organization can affect the general well-being of employees (Gritti, 2015). According to Arnold and Dupre (2012), increased perception of organizational support is associated with improved sleep, and overall physical health. Thus, perceived organizational support is associated positively with psychological well-being; employees who feel valued and appreciated are more likely to have positive mood that leads to better well-being and outcome performance (Rhoades & Eisenberger, 2002; Dupre & Day, 2007).

The organizational support theory also posits that employees tend to personify the organization through the development of a reciprocal relationship that fluctuates in influence and strength on behavioral and attitudinal reactions (Byrne & Hochwarter, 2008). Increase in fulfillment of socioemotional needs allow employees to incorporate into their self-identity the organizational membership. This can reinforce the social interchange relationship, and consequently, increase employees' commitment and performance (Byrne & Hochwarter, 2008). Research has revealed that increased levels of perceived organizational support are linked to positive outcomes at work including high affective commitment and job involvement (Rhoades and Eisenberger, 2002), reduced turnover intentions and absenteeism, and strain (Stamper and Johlke, 2003). Furthermore, Saks (2006) stated that perceived organizational support was positively linked to employees engagement (i.e. both organization and job), which in turn predicted commitment, job satisfaction, turnover intent, and citizenship (Byrne & Hochwarter, 2008).

Humanitarian aid workers in Lebanon were not given enough time, space, or training to process the traumatic events experienced upon their work with Syrian refugees. They felt embarrassed to discuss their feelings and ask for support, fearing being perceived as incompetent humanitarian workers (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). Inadequate preparation or support for fieldworkers leave them more vulnerable to trauma, burnout, and stress. It also encourages additional negative feelings towards the self and organization. Likely, in a study conducted in Sri Lanka among 398 humanitarian aid workers assisting people affected by the conflict in Vanni area, results showed that lower levels of burnout and depressive symptoms were reported by those who perceived higher levels of organizational support (Cardozo, Sivilli, Crawford, Scholte, Petit, Ghitis, Ager, & Eriksson, 2013). Without proper support mechanisms at work, humanitarian aid workers might be at risk of developing feelings of disappointment, low self-esteem, and anger toward the organization, as well as lack of accomplishment regarding personal purpose (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). Thus, this study suggested that perceived organizational support can moderate the effect of stressors on burnout.

Burnout

In the 1970, the burnout concept was introduced to describe the loss of motivation and emotional exhaustion experienced by social workers after their exposure to chronic stress conditions in their workplace (ElBezri, 2017). Burnout is defined as a psychological syndrome that results from a prolonged exposure to chronic stressors on a job. It consists of three dimensions: emotional exhaustion, personal accomplishment, and depersonalization. Burned-out people simultaneously experience increased rates of chronic fatigue and detach themselves cognitively and emotionally from work activities (Bakker & Costa, 2014).

The three-dimensional model involves personal conception of self and others and places the person's experiences of stress within a social context (Maslach & Leiter, 2016). The emotional exhaustion dimension includes feelings of fatigue, depletion, and overextension. The dimension of depersonalization includes cynical and negative attitudes toward work. As for the reduced sense of personal accomplishment, it includes negative evaluation of personal work or overall effectiveness in job performance (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). According to the burnout transactional model, the three dimensions of burnout were often described in sequential stages. Exhaustion was presumed to develop initially as a result of high work demands leading to negative reactions and detachment from the job and people (depersonalization). When exhaustion and depersonalization last long, feelings of failure and inadequacy would develop (reduced personal accomplishment, inefficacy) (Maslach & Leiter, 2016).

Individuals might experience different patterns of burnout at different stages; this is explained in the presence of different burnout models. Other than the transactional model, patterns of burnout can be described by a process model or phase model (Maslach & Leiter, 2016). According to the process model, the initial stage consists of emotional exhaustion in response to job demands that overloaded the emotional resources of people; the second stage consists of depersonalization in which individuals try to manage their stress through cynical reactions; reduced personal accomplishment come as the third stage to describe people experiencing failure and inefficiency. As for the phase model, burnout dimensions are divided into low and high categorical sets, yielding eight phases or patterns of burnout. Phase model suggests that depersonalization is the initial phase of burnout that precedes inefficacy which is followed by exhaustion (Maslach & Leiter, 2016).

According to Maslach and Leiter (2016), Dutch census sector has been examining burnout among workers through an index, based on the Maslach Burnout Inventory, of job-related exhaustion in the national survey. Thus, burnout public discourse in Netherlands is limited to exhaustion on its own. Although emotional exhaustion contribute to burnout the most, focusing on it alone will affect the burnout's distinct quality leading to crisis in values and meaning. The exhaustion element captures the challenge of lacking enough energy needed for enduring and useful contribution to work. However, it is the depersonalization category that captures the struggle in dealing with activities and other people at work. Furthermore, efficacy reflects the essential self-evaluation individuals make concerning the value and quality of their work and contribution. Ignoring these essential aspects of burnout experience could lead to misdiagnosis that results in important ramifications on practice and policy levels (Maslach & Leiter, 2016).

Maslach and Leiter (2016) studied and discussed two datasets of latent profile analysis to detect "multiple person-centered profiles" across burnout as measured by Maslach Burnout Inventory. The analysis revealed five distinct profiles: Engagement Profile (low on the three dimensions), Burnout Profile (high on the three dimensions), Ineffective Profile (high level of inefficacy only), Overextended Profile (high level of exhaustion only), and Disengaged Profile (high level of cynicism only). Each profile displayed different correlational pattern with organizational variables. The correlational pattern of the Burnout Profile was found to be very close to the Disengaged Profile; whereas the Disengaged Profile appeared to be more negative compared to Overextended Profile. This supports the suggestion that exhaustion cannot be the only factor contributing to burnout (Maslach & Leiter, 2016).

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10 CM) lists burnout as a “state of vital exhaustion” under “Factors influencing health status and contact with health services” (World Health Organization, 2015). Although a correlation exists between burnout and depression and anxiety, studies also support that the construct of burnout is distinct from work phenomena (job dissatisfaction), reaction to general stress, and mental health disorders (Morse et al., 2012; Awa, Plaumann, & Walter, 2010; Maslach et al. 2001).

The theoretical and empirical literature proposes that burnout consequences can be far-reaching and severe. Humanitarian aid workers working with Syrian refugees encounter major stressors on the field as they attend to the needs of refugees. Evidence has shown that in the absence of suitable psychosocial support, humanitarian aid workers experience high levels of burnout and turnover in addition to poor mental health (Chemali, Smati, Johnson, Borba, & Fricchione, 2018). Personnel experiencing burnout often have reduced sense of well-being and impaired physical and emotional health (Stalker and Harvey, 2002). For instance, Peterson et al. (2008) studied a sample of service workers in a Swedish city (N = 1,252) including nurses, physicians, social workers, occupational therapists, physiotherapists, dentists, dental hygienists, administrators, teachers, and technicians. Burnout was associated with increased depression, anxiety, sleep problems, impaired memory, alcohol consumption, and back and neck pain.

In addition, Ahola et al. (2005) explored the relation between burnout related to job and depression in 3,276 employees in Finland. Standardized clinical interviews revealed that employees with mild level of burnout were 3.3 times more likely to have major depression, and employees with severe level of burnout were 15 times more at risk of having major depression. Moreover, according to Hombrados-Mendieta et al. (2013), burnout is also associated with decreased job performance, team cohesion and support, and reduced job satisfaction. These in

turn lead to reduced overall satisfaction and life quality (Hombrados-Mendieta & Cosano-Rivas, 2013). In addition, burnout can negatively impact the quality of services provided (Hombrados-Mendieta & Cosano-Rivas, 2013; Maslach, Schaufeli & Leiter, 2001).

Humanitarian aid workers assisting Syrian refugees are at high risk of developing burnout (Habib, 2019; Chemali, Smati, Johnson, Borba, & Fricchione 2018; Rizkalla & Segal, 2019). Burnout can be predicted by stressors, such as work demands and vicarious trauma, resilience as a personality trait, and perceived organizational support. Therefore, burnout has tremendous effects on the well-being of humanitarian aid workers as well as on the organizational commitment and outcomes, such as performance, absenteeism, and turnover (McFadden, Campbell, & Taylor, 2014; Chemali, Smati, Johnson, Borba, & Fricchione 2018).

In the psychiatric context, research studies concluded that there is an increased correlation between psychiatrists' high burnout levels and negative feelings and poorer quality of care toward the patients (Holmqvist & Jeanneau, 2006; Maslach & Leiter, 2016). The association between high level of burnout and poor quality of care is supported empirically by the manifestation of burnout among psychiatrists. It affects their appearance (fatigue), behavior (avoidant, reduced eye contact), and mood (irritability, agitation, poor communication). Nevertheless, traits such as obsession and perfectionism may preserve burnout under heavy workload and stress (Maslach & Leiter, 2016). Thus, Syrian refugees are put under double threat. Refugees are vulnerable population seeking assistance of a, supposedly, experienced humanitarian workers. Burnout increases the likelihood of error at work which might put refugees at higher risk of increased traumatization. It also increases turnover and absenteeism among staff which raise the concern of experienced aiding individuals. Committed and

competent humanitarian workers are essential for delivering effective services to vulnerable families and children (McFadden, Campbell, & Taylor, 2014).

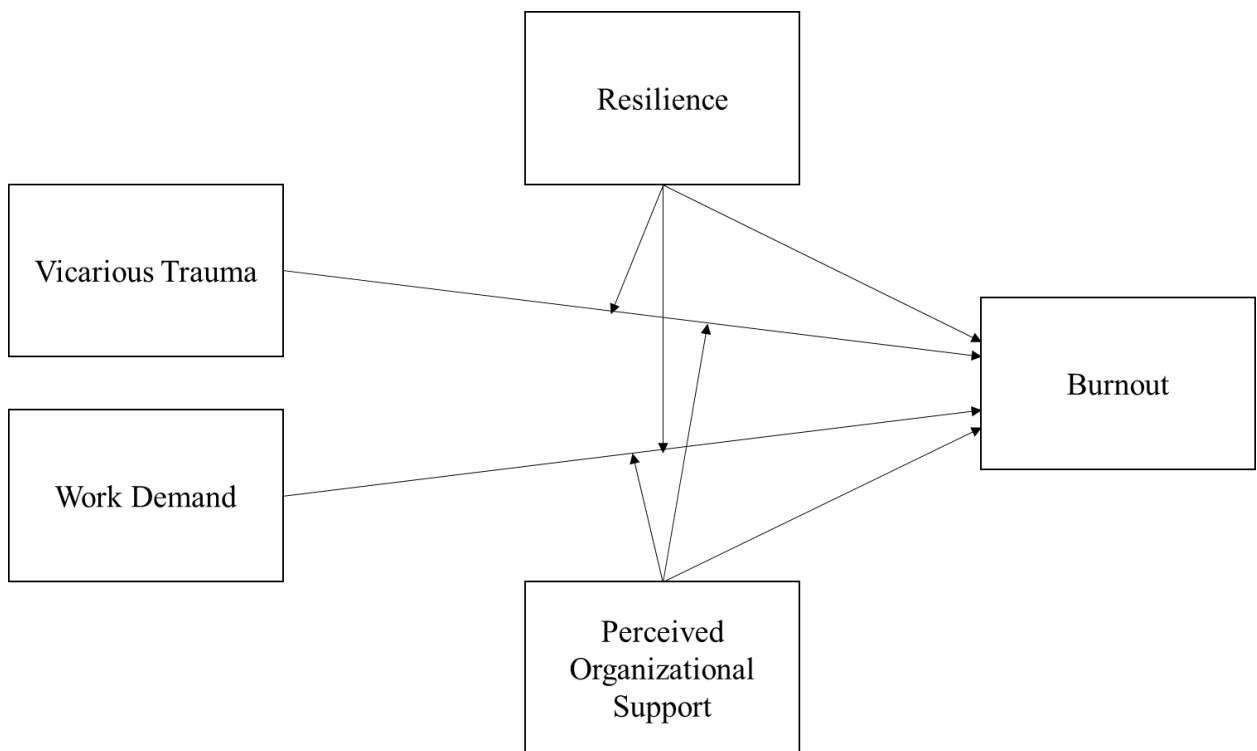
Organizations that offer preparatory trainings and workshops for humanitarian aid workers on dealing with potential disasters and coping skills can enhance their resilience (Brooks, Amlot, Rubin, & Greenberg, 2018). Exposure to traumatic events without organizational support and in the absence of resilience can result in diminished well-being of humanitarian aid workers, such as burnout and depression (Brooks, Amlot, Rubin, & Greenberg, 2018; Gritti, 2015). Thus, resilience and perceived organizational support can moderate the effect of vicarious trauma on burnout. Brooks et al. (2018) stated that resilient social workers aiding survivors of natural disaster had lower psychological symptoms than non-resilient social workers. Enhancing resilience among workers would increase their perception of organizational support thus decreasing their likelihood of developing burnout (Gritti, 2015; Rutter, 2012).

Aim and Hypotheses

This study examined the effect of stressors, including job demand and vicarious trauma on burnout moderated by perceived organizational support and resilience among humanitarian aid workers supporting Syrian refugees in Lebanon. Path Analysis was used to analyze the data from surveys filled by employees working either in nongovernmental organizations or UN-agencies.

Figure 1

Path Analysis Model



Hypotheses

1. Resilience moderates the effect of work demand and vicarious trauma on burnout.

- 1.1. Resilience moderates the effect of work demand on burnout such that individuals who are high on work demand and resilience will report lower level of burnout as opposed to individuals who are low on resilience and high on work demand.
- 1.2. Resilience moderates the effect of vicarious trauma on burnout such that individuals who are high on vicarious trauma and resilience will report lower level of burnout as opposed to individuals who are low on resilience and high on vicarious trauma.
2. Perceived organizational support moderates the effect of work demand and vicarious trauma on burnout.
 - 2.1. Perceived organizational support moderates the effect of work demand on burnout such that individuals who are high on perceived organizational support and work demand report lower level of burnout as opposed to individuals who are low on perceived organizational support and high on work demand.
 - 2.2. Perceived organizational support moderates the effect of vicarious trauma on burnout such that individuals who are high on perceived organizational support and vicarious trauma report lower level of burnout as opposed to individuals who are low on perceived organizational support and high on vicarious trauma.
3. Individuals high on work demand will report higher level of burnout.
4. Individuals high on vicarious trauma will report higher level of burnout.
5. Individuals high on resilience will report lower level of burnout.
6. Individual who perceive higher organization support will report lower level of burnout.

Chapter 3

Methodology

Sample

Based on Byrne (2016) recommendation, the sample size was extracted through summing up the numbers of variances (1 variance for each variable; 9), co-variances (correlation between predictors; 16), regression paths (direct effect; 8), and error variances (errors on variables with arrows pointing to them; 1) then multiplying it by 10. Thus, the sample size required was 340; however data were collected from 267 humanitarian aid workers in Lebanon. The survey was administered online via email sent to the project managers working in different NGOs to be sent to the employees, so maybe the sample size required was not met for the following reasons: some employees were not interested to participate, employees did not have time or the motivation to participate taking into consideration that it needs 20 minutes on average, or employees did not pay attention to the email. Twenty three participants were removed during data cleaning because they did not meet the inclusion criteria of age or years of work experience. Surveys from 244 participants were used in the data analysis. Purposive convenient sampling was used in the study. Participants were full-time employees in the humanitarian aid field in national and international non-governmental organizations and UN-agencies working with Syrian refugees in different areas of Lebanon. Their age ranged from 23 to 65 years, with a mean of 30.3 ($SD = 7.038$), and they have been employed for at least one year. It was suggested that coping mechanisms improve with age (El-Bezri, 2017), as such the age group in this study was large. The age was also controlled for during the analysis. As for the period of employment, one year was requested to ensure that participants were exposed to different stressors and got the chance to develop a perceived organizational support (Elbezri, 2017).

Instrument Translation Process

The CD-RISC10 assessing resilience and the Job Demand Scale were translated from English to Arabic. Following the recommendations of Beaton et al. (2000), two translators were assigned separately; one who was familiar with the psychology major (informed about the study) and the other who was not (not informed about the study). The two translators were then requested to synthesize the two translations into one after resolving the discrepancies. Two new translators were then requested to back-translate the synthesized version to ensure the stability of concepts presented. Discrepancies were resolved into a pre-final version (Beaton, Bombardier, Guillemin, & Ferraz, 2000). The pre-final version was submitted to a committee for, revision and recommendation, consisting of psychology instructors at Haigazian University, humanitarian aid worker, and a non-social science student (e.g. business student).

Procedures

Following the approval of the Ethics Committee at the Social and Behavioral Sciences Faculty, HI.6.20, at Haigazian University and the translation of instruments into Arabic, a pilot study was conducted to test for the reliability of instruments. A total of 110 participants filled the survey using survey monkey. Participants were from the general population. The pilot study included teachers, aid workers, university students, doctors, and people from different sectors. The surveys were administered online using an a worldwide used application named Survey Monkey due to the physical distancing and lockdown imposed during COVID-19 pandemic. Participants consisted of humanitarian aid workers and non-humanitarian workers who were aware of the purpose of the study. Participants were requested to fill in an online questionnaire and give their feedback on the wording of items and whether they felt it was measuring what it is intended to measure. No major changes were done, only few words in the Arabic version were

replaced with either more accurate or less sophisticated terms. Data analysis followed and revealed very good internal consistency. See table 1.

Table 1

The Cronbach Alpha of Scales in the Pilot Study

	Total Cronbach Alpha	English Version	Arabic Version
CD-RISC10	0.84	0.87	0.80
Perceived Organizational Support	0.87	0.87	0.88
Work Demand	0.88	0.90	0.84
STSS	0.92	0.93	0.88
Burnout	0.87	0.85	0.83
Emotional Exhaustion	0.87	0.89	0.74
Depersonalization	0.71	0.71	0.69
Personal Accomplishment	0.57	0.61	0.51

Next, program managers of a list of national and international non-governmental organizations and UN-agencies were emailed with information letter (Appendix A) about the study and a link to access the survey on survey monkey. The information letter included the purpose of the study, information about the researcher, and the rationale for the selection of the given sample. After their revision and approval, the manager were requested to email the survey for their employees to fill it in. To ensure anonymity and confidentiality, participants were not requested to reveal

their names in the survey. Following the information letter, a consent form (Appendix B) was requested from employees to either continue with filling the survey or dropping out. To control for sequencing and carry over effects, the order of surveys and questions in each survey were counterbalanced.

Instruments

Demographic information (Appendix C) along with the following instruments were used in this study: The Connor–Davidson Resilience Scale (CD-RISC10) (Campbell-Sills & Stein, 2007; Appendix D), The Secondary Traumatic Stress Scale (STSS) (Robinson, Yegidis, & Figley, 2004; Appendix E), The Job Demand Scale (Jackson & Rothman, 2005; Appendix F), The Survey of Perceived Organizational Support (SPOS) (Eisenberger, Hunigton, Hutchison, and Sowa, 1986; Appendix G), The Maslach Burnout Inventory (Maslach & Jackson, 1986; Appendix H), and the Turnover intention single-item scale (Spector et al., 1988; Appendix I).

Demographics

Demographic information was used for descriptive purposes and it included: nationality, sex, date of birth, marital status, field office location, years of experience, educational level, field of education, type of position (managerial, social worker, field officer), type of organization (local or international NGO or UN-agency), working hours per week, absenteeism, satisfaction with own perception of ethical work and quality of performance, and perceived threat on health and well-being while working during the pandemic of COVID-19. See Appendix C.

Resilience Scale

The CD-RISC10 is a 10-item scale extracted from 25-item scale developed by Kathryn M. Connor and J.R. Davidson (2003) to assess resilience, for instance, “I believe I can achieve my goals, even if there are obstacles”. Items were rated on a 6-point scale of responses with (0)

indicating “Always” to (5) indicating “Never”. Participants rated the items based on how they felt during the past month. The total score ranged from 0 to 100 with higher scores demonstrating higher levels of resilience (Scali, Gandubert, Ritchie, Soulier, Ancelin, & Chaudieu, 2012). The preliminary study of CD-RISC’s psychometric properties in the general population and the patient samples presented adequate internal consistency (Cronbach’s alpha equal to .85) and divergent and convergent validity (Campbell-Sills & Steins; 2007). A comparison between the different versions of CD-RISC yielded a good psychometric properties for both the original 25 item-scale (Cronbach alpha 0.93) and 10-item scale (Cronbach alpha 0.88). The study also supported using CD-RISC10 because it has good psychometric properties and it is time efficient (Peng, Zhang, Chen, Zhang, Li, Yu & Liu, 2014). CD-RISC10 contains minimal item redundancy. The items reserved demonstrate the capability of tolerating experiences of change, illness, personal problems, failure, painful feelings, and pressure. Endorsement of such items mirrors the ability of bouncing back after encountering variety of life challenges (Campbell-Sills & Stein, 2007). See Appendix D.

Resilience Scale for Adults (RSA) is another 37-item Likert scale that measures protective factors promoting adult resilience. It includes five factors: social competence, personal competence, family coherence, personal structure, and social support (Friborg, Hjemdal, Rosenvinge, Martinussen, Aslaksen, & Flaten, 2006). The Cronbach alpha of this instrument is 0.90 and it has convergent and discriminant validity (Friborg et al., 2006; Ahern, Kiehl, Sole, & Byers, 2006). The factors included in this instrument fit better with the psychosocial approach of resilience that includes personal traits, support systems, and family (Gritti, 2015). On the other hand, CD-RISC10 assesses resilience as a personality trait for coping with stress and adversity (Ahern, Kiehl, Sole, & Byers, 2006). Thus, it was intended to measure resilience as a personality

trait that fits with the Transactional model explained in the literature. Therefore, CD-RISC10 appeared to be more appropriate for the purpose of this study. More importantly, the reliability of CD-RISC10 in this study was high with $\alpha = .848$.

Vicarious Trauma Scale

The Secondary Traumatic Stress Scale (STSS), developed by Bride, Robinson, Yegidis, and Figley (2004), is a 17-item Likert-type scale with six responses such as “1” indicates “never” and “6” indicates “always”. It assesses the frequency of avoidance, arousal, and intrusion symptoms, of individuals during the past seven days, related to the secondary traumatic stress. Thus, it includes three subscales: Avoidance (items 1, 5, 7, 9, 12, 14, 17), Arousal (items 4, 8, 11, 15, 16), and Intrusion (items 2, 3, 6, 10, 13). Through summing the scores on each item, a full score and score for each subscale can be obtained. Divergent and convergent validity of the STSS were empirically supported. It also has a very good internal consistency with $\alpha=.93$. The subscales has good internal consistency as well, such as Avoidance $\alpha=.87$, Arousal $\alpha=.83$, and Intrusion $\alpha=.80$. Some of the items (items 2, 3, 6, 10, 12, 13, 14, 17) of STSS were developed to be consistent with PTSD criteria in the DSM-IV; the wording of these items were designed in a way that exposed the traumatic stressor to clients. This characteristic is the main difference between STSS and other PTSD instruments. The other items (items 1, 4, 5, 7, 8, 9, 11, 15, 16) were not developed as stressor specific; however, they reflect the negative effects characteristic of the traumatic stress (Bride, Robinson, Yegidis, & Figley, 2004). Sample items comprise “I was easily annoyed”, “I wanted to avoid working with some victims”, and “I thought about my work with victims when I didn’t intend it” (STSS; Bride, Robinson, Yegidis, & Figley, 2004). See Appendix E.

The Traumatic Stress Institute (TSI) Belief Scale-Revision L is a 49-item Likert scale that was developed based on a combination of cognitive and psychoanalytic theories under the constructivist self-developmental theory (Pearlman & MacIan, 1995). It includes six subscales: Self-Safety, Other-Safety, Self-Trust, Other-Trust, Other-Esteem, and Other-Intimacy. It has good psychometric properties (Cronbach alpha 0.93) (Adams, Matto, & Harrington, 2001). However, it does not intend to assess vicarious trauma based on its symptoms (Avoidance, Intrusion, and Arousal) that are discussed in the model presented in the literature review. TSI Belief Scale-Revision L also includes greater number of items, so it is not time-efficient especially that the study includes several other questionnaires. Moreover, STSS was previously used in a study conducted by Elbezri (2017) in Lebanon, so there is a translated version of it that yielded a very good internal consistency (Cronbach alpha 0.94). Thus, STSS was more appropriate for the intended purpose of this study. It also yielded very good internal consistency with $\alpha = .919$ for vicarious trauma, $\alpha = .844$ for avoidance, $\alpha = .806$ for arousal, and $\alpha = .763$ for intrusion.

Work Demand Scale

The Job Demand Scale is a Likert type consisting of 42 items rated on six levels varying from “1” which means never to “6” which means always. It was developed by Jackson and Rothmann (2005). Sample items include “Do you work under pressure?” Scores on the items are summed up to indicate the overall level of job demand. It has a very good reliability with Cronbach alpha = 0.92 (Olowodunoye & Owolabi, 2019). This instrument is unique because it contains all the following dimensions: amount and pace of work; emotional, mental, and physical workload; learning opportunities, work independence; team cohesion and employee-supervisor

relationship; work ambiguity; career possibilities and remuneration (Joubert & Rothmann, 2007) that were discussed in the literature review. See Appendix F.

The Quantitative Workload Inventory (QWI) is another widely used instrument that measures work load through assessing work pace and amount of work. Quantitative Workload Inventory (QWI) was used to measure workload. The QWI is a 5-item Likert Scale referring to the amount of work tasks, the required time for completing the tasks, and the needed effort for performing them. Sample item includes “How often does your job leave you with little time to get things done?” The sum of the ratings yield the participants’ perception of the job in terms of pace and volume. Cronbach alpha for QWI is 0.81 (Baka & Bazińska, 2016). Although this instrument has less number of items that makes it more time efficient, it did not measure all the factors the study intended to measure in work demands. Thus, The Job Demand Scale was more suitable for this study especially that it also had higher internal consistency. It also revealed high internal consistency in the study with $\alpha = .913$.

Perceived Organizational Support Scale

The Survey of Perceived Organizational Support (SPOS), developed by Eisenberger, Huntington, Hutchison, and Sowa (1986), is an 8-item scale for employees extracted from a 36-item scale. Items were rated on 6-point Likert scale with (1) indicating “strongly disagree” and (6) indicating “strongly agree”. Half of the statements are worded positively (Items 1, 4, 6, and 8) and the other half are worded negatively (Items 2, 3, 5, and 7) to control for agreement-response bias (Eisenberger, Huntington, Hutchison, and Sowa, 1986). The negatively worded instruments were reversed while calculating the total score. Sample item includes “My organization really cares about my well-being”. This instrument has been widely used in different studies among different countries and showed good psychometric properties (Rhoades,

Eisenberger, and Armeli, 2001; Kurtessis, Eisenberger, Ford, Buffardi, Stewart, & Adis, 2015; Cao, Chen, Tian, Diao, & Hu, 2015). This instrument was also used in Lebanon and translated to Arabic in a study conducted by Elbezri tackling humanitarian aid workers as well (2017) with Cronbach alpha=0.90. The Cronbach alpha of this instrument yielded .97 in previous studies (Eisenberger, Huntington, Hutchison, and Sowa, 1986) and yielded .889 in the current study. It was also empirically supported that POS has convergent and divergent validity (Hutchison, 1997). See Appendix G.

Burnout Scale

The Maslach Burnout Inventory (MBI) was developed by Christina Maslach and Susan E. Jackson (1986) to assess for individual experiences of burnout. It is 22-item introspective psychological scale measuring three dimensions of burnout: emotional exhaustion (9 items), depersonalization (5 items), and personal accomplishment (8 items). Sample Items include “I feel emotionally drained from my work”, “I feel I treat some recipients as if they were impersonal objects”, and “I have accomplished many worthwhile things in this job”. Items were rated on a 6-point Likert scale varying from 1=never to 6=every day. It has good psychometric properties as the Cronbach alpha of each subscale is above .70 (Maslach & Jackson, 1986). In a study conducted by Elbezri (2017) in Lebanon, results revealed Cronbach alpha=.91 on the overall score of MBI. Research studies also revealed convergent and divergent validity of MBI (Maslach & Jackson, 1986; Poghosyan, Aiken, & Sloane, 2009; Demerouti, Mostert, & Bakker, 2010). MBI is the most widely used tool to measure burnout by researchers and it demonstrated very well psychometric properties when used across different countries (Poghosyan, Aiken, & Sloane, 2009). In the current study, it demonstrated very good internal consistency with $\alpha = .862$

for burnout, $\alpha = .878$ for emotional exhaustion, $\alpha = .692$ for depersonalization, and $\alpha = .736$ for personal accomplishment. See Appendix H.

Turnover Scale

Spector et al. (1988) used a single item to assess turnover intentions among employees. This item “How often have you seriously considered quitting your current job over the past 6 months” was measured through a 6-point Likert-type response that vary from “1” meaning “never” to “6” meaning “extremely often”. This item has been widely used in previous studies (Spector, Allen, Poelmans, Lapierre, Cooper, O’Driscoll, Sanchez, Abarca, Alexandrova, Beham, Brough, Ferreiro, Fraile, Lu, Lu, Moreno-Velazquez, Pagon, Pitariu, Salamatov, Shima, Simoni, Siu, & Widerszal-Brazyl, 2007). Appendix I.

Data Analysis

A path analysis model was tested to examine the moderation effect of resilience and perceived organizational support on burnout. It also examined work demand, vicarious trauma, resilience, and perceived organizational support as predictors to burnout. These statistics were computed using IBM SPSS Amos Version 26.

Chapter 4

Results

Preliminary Analysis

Preliminary analysis was conducted prior to the main analyses to examine the reliability of scales, univariate and multivariate outliers, outliers in the solution, and normality analysis.

Reliability Analysis

The reliability analysis revealed that all the scales and the sub-scales used in the study were reliable. The Work Demand and Vicarious Trauma Scales had an excellent reliability with $\alpha = .913$ and $\alpha = .919$ respectively. The reliability analysis also revealed very good reliability of the two Vicarious Trauma subscales with $\alpha = .844$ for Intrusion subscale and $\alpha = .806$ for Arousal subscale and a good reliability for Intrusion subscale with $\alpha = .763$. Also, Resilience, Perceived Organizational Support (POS) and Burnout had very good reliabilities with $\alpha = .848$, $\alpha = .889$, and $\alpha = .862$ respectively. Finally, the reliability analysis revealed very good reliability for the Emotional Exhaustion (EE) subscale with $\alpha = .878$, good reliability for Personal Accomplishment (PA) subscale with $\alpha = .736$, and acceptable reliability for Depersonalization (DP) subscale with $\alpha = .692$. See Table 2.

Table 2

Reliability of Scales and Subscales: Cronbach's alpha

Scales and Subscales	Cronbach's Alpha	N of Items
Work Demand	.913	42
Vicarious Trauma	.919	17

Avoidance	.844	7
Arousal	.806	5
Intrusion	.763	5
Resilience	.848	10
Perceived Organizational Support	.889	8
Burnout	.862	22
Emotional Exhaustion	.878	9
Depersonalization	.692	5
Personal Accomplishment	.736	8

Univariate Outliers

Univariate Outliers (extreme scores) were examined on the five scale variables (work demand, vicarious trauma, resilience, Perceived Organization Support and Burnout). The criterion for this inspection was that any case with $|z\text{-score}| > |3.29|$ is considered a univariate outlier. The three scale variables (vicarious trauma, perceived organizational support and burnout) did not have any cases of univariate outliers. However, there was one univariate outlier on the variable work demand (case #108) and another univariate outlier on the variable resilience (case # 199). The outliers will be assessed within the main model and then inspected for influence.

Multivariate Outliers

Multivariate outliers were examined using the Mahalanobis distances. The criterion for this inspection was that any case with Mahalanobis distances > 18.467 was considered to be a multivariate outlier. The results revealed that there was one case of multivariate outlier (case # 234); $\chi^2(4) = 19.34, p < .001$.

It is important to note that since the two cases of univariate outliers (cases 108 and 109) were not found to be multivariate outliers and the one case of multivariate outlier (case 234) was not found to be a univariate outlier, then those cases were retained in the final analysis (Field, 2013).

Outlier in the Solution

Outliers in the solution (cases that are not well predicted by the regression model) were inspected using standardized residuals. The criterion for this inspection was that any case with standardized residual $> |3.29|$ is considered to be an outlier in the solution. The results revealed that the standardized residuals ranged between -2.57 and $2.76 (< |3.29|)$. As such, there were no cases of outliers in the solution.

Influential Cases

Influential cases (cases that exert undue and negative influence on the regression model) were inspected using Cook's distances. The criterion for this inspection was that any case with Cook's distance > 1 is considered to be an influential case. The results revealed that Cook's distances ranged between 0.00 and $0.08 (< 1)$. As such, there were no influential cases in the regression model.

Normality of Variables

Normality of variables (work demand, vicarious trauma, resilience, Perceived Organization Support and Burnout) was inspected using the KS-test. This inspection has a criterion that a significant result ($p < .05$) indicates significant deviation from normality. The results of the KS test revealed that the normality of vicarious trauma was met; $D(244) = 0.05$, $p = .200$. The results of the KS test, however, revealed that the normality of the variables (work demand, resilience, perceived organizational support and burnout) was not met; $D(244) = 0.06$, $p = .049$, $D(244) = 0.06$, $p = .018$, $D(244) = 0.08$, $p = .001$ and $D(244) = 0.07$, $p = .011$, respectively. Bootstrapping was performed to address the issue of normality.

Sample Descriptive

A total of 267 participants responded to the survey. Twenty three surveys were removed because they did not meet the inclusion criteria of age and work experience. Thus, the total number of surveys analyzed is 244. According to the demographic information, 27.5 % of participants were male ($N = 67$) and 72.5% were female ($N = 177$). Their age ranged between 23 and 65 years old with a mean of 30.30 ($SD = 7.038$). The majority of participants were Lebanese ($N = 168$, 68.9 %), followed by Palestinians ($N = 66$, 27%) and Syrians ($N = 6$, 2.5%). As for the type of organization, 48.8% reported working in local non-governmental organization ($N = 119$), 38% in international non-governmental organization ($N = 93$), and 13.1% in UN agencies ($N = 32$). The demographic information also revealed that 20.1% of the participants work from 10 to 35 hours per week ($N = 49$), 66.4% work 36 to 48 hours per week ($N = 162$), and 13.5% work 49 to 96 hours per week ($N = 33$). The full demographic information of participants ($N = 244$) is presented in Table 3.

Table 3*Number and Percentages of Participants as per Demographic Information (N = 244)*

<i>Demographics</i>	<i>Categories</i>	<i>N</i>	<i>%</i>
<i>Gender</i>	<i>Female</i>	<i>177</i>	<i>72.5</i>
	<i>Male</i>	<i>67</i>	<i>27.5</i>
<i>Age</i>	<i>23 – 27</i>	<i>101</i>	<i>41.39</i>
	<i>28 – 32</i>	<i>80</i>	<i>32.78</i>
	<i>33 – 37</i>	<i>36</i>	<i>14.75</i>
	<i>38 – 42</i>	<i>12</i>	<i>4.91</i>
	<i>43 – 48</i>	<i>7</i>	<i>2.86</i>
	<i>49 – 53</i>	<i>2</i>	<i>0.81</i>
	<i>54 – 58</i>	<i>3</i>	<i>1.22</i>
	<i>59 – 65</i>	<i>3</i>	<i>1.22</i>
<i>Nationality</i>	<i>Lebanese</i>	<i>168</i>	<i>68.9</i>
	<i>Palestinian</i>	<i>66</i>	<i>27</i>
	<i>Syrian</i>	<i>6</i>	<i>2.5</i>
	<i>Other</i>	<i>4</i>	<i>1.6</i>
<i>Years of Work</i>	<i>1-5</i>	<i>143</i>	<i>58.6</i>
	<i>6-10</i>	<i>68</i>	<i>27.9</i>
	<i>11+</i>	<i>33</i>	<i>13.5</i>
<i>Type of Organization</i>	<i>Local NGO</i>	<i>119</i>	<i>48.8</i>
	<i>International NGO</i>	<i>93</i>	<i>38.1</i>
	<i>UN Agencies</i>	<i>32</i>	<i>13.1</i>
<i>Work Hours per Week</i>	<i>10 – 35</i>	<i>49</i>	<i>20.1</i>
	<i>36 – 48</i>	<i>162</i>	<i>66.4</i>
	<i>49 – 96</i>	<i>33</i>	<i>13.5</i>
<i>Nature of the Job</i>	<i>Manager</i>	<i>37</i>	<i>15.2</i>
	<i>Coordinator</i>	<i>24</i>	<i>9.8</i>
	<i>Social Worker</i>	<i>72</i>	<i>29.5</i>
	<i>Psychologist</i>	<i>12</i>	<i>4.9</i>
	<i>Medical Doctor</i>	<i>8</i>	<i>3.3</i>
	<i>Nurse</i>	<i>19</i>	<i>7.8</i>
	<i>Monitoring and Evaluation</i>	<i>12</i>	<i>4.9</i>
	<i>Finance/ Administrative</i>	<i>16</i>	<i>6.6</i>
	<i>Field Officer</i>	<i>50</i>	<i>20.5</i>

	<i>Educator/ Animator</i>	34	13.9
<i>Supervisory Position</i>	<i>Yes</i>	107	43.9
	<i>No</i>	137	56.1
<i>Over-time Payment</i>	<i>Yes</i>	59	24.2
	<i>No</i>	185	75.8
<i>Turnover Intentions</i>	<i>Never</i>	106	43.4
	<i>Very Rarely</i>	27	11.1
	<i>Rarely</i>	36	14.8
	<i>Occasionally</i>	34	13.9
	<i>Often</i>	21	8.6
	<i>Extremely Often</i>	20	8.2
<i>Absenteeism</i>	<i>Never</i>	120	49.2
	<i>Very Rarely</i>	62	25.4
	<i>Rarely</i>	30	12.3
	<i>Occasionally</i>	22	9
	<i>Often</i>	7	2.9
	<i>Extremely Often</i>	3	1.2

Scale Descriptive

As revealed by the work demand scale, participants reported high levels of work demand ($M = 4.80$, $SD = .65$). As for the vicarious trauma scale, participants reported slightly low levels of vicarious trauma ($M = 2.83$, $SD = .97$). Participants also reported slightly low levels on 2 of the vicarious trauma subscales, Avoidance ($M = 2.85$, $SD = 1.07$) and Intrusion ($M = 2.55$, $SD = 1.03$). As for the Arousal subscale, participants reported above average level of arousal ($M = 3.08$, $SD = 1.11$). In addition, participants reported high levels of resilience ($M = 4.80$, $SD = .65$) on the resilience scale and high levels of perceived organizational support ($M = 4.19$, $SD = 1.13$) on the perceived organizational support scale. However, participants reported low levels on the burnout scale ($M = 2.60$, $SD = .78$). Similar results were revealed on two of the burnout subscales, depersonalization ($M = 2.16$, $SD = 1.01$) and personal accomplishment ($M =$

2.33, $SD = .81$), in which participants reported low levels of depersonalization and personal accomplishment. Yet, participants reported slightly high levels of emotional exhaustion ($M = 3.09$, $SD = 1.16$). See table 4.

Table 4

Means and Standard Deviations of the Scales and Subscales

Scales and Subscales	Mean	Standard Deviation
Work Demand	4.54	.58
Vicarious Trauma	2.83	.97
Avoidance	2.85	1.07
Arousal	3.08	1.11
Intrusion	2.55	1.03
Resilience	4.80	.65
Perceived Organizational Support	4.19	1.13
Burnout	2.60	.78
Emotional Exhaustion	3.09	1.16
Depersonalization	2.16	1.01
Personal Accomplishment	2.33	.81

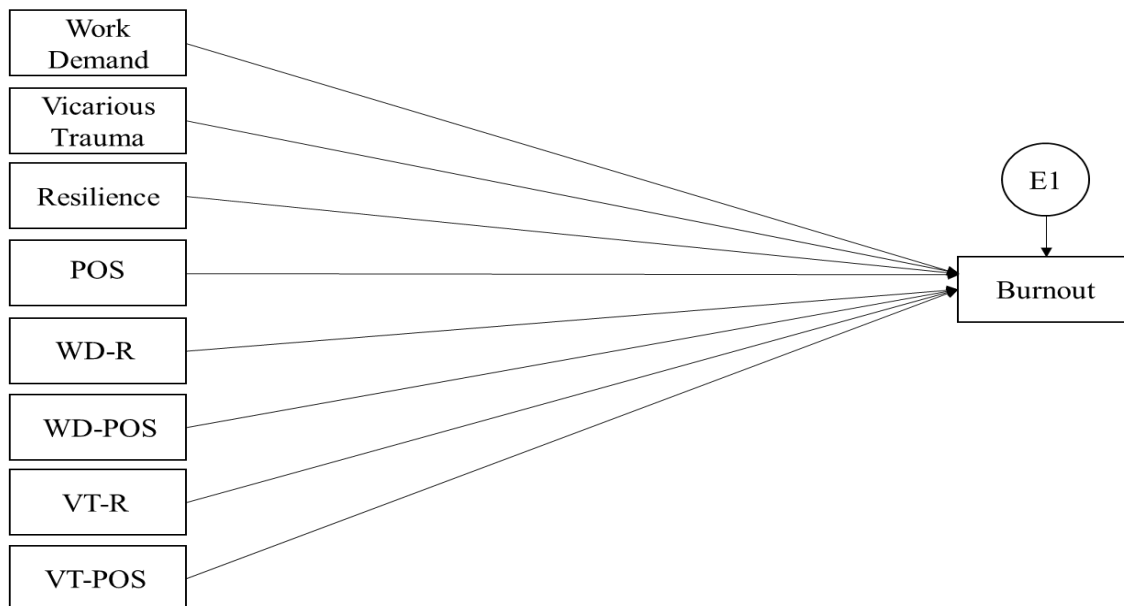
Main Analyses

Path Analysis

In this study, it was hypothesized that resilience and perceived organizational support will moderate the effect of work demand and vicarious trauma on burnout. The hypothesized model was tested using Path Analysis (See figure 2).

Figure 2

The hypothesized model of the moderating role of resilience and perceived organizational support between work demand and vicarious trauma and burnout



Note. WD-R: work demand and resilience; WD-POS: work demand and perceived organizational support; VT-R: vicarious trauma and resilience; and VT-POS: vicarious trauma and perceived organizational support.

The model proposed in Figure 2 was tested using SPSS Amos26. The overall model fit was examined using the goodness-of-fit index (GFI), root mean square error of approximation (RMSEA), and comparative fit index (CFI).

The goodness of fit index (GFI) is known to measure the value of variances and covariance. The value of GFI can range from 0 to 1. Values closer to 1 indicates a good fit. In the proposed model, results indicated a good fit with $GFI = .953$. The Root Mean Square Error of Approximation (RMSEA) is used to estimate the lack of fit of the proposed model compared to the saturated model. A value of RMSEA that falls between .05 or less yields a good fit, while a value that ranges from .08 and .05 yields adequate fit (Hu & Bentler, 1999). The value of RMSEA in the proposed model was .121 indicating a poor fit of the model on the basis of this value. As for the Comparative Fit Index (CFI), it is a goodness of fit index that compares the hypothesized model to the independents model rather than the saturated model and ranges from 0 to 1. In addition, it is a good index to be used with small samples (Hu & Bentler, 1999). Results revealed a value of $CFI = .939$ indicating a good fit for the proposed model.

Direct Effect. As hypothesized by the model, vicarious trauma had a significant positive direct effect on burnout ($\beta = .523, p = .000$). By holding all other variables constant, the obtained significant positive direct effect shows that participants who experience high level of vicarious trauma experience higher levels of burnout. This finding supports hypothesis 4 which states that individuals high on vicarious trauma will report higher level of burnout. In addition, resilience had a significant negative direct effect on burnout ($\beta = -.128, p = .015$). By holding all other variables constant, the obtained significant negative direct effect shows the participants who report high level of resilience experience lower level of burnout. This finding supports hypothesis 5 which states that individuals high on resilience will report lower level of burnout. Also, perceived organizational support had a significant negative direct effect on burnout ($\beta = -.262, p = .000$). By holding all other variables constant, the obtained significant negative direct effect shows the participants who perceive high level of organizational support experience lower

levels of burnout. This finding supports hypothesis 6 which states that individuals who perceive higher level of organization support will report lower level of burnout. However, the results revealed that work demand did not predict burnout ($\beta = .031, p = .600$). Thus, hypothesis 3 which states that individuals high on work demand will report higher level of burnout was refuted.

In order to test for moderation effect of resilience and perceived organizational support on stressors and burnout, interaction terms were created between work demand and resilience ($\beta = -.027, p = .528$), work demand and perceived organizational support ($\beta = -.006, p = .860$), vicarious trauma and resilience ($\beta = -.038, p = .379$), and vicarious trauma and perceived organizational support ($\beta = -.041, p = .313$). However, the interaction effects between the moderators and independent variables did not predict burnout; thus, refuting hypotheses 1 (1.1 and 1.2) and 2 (2.1 and 2.2).

Correlations

Below are series of correlation analysis between independent variables to further support the findings:

Vicarious Trauma and Work Demand. According to the model proposed, results revealed a positive significant correlation between the two independent variables vicarious trauma and work demand ($r = .319, p = .000$). Thus, as level of vicarious trauma increases, the level of work demand increases and vice versa.

Vicarious Trauma and Perceived Organizational Support. Based on the model proposed, results showed negative significant correlation between vicarious trauma and perceived

organizational support ($r = -.394, p = .000$). Thus, individuals high on vicarious trauma are likely to have lower levels of perceived organizational support and vice versa.

Perceived Organizational Support and Resilience. Results revealed that perceived organizational support and resilience are positively and significantly correlated ($r = .279, p = .000$). Thus, individuals who perceive high organizational support are more likely to have higher level of resilience and vice versa.

Work Demand and Resilience. Results revealed that work demand and resilience are negatively and significantly correlated ($r = -.386, p = .000$). Thus, individuals who report high level of work demand are more likely to report lower level of resilience and vice versa.

Work Demand and Perceived Organizational Support. The results showed that work demand and perceived organizational support and negatively and significantly correlated ($r = -.609, p = .000$). Thus, individuals who report high level of work demand are more likely to report lower level of perceived organizational support and vice versa.

Vicarious Trauma and Resilience. The results showed that vicarious trauma and resilience and negatively and significantly correlated ($r = -.555, p = .000$). Thus, individuals who report high level of vicarious trauma are more likely to report lower level of resilience and vice versa.

Table 5

Correlation Matrix

Variables	Estimates	Probability
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VT – WD	.319	.000
VT – POS	-.394	.000
POS – R	.279	.000
WD – R	-.386	.000
WD - POS	-.609	.000
VT – R	-.555	.000

Exploratory Result of Burnout and Turnover Intentions

ANOVA and post hoc comparisons were conducted to assess the differences in turnover intentions among participants toward burnout. Significant differences were obtained among burnout levels ($F(5, 238) = 15.05, p < .001$) across levels of turnover intentions. Thus, individuals with higher levels of turnover intentions ($M = 2.57, SD = 1.70$) reported higher levels of burnout ($M = 2.60, SD = .78$).

Exploratory Result of Burnout and Absenteeism

ANOVA and post hoc comparisons were conducted to assess the differences in absenteeism among participants toward burnout. Significant differences were obtained among burnout levels ($F(5, 238) = 5.18, p < .001$) across levels of absenteeism. Thus, individuals with higher levels of absenteeism ($M = 1.94, SD = 1.19$) reported higher levels of burnout ($M = 2.60, SD = .78$).

Burnout and COVID-19

ANOVA and post hoc comparisons were conducted to assess the differences in well-being level among participants toward burnout. Significant differences were obtained among burnout levels ($F(5, 238) = 4.902, p = .000$). Thus, individuals who perceived that their well-being was affected by working with beneficiaries in times of COVID-19 ($M = 3.64, SD = 1.42$) reported higher levels of burnout.

Chapter 5

Discussion

The aim of the study was to examine the effect of resilience and perceived organizational support between the two stressors, work demand and vicarious trauma, and burnout among humanitarian aid workers in Lebanon. It also aimed at examining work demand, vicarious trauma, resilience, and perceived organizational support as predictors of burnout. Five scales were used, namely the Work Demand Scale, the Secondary Traumatic Stress Scale (STSS), the Connor Davidson Resilience Scale (CD-RISC 10), the Survey of Perceived Organizational Support (SPOS), and the Maslach Burnout Inventory (MBI).

Vicarious Trauma and Burnout

Hypothesis 4 stated that individuals high on vicarious trauma will report higher level of burnout. Results of the regression test in the model revealed significant positive association between vicarious trauma and burnout. Thus supporting hypothesis 4; vicarious trauma can predict burnout among humanitarian aid workers in Lebanon. Findings from previous research supported the stated result (Hazen et al., 2020, Branson, 2019; Fansher, A. K., Zedaker, S. B., & Brady, P. Q., 2019). Burnout is defined as the negative outcome of job-related stress. It consists of three dimensions: emotional exhaustion, depersonalization, and lack of personal accomplishment (Hazen et al., 2020). Emotional exhaustion is characterized by energy loss and fatigue. Depersonalization is characterized by distancing and detaching oneself from work. Finally, lack of personal accomplishment is characterized by sense of inefficacy at work (Leiter & Maslach, 2016). Findings from different research studies revealed that high level of vicarious trauma is associated with the development of burnout (Butler et al., 2017; Fansher, A. K., Zedaker, S. B., & Brady, P. Q., 2019) the latest was Hazen et al. (2020) study that was conducted

on 63 individuals working in child welfare programs. The study aimed at examining the effectiveness of a reflective approach that was suggested to decrease the effect of vicarious trauma on burnout (Hazen et al., 2020).

Resilience and Burnout

The fifth hypothesis in the study suggested that individuals high on resilience will report lower level of burnout. Hypothesis 5 was supported by the regression analysis of the model in which results revealed that resilience significantly and negatively predicted burnout. Results from different research studies also support this hypothesis (Di Monte et al., 2020; Hao et al., 2015; Lebares et al., 2017). For instance, in a study conducted by Lebares et al. (2018) on 566 residents, results showed that higher level of resilience was significantly associated with lower level of burnout. Resilience is considered a protective factor against burnout (Ghodsi et al., 2020). According to some, resilience, by definition, is a personality trait that help people cope with changes and adversity (Ghodsi et al., 2020; Rutter, 2013). Thus, aid workers with higher levels of resilience can cope better and show relatively better outcome in the face of adversities compared to aid workers with low level of resilience (Hao et al., 2015). Therefore, they are less likely to develop burnout (Hao et al., 2015).

Perceived Organizational Support and Burnout

A significant negative direct effect was also found in the model between perceived organizational support and burnout. This finding supported the sixth hypothesis stating that individuals who perceive higher organizational support will report lower level of burnout. Several studies from the literature also supported this finding (Cardozo et al, 2013; Yaghoubi et al, 2014; Li et al, 2016; El-Bezri, 2017; Xu Cao et al, 2015; & Yang, 2018). This finding was also supported in a study conducted on humanitarian aid workers in Lebanon (El-Bezri, 2017).

Perceived organizational support refers to the employee's perception of value in their organization (Kurtessis et al, 2015). Perceived organizational support can develop through the interactions between employers and employees over time. This can, in turn, reflect the extent to which the organization is committed toward its employees. For instance, the care of organizations toward their employees' well-being can be portrayed in the reduction of unnecessary job distractions and complications. In addition, organizations can clarify and specify job norms and expectations for their workers to help prepare them for the job tasks. Employees, in turn, would perceive genuine interest by their organization in their well-being that would result in lower levels of burnout among them (Jawahar, Stone, & Kisamore, 2007). Moreover, consistent with the transactional theory of stress (Lazarus, 1991), perceived organizational support can bolster the employee's confidence to deal with different stressors; thus, reducing level of burnout.

This finding can also explain the slightly below average level of burnout reflected among the participants in this study. Participants in the current study reported slightly below average level of vicarious trauma, above average levels of perceived organizational support and resilience, and slightly below average level of burnout. In addition, correlation analysis revealed a significant negative correlation between vicarious trauma and perceived organizational support and resilience. Nevertheless, regression analysis in the model also revealed that high level of vicarious trauma, low level of resilience, and low level of perceived organizational are associated with higher level of burnout. Thus, employees might have reported slightly low levels of vicarious trauma and burnout because they reported higher levels of resilience and perceived organizational support that could help them cope with distress.

Moderators

Results in the model revealed that the hypothesized indirect effects were not significant. Resilience and perceived organizational support did not moderate the effect of vicarious trauma and work demand on burnout in this study. Thus, hypotheses 1, 1.1, 1.2, 2, 2.1, and 2.2 were refuted. This result could be due to the fact that the moderating effect of resilience and perceived organizational support did not have an actual effect in this sample of participants that included a wide range of different job positions such as field officers, educators, and monitoring and evaluation officers, given that previous significant moderation effect of resilience was found in studies conducted on specific job positions such as civil servants in Beijing (Hao, Hong, Xu, Zhou, & Xie, 2015), women social workers in China (Stanley, Mettilda, & Meenakshi, 2018) and nurses in China (Cao et al, 2015).

Moreover, correlation analysis revealed a significant negative association between work demand and resilience, work demand and perceived organizational support, vicarious trauma and resilience, and vicarious trauma and perceived organizational support. Results also showed that resilience and perceived organizational support have a significant negative direct effect on burnout. Thus, it is suggested that resilience and perceived organizational support play a role in decreasing the effect of stressors on burnout. However, the mechanism needs further exploration. For instance, in the study conducted on civil servants in China (Hao, Hong, Xu, Zhou, & Xie, 2015) results revealed a partial mediated effect of resilience on work stressors and burnout. In another study conducted on 415 elementary and secondary school teachers, results showed that resilience significantly mediated the effect of work stress on burnout (Richards et al., 2016). Nevertheless, to our knowledge, this study was the first to assess the moderation effect of perceived organizational support on stressors and burnout as a whole. In a study conducted by

Jawahar, Stone, and Kissamore (2007), perceived organizational support was examined as a moderator for role conflict, which is one aspect of work demand, and the three dimensions of burnout. Results showed that perceived organizational support significantly moderated the effect of role conflict on the three dimensions. Yet, it did not examine it on burnout level or work stressors as proposed in the current research. Another study aimed at examining the moderation and mediation role of perceived organizational support for work stress and three dimensions of burnout revealed non-significant moderation and significant mediation result (Xu & Yang, 2018). Therefore, future research needs to explore if there is a mediation effect rather than a moderation effect.

Work Demand and Burnout

Surprisingly, results of the model refuted hypothesis 3 stating that individuals who report high level of work demand will report higher level of burnout. In contrast to findings in the literature (Alarcon, 2011; Baker & Costa, 2014; Wilson, 2016; Maslach & Leiter, 2016), work demand did not predict burnout in this study. Furthermore, the scale descriptive reflected that the level of burnout among participants was slightly below the mean, yet the participants reported high level of work demand. Work demand is the aspect of the job that requires sustained effort (Bakker & Costa, 2014). It includes role conflict and ambiguity, workload and pressure, work conditions, and stressful events. These factors have been shown to be significant predictors of burnout (Dillenburger, 2004; Bakker & Costa, 2014). Moreover, several studies on child protection revealed that work demand, specifically work conditions and work load, are significant stressors that lead to burnout (Dillenburger, 2004; Van Hook & Rothenberg, 2009). This result could be attributed to the suggestion that some of the employees in Lebanon, particularly participants of the current study, might believe that additional tasks given by the

supervisor reflects the supervisor's trust in the employee's potentials and capabilities. For instance, some employees might think that sticking to their job description and working hours would not make them outstanding employees. They might also think that less required tasks and responsibilities is associated with mistrust of the supervisor by their work. Therefore, they might also fear being terminated from their work. Given the economic situation in Lebanon and the high rates of unemployment (Rkein et al, 2019), employees might prefer to work more than what is required rather than losing their jobs.

Discussion of Exploratory Research Questions

Absenteeism, Turnover Intentions, and Burnout

Results of the current study revealed that high level of absenteeism was associated with higher level of burnout. This finding was also supported in the literature (Khan et al., 2015; Maslach & Leiter, 2016; Vignoli et al, 2016). Employees who are overwhelmed with self-exhaustion prefers to disengage themselves from work through sick leaves (Khan et al., 2015). For instance, employees might use sick leaves as coping mechanism in the face of stressful work demands (Vignoli et al, 2016). Employees with high level of burnout tend to report high level of emotional exhaustion that includes fatigue and overextension (Maslach & Leiter, 2016). Thus, employees might feel emotional or physical sickness that makes them feel unable to go to work (Vignoli et al, 2016). Participants in the current study reported below average level of absenteeism. This can be explained by the fact that participants also reported below average level of burnout which support the suggestion that absenteeism is positively associated with level of burnout. Another explanation for the below average level of absenteeism in the current sample is the circumstances Lebanon is passing through. Humanitarian aid workers operate in emergency situations (Chemali et al, 2018). Aid workers in Lebanon have been operating in emergency

response for the past couple of months due to Beirut Blast and COVID-19. It was a critical period, so probably they did not get the chance to absent themselves when they felt tired especially that they had the option of operating remotely.

Results of the current study also suggested that high level of burnout is associated with higher level of turnover intention among aid workers in Lebanon. Turnover intention can be described as a keen and conscious type of feeling; thinking or having the intention to leave the job (Elçi, Yildiz, & Karabay, 2016). Leiter and Maslach (2016) claimed that burnout is associated with several forms of work withdrawal including absenteeism and turnover intentions. Several studies suggested that employees with high level of burnout are more likely to report turnover intentions in many professions (Shimizu et al, 2005; Huang et al, 2003; Elçi, Yildiz, & Karabay, 2016). Employees who feel emotionally exhausted and are not able to accomplish the required tasks tend to feel the urge of detaching themselves from work and work environment (Leiter & Maslach, 2016; Elçi, Yildiz, & Karabay, 2016). Furthermore, participants in the current study reported below average level of turnover intention. The mean of turnover intention was very close to that of burnout. This result supports the findings in the literature. Another explanation of the below average level of turnover intention in the current population is the deteriorated economic situation of Lebanon. Lebanon is among the countries with highest unemployment rate (Rkein et al, 2019). The situation is becoming even worse with the economic crisis Lebanon is passing through; thus, employees in Lebanon might feel they do not even have the chance to think about quitting their job if they feel dissatisfied.

COVID-19 and Burnout

Results revealed that aid workers who perceive that their well-being was affected by working with beneficiaries in times of COVID-19 were more likely to report higher level of

burnout. On average, humanitarian aid workers who participated in the study reported that their well-being was affected. This finding was supported in the literature (WHO, 2020; IASC, 2020). For instance, in a study conducted with health-care workers in China during Ebola pandemic, workers reported high rates of anxiety, depression, and insomnia (WHO, 2020). WHO (2020) and IASC (2020) discussed that front liners well-being is at high risk during COVID-19. Humanitarian aid workers were required to cope fast with the shift in their roles, new situation, requirements, and heavy workload. Thus, they were put under stress and heavy pressure (IASC, 2020). Therefore, aid workers became at higher risk for developing anxiety, depression, and burnout (IASC, 2020; Yildirim & Solmaz, 2020; Kannampallil et al, 2020). In a study conducted by Kannampallil et al. (2020) on 1375 physician trainees supporting patients with COVID-19 in a medical center, results revealed that 46% of the trainees developed burnout.

Limitations

Completion time of the survey was one of the limitations. On average, the survey took 20 minutes to be completed. So, some participants might get bored and withdraw from participation. In addition, the study was conducted in times of COVID-19 and during lockdown, so it was administered online through Survey Monkey, which resulted in different limitations. Inability of being physically present to explain the importance of the study might result in probability of disregarding participation in the study. Although information letter is presented at the beginning of the survey, some participants might feel it is very long to read so they might prefer to disregard participating in the study. Moreover, individuals who feel emotionally drained and individuals who actually have vicarious trauma or burnout might neither have the motivation nor the will to complete the survey. This could also be an explanation for the average level of

vicarious trauma and burnout reported by the aid workers who participated in the study in addition to the probability of having hidden unmeasured variables affecting the results.

The design of the study is cross-sectional, so no causal inferences can be made. Another limitation is the social desirability. Although the survey was completely anonymous, most of the participants received it from their project managers. So, their responses regarding their organizational situation might have been affected if they have had any doubt that the organization might know what they have answered. This could also be an explanation for the above average level of perceived organizational support reported by humanitarian aid workers. Moreover, purposive convenient sampling was used which may limit the generalizability of the study.

Implications for NGOs

This study is important because it gives insight to non-governmental organizations on the predictors of burnout among humanitarian aid workers in Lebanon. It also gives them insight on areas that need further attention. For instance, humanitarian aid workers reported slightly lower than average level of burnout, yet they reported slightly higher level of emotional exhaustion. Average level of vicarious trauma was also reported. Thus, NGOs might need to give more attention to these areas as a preventive measure for further development of symptoms. This can happen through initiating and editing procedure and policies that can enhance the resilience and perceived organizational support among aid workers in Lebanon in order to help them cope with stress and adversities.

Furthermore, the study reflected that absenteeism and turnover intentions can be predicted by level of burnout among aid workers in Lebanon. Thus, organizations need to give further attention to the well-being of their employees in order to maintain a proper work

performance. Moreover, the study revealed that the well-being of aid workers is being affected in times of COVID-19. As such, organizations might need to consider developing self-care trainings and policies to help aid workers cope with the stress.

Clinical Implications

The current study also has clinical implications. As discussed earlier, individuals who have burnout are likely to feel emotionally overwhelmed, fatigue, detached from their surroundings, and have little motivation to accomplish their daily tasks (Maslach & Leiter, 2016). In addition, previous research studies found that burnout is associated with depression and anxiety. Thus, individuals who report high levels of burnout are more likely to develop depressive or anxiety symptoms (Maslach & Leiter, 2016; Morse et al., 2012; Awa, Plaumann, & Walter, 2010; Maslach et al., 2001). The current study revealed the risk and protective factors for burnout. It showed that vicarious trauma among aid workers can predict burnout. It also showed that aid workers in Lebanon have high level of arousal symptoms and average levels of intrusive and avoidance symptoms. This finding could help clinicians to explore the trigger for burnout and to work through it. Findings also revealed on what level aid workers are affected the most. For instance, aid workers reported that they are experiencing emotional exhaustion more than depersonalization and personal accomplishment. This finding might support clinicians in developing coping mechanisms with clients to decrease the distress level. It was also found that resilience can also predict burnout. Previous research studies also claimed that resilience can act a protective factor for burnout (Brooks et al., 2018; Gritti, 2015). Therefore, the intervention plan of individuals suffering from depression or anxiety that is work-related can include burnout, its triggers, and its protective factors.

Future Direction

Future research studies can build upon the finding to investigate if there was a mediating role rather than moderating role for resilience and perceived organizational support between work demand and vicarious trauma and burnout. It can also investigate the surprising result that work demand did not predict burnout which contradicted previous research done in the west (Maslach & Leiter, 2016; Vignoli et al., 2016). It is important to investigate how work demand is perceived by the Lebanese population.

Since the current study revealed that vicarious trauma, resilience, and perceived organizational support are significant predictors of burnout among aid workers in Lebanon, it is important to initiate and test new programs, policies, and procedures that can help employees cope with stress and symptoms of vicarious trauma and to enhance their resilience and perception of organizational support. For instance, Hazen et al. (2020), suggested that participating in reflective practices can help aid workers cope with work-related stressors, manage emotions, and increase insightfulness. They also discussed the importance of the Facilitating Attuned Interactions approach (FAN) as a tool to implement reflective practices. They suggested that it might have very important implications in the child welfare domain (Hazen et al., 2020; Gilkerson & Imberger, 2016; Gilkerson & Gray, 2013). Since aid workers are requested to operate during emergency, thus continuously getting exposed to traumatic events, FAN is suggested to help individuals cope with symptoms of vicarious trauma in order to prevent burnout (Hazen et al., 2020; MacKinnon, 2019; Spielberger et al, 2016). Therefore, future studies can build on the findings of the study to test FAN approach among aid workers in Lebanon.

Conclusion

The study aimed at examining the moderating role of resilience and perceived organizational support between work demand and vicarious trauma and burnout. It also aimed at examining the predictors of burnout. The model was based on theoretical framework and it yielded some significant and non-significant results when applied in the Lebanese context. The results revealed that resilience and perceived organizational support did not buffer the effect of vicarious trauma and work demand on burnout, as opposed to some other research studies done in the west. It was also found that lower level of vicarious trauma and higher levels of resilience and perceived organizational support were associated with lower level of burnout among humanitarian aid workers in Lebanon. Yet, a surprising result emerged that higher level of work demand was not associated with higher level of burnout.

A situational factor might have contributed to the insignificant result of the path analysis model when all variables were put together. Lebanon's economic crisis has been increasing lately especially after the lockdowns due to the pandemic of COVID-19, Beirut Blast, and inflated rates of dollars (Abouzeid et al., 2020). For instance, poverty rates increased from 28% in 2019 to 55% in 2020 (Abouzeid et al., 2020). In addition, unemployment rates in Lebanon have increased to reach an alarming number of 46% (Youssef, 2020). However, after Beirut's fourth of August explosion, non-governmental organizations received around 300 million US dollars to support families who got affected (Abouzeid et al., 2020). In response, work demand among aid workers in Lebanon increased. Aid workers, especially those who work in international non-governmental organizations and UN-agencies, started getting paid in US-dollars. Given all the above stated factors, aid workers might have feared losing their jobs during this economic crisis and probably felt the responsibility and motivation to support people who

have been affected by Beirut Blast. So, the current situation might have resulted in extraneous unmeasured variables that might affect the interaction of variables in the suggested model and the response of participants. It is also important to note that the results of the current study suggested the importance of exploring the mediation role of resilience and perceived organizational support on stressors and burnout rather than the moderation role.

Furthermore, additional important post hoc results emerged in regard to absenteeism, turnover intentions, and working in times of COVID-19. It was found that aid workers who report high level of burnout are more likely to report higher levels of absenteeism and turnover intentions. It was also found that the well-being of humanitarian aid workers in Lebanon have been affected by working with beneficiaries in times of COVID-19. It also predicted that operating in such time can lead to individuals reporting higher level of burnout.

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Appendix A

The Participation Information Letter in English and Arabic

Dear Ms. /Mr.

I am Fatima Issa, a student at Haigazian University from the Faculty of Social and Behavioral Sciences. I am currently carrying out a research study titled Vicarious Trauma, Work Demand, and Burnout: The Moderation Effect of Perceived Organizational Support and Resilience among Humanitarian Aid Workers in Lebanon advised by Dr. Hanine El Hout.

Kindly read the below information to decide whether you would like to participate in this research study.

Purpose of the Research Project

This research study aims at examining the effect of stressors, including job demand and vicarious trauma on burnout and its dimensions moderated by perceived organizational support and resilience. Participants will be humanitarian aid workers supporting Syrian refugees in Lebanon. It will provide context in different areas of the humanitarian aid work in Lebanon. Thus, allowing the provision of suggestions to improve policy and crisis management strategies. This study will contribute towards the partial fulfillment of my academic study requirements at Haigazian University.

What will I be asked to do?

- If you choose to participate in this research study, you will be asked to fill in a questionnaire. Your participation will involve completing a survey that entails statements

that you will have to rate based on agreement, a demographic form and other study related questionnaires for approximately 20 minutes. Participation in this project is voluntary. You are free to withdraw anytime without having to give any reason for your withdrawal.

What are my rights?

- Participation in this study is completely voluntary, anonymous and confidential. Your name or any other identifying information will not be asked.
- Data you provide along with data from all participants in the present research will be stored in aggregate in a password protected folder. The data will be analysed and reported in aggregate. Only the principal investigators of this study will have access to the compiled data which will be stored for a period of 10 years post data. During this time, you have the right to inspect the data.
- You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to refuse participation or withdraw will not involve any penalty or loss of benefits to which you are entitled. Discontinuing participation in no way affects your relationship with Haigazian University.
- This research study has been reviewed and has received clearance from the Haigazian University ethics committee (state the name of the advisor for the time being). If you have any further concerns about your rights as a research participant, please, do not hesitate to contact Dr. Hanine El Hout.

What are the risks and benefits of participation?

- Participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life.
- You will receive no direct benefits from participating in this research; however your participation does help researchers better understand areas that need improvement and attention in their working conditions and policies to maintain the well-being of humanitarian aid workers.

Contact information

If you have any questions or concerns about the research you may contact:

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رسالة توضيحية للمشاركين

حضرة المشارك(ة)،

اسمي فاطمة عيسى، وأنا طالبة في جامعة هايغازيان، فرع العلوم الاجتماعية والسلوكية. أقوم حالياً بإجراء دراسة بعنوان "تأثير وجهة نظر الموظف في دعم المنظمة له ودرجة المرونة على الصدمات الغير مباشرة، متطلبات العمل، و الارهاق الناتج عن العمل لدى العاملين في الإغاثة الإنسانية في لبنان" بإشراف الدكتورة في علم النفس، حنين الحوت. بما أنك تعملين في المنظمات الغير حكومية و منظمة الامم المتحدة في لبنان، أطلب منك بفائق الاحترام والتقدير المشاركة في هذه الدراسة.

أرجو قراءة المعلومات المرفقة في الأسفل كي تقرري(ي) إذا كنت ترغب(ين) في المشاركة في هذه الدراسة.

هدف هذه الدراسة :

تهدف هذه الدراسة البحثية على درس تأثير الضغوطات، بما في ذلك متطلبات العمل والصدمات غير المباشرة على الإرهاق الناتج عن العمل وأبعاده التي يتم التحكم فيها من خلال مدى دعم المنظمة من وجهة نظر الموظف والمرونة. المشاركون سيكونون عمال في الإغاثة الإنسانية الذين يدعمون اللاجئين السوريين في لبنان. وسيوفر سياقاً في مجالات مختلفة من عمل المساعدات الإنسانية في لبنان. وبالتالي، السماح بتقديم الاقتراحات لتحسين السياسات واستراتيجيات إدارة الأزمات. ستساهم هذه الدراسة في الإيفاء الجزئي لمتطلبات دراستي الأكاديمية في جامعة هايغازيان.

ما المطلوب من المشترك(ة)؟

- إذا قررت المشاركة في هذه الدراسة، سيطلب منك تعبئة استمارة تشمل تصنيف عبارات بحسب تأييدك أو معارضتك لها، بالإضافة إلى معلومات ديموغرافية لمدة لا تزيد عن 20 دقيقة.
- المشاركة في هذه الدراسة اختيارية. لديك حرية الانسحاب في أي وقت تريد(ين) من دون تبرير.

ما هي حقوق المشارك(ة)؟

- المشاركة في هذه الدراسة هي بشكل مجهول وسري. لن تُسأل عن اسمك أو عن أي معلومة قد تساهم في التعرف عليك.
- لديك الحق في سحب موافقتك أو التوقف عن المشاركة في أي وقت ولأي سبب. لن ينطوي قرار رفض المشاركة أو الانسحاب على أي عقوبة أو خسارة للمزايا التي يحق لك الحصول عليها. لا تؤثر المشاركة المتوقعة بأي شكل من الأشكال على علاقتك مع جامعة هايغازيان.
- تمت مراجعة هذه الدراسة البحثية وحصلت على تصريح من لجنة أخلاقيات العلوم الاجتماعية والسلوكية في جامعة هايغازيان. إذا كانت لديك أية مخاوف أخرى بشأن حقوقك كمشارك(ة) في البحث، يرجى عدم التردد في التواصل مع الدكتورة حنين الحوت.

ما هي مخاطر وفوائد المشاركة؟

- لن ينجم عن المشاركة في هذه الدراسة أي خطر جسدي أو خطر عاطفي يتجاوز مخاطر الحياة اليومية.

• لن تتلقى أي فوائد مباشرة من المشاركة في هذا البحث؛ لكن مشاركتك تساعد الباحثين على فهم المجالات و السياسات التي تحتاج إلى تحسين واهتمام في ظروف عملهم للحفاظ على رفاهية العاملين في المؤسسات الغير حكومية و صحتهم النفسية.

إذا كانت لديك أي أسئلة أو استفسارات حول البحث، يمكنك الاتصال بـ:

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Appendix B**Consent Form in English and Arabic****Please read the following statements:**

- I have volunteered to participate in this research project conducted for purposes of study. My participation is voluntary and does not involve payment of any kind.
- I agree to participate in this research project conducted for purposes of study. My decision is voluntary and does not involve payment of any kind.
- I know that I can choose to withdraw from participation any time without any penalties or consequences whatsoever. I also hold the right to decline to respond to any question(s) that I may feel uncomfortable with.
- My participation involves answering a questionnaire for approximately 40 minutes.
- I have been assured that the researcher will maintain my identity confidential.
- I have been assured that the information from this survey will be used for the purpose of academic study only / publication / educational use.
- I have received the assurance that this research study has been duly reviewed and approved by the Haigazian University ethics committee.
- I agree that the data gathered be kept in a secure location under the care of the study investigators for a period of 10 years.
- I have been assured that I can access my data (if identified) at any time.

- I have read, listened and fully understood the explanation given to me. All my questions have been satisfactorily answered.

I, therefore, choose to voluntarily participate in this research study.

- I have received a copy of this consent form co-signed by the researcher.

Do you agree to the statements above and give your consent to participate in this study?

Yes

No

استمارة موافقة على المشاركة

يرجى قراءة العبارات التالية:

لقد تطوعت للمشاركة في هذه الدراسة التي تجري لأهداف بحثية. مشاركتي طوعية ولا تشمل أي نوع من المحفزات المادية. أعلم أنه يمكنني اختيار الانسحاب من المشاركة في أي وقت دون أي عقوبات أو تداعيات من أي نوع. أملك الحق في رفض الرد على أي سؤال (أسئلة) قد يشعرني بعدم الارتياح. تتضمن مشاركتي الإجابة على استبيان تتراوح مدته بين 20 و30 دقيقة.

تأكدت من أن الباحث سيحافظ على سرية هويتي.

تأكدت من أن المعلومات الواردة في هذا الاستبيان ستستخدم لغرض الدراسة الأكاديمية فقط.

تأكدت من أن هذه الدراسة البحثية تمت مراجعتها والموافقة عليها حسب الأصول من قبل لجنة أخلاقيات العلوم الاجتماعية والسلوكية في جامعة هاينغزيان.

أوافق على الاحتفاظ بالبيانات في مكان آمن تحت رعاية محققي الدراسة لمدة 10 سنوات.

هل توافق على ما هو مذكور أعلاه وتريد المشاركة طوعية في هذه الدراسة البحثية؟

نعم

لا

Appendix C

Demographic Information in English and Arabic

Please answer the following questions:

Sex:

- Male
- Female

Nationality:

- Lebanese
- Syrian,
- Palestinian
- Other: please indicate

What is your age?

Marital Status:

- Single
- Married
- Divorced
- Engaged
- Widowed

Place of Work:

- Beirut
- Mount Lebanon
- South Lebanon
- North Lebanon
- Nabatieh
- Bekaa
- Baalbeck - Hermel
- Akkar

Years of Work Experience?

- Less than a year
- 1 – 5 years
- 6 – 10 years
- 11 years or more

What is the type of organization you work for?

- Local non-governmental organization
- International non-governmental organization
- UN agency
- Other

What is the nature of your job?

- Manager
- Coordinator
- Social Worker
- Psychologist
- Medical Doctor
- Nurse
- Monitoring & Evaluation
- Finance / Administrative
- Field Officer / Coordinator
- Education / Animator
- Other (please specify)

What is your field of education?

- Social Sciences
- Business
- Medical
- Technical
- Engineering
- Other: please indicate

What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received:*

- No schooling completed
- Some high school - no diploma
- High school graduate – diploma or the equivalent
- Technical Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

How many hours per week do you work?

Do you get paid for overtime work?

- Yes

- No

How often have you seriously considered quitting your current job over the past 6 months?

- Never
- Very Rarely
- Rarely
- Occasionally
- Often
- Extremely Often

How much are you satisfied with the quality of your performance?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

How much are you satisfied with your ethical performance at work?

- Very satisfied
- Satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

How often do you use sick leaves when you are not physically sick?

- Never
- Very Rarely
- Rarely
- Occasionally
- Often
- Extremely Often

During COVID-19, how have you been working?

- Remotely
- In office
- On field

How often is your well-being affected by working with beneficiaries in times of Covid-19?

- Never

- Very Rarely
- Rarely
- Occasionally
- Often
- Extremely Often

How much do you think working in times of Covid-19 pandemic is making you worried about your own health?

- Never
- Very Rarely
- Rarely
- Occasionally
- Often
- Extremely Often

How much do you think working in times of Covid-19 pandemic is making you worried about the health of your loved ones?

- Never
- Very Rarely
- Rarely
- Occasionally
- Often
- Extremely Often

Are you holding a supervisory position?

- Yes
- No

المعلومات الديموغرافية

الرجاء الإجابة على الأسئلة التالية

الجنس:

- ذكر
- أنثى

الجنسية:

- لبناني(ة)
- سوري(ة)
- فلسطيني(ة)
- غيره : الرجاء التحديد
كم عمرك؟

الحالة الاجتماعية:

- أعزب / عزباء
- متزوج (ة)
- مطلق (ة)
- مرتبط (ة)
- أرمل (ة)
- مكان العمل:

- بيروت
- جبل لبنان
- لبنان الجنوبي
- لبنان الشمالي
- النبطية
- البقاع
- بعلبك الهرمل
- عكار

عدد سنوات الخبرة في العمل:

- أقل من سنة
- سنة إلى خمس سنوات
- ست إلى عشر سنوات
- إحدى عشر سنة أو أكثر
- ما هو نوع المنظمة التي تعمل لديها؟

- منظمة غير حكومية محلية
- منظمة غير حكومية دولية
- منظمة الأمم المتحدة

• غيره
• ما طبيعة عملك؟

- ممرض(ة)
- رصد وتقييم
- إداري أو مالي
- عامل(ة) ميداني(ة)
- مدرّب(ة)
- مدير(ة) / مشرف(ة)
- منسّق(ة)
- عامل(ة) إجتماعي(ة)
- معالج(ة) نفسي(ة)
- طبيب(ة)

• ما هو اختصاصك العلمي؟

- العلوم الإجتماعية
- إدارة الأعمال
- المجال الطبي
- الأعمال التقنية والمهنيّة
- الهندسة

• غيره : الرجاء التحديد

• ما هو أعلى تحصيل علمي لديك؟

- لم أكمل دراستي المدرسية
- المرحلة الثانوية (بدون اكمالها)
- شهادة الثانوية العامة أو ما يعادلها
- الإجازة المهنيّة
- الإجازة الجامعية
- الماجستير
- الدكتوراه

• كم ساعة تعمل في الأسبوع؟

• هل تتلقى مبلغاً من المال مقابل عدد ساعات العمل الإضافيّة؟

• نعم

• كلا

• إلى أي مدى تشعر بالرضى حيال نوعيّة وجودة عملك؟

- راض جداً
- راض
- راض إلى حد ما
- لا راض ولا غير راض
- غير راض إلى حد ما
- غير راض

• غير راض على الإطلاق
ما مدى رضاك عن أدائك الأخلاقي في العمل؟

- راض جداً
- راض
- راض إلى حد ما
- لا راض ولا غير راض
- غير راض إلى حد ما
- غير راض
- غير راض على الإطلاق

الى أي مدى تستخدم الإجازات المرضية عندما لا تعاني من مرض عضوي؟

- أبداً
- نادراً جداً
- نادراً
- أحياناً
- غالباً
- غالباً جداً

كيف هي طبيعة عملك خلال فترة جائحة كورونا؟

- عن بعد
- من المكتب
- في الميدان

الى أي مدى تتأثر صحتك النفسية بالعمل خلال فترة جائحة كورونا؟

- أبداً
- نادراً جداً
- نادراً
- أحياناً
- غالباً
- غالباً جداً

الى أي مدى تقلق على صحتك الجسدية بسبب العمل خلال فترة جائحة كورونا؟

- أبداً
- نادراً جداً
- نادراً
- أحياناً
- غالباً
- غالباً جداً

الى أي مدى تقلق على صحة أحبائك الجسدية بسبب العمل خلال فترة جائحة كورونا؟

- أبداً
- نادراً جداً
- نادراً

- أحياناً
 - غالباً
 - غالباً جداً
- هل تشغل منصب إشرافي؟
- نعم
 - كلا

Appendix D**The Connor–Davidson Resilience Scale (CD-RISC10) in English and Arabic**

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Never 0	Very Rarely 1	Rarely 2	Occassion ally 3	Very Frequently 4	Always 5
I am able to adapt when changes occur.						
I can deal with whatever comes my way.						
I try to see the humorous side of things when I am faced with problems.						
Having to cope with stress can make me stronger.						
I tend to bounce back after illness, injury, or other hardships.						

I believe I can achieve my goals even if there are obstacles.						
Under pressure, I stay focused and think clearly.						
I am easily discouraged by failure.						
I think of myself as a strong person when dealing with life's challenges and difficulties.						
I am able to handle unpleasant or painful feelings like sadness, fear, and anger.						

مقياس كونور – دافيسون للمرونة

الرجاء تحديد إلى أي مدى توافق على العبارات التالية وبما ينطبق عليك في فترة الشهر الماضي. إذا لم تمرّ بإحدى المواقف،
الرجاء الإجابة افتراضياً على ما يمكنك أن تحسّن به في هكذا حالة.

أبداً	نادراً جداً	نادراً	أحياناً	غالباً	دائماً	
						أنا قادر على التكيف عندما تتغير الظروف.
						يمكنني أن أتعامل مع أي موقف أواجهه أو يعترض طريقي.
						أحاول أن أرى الحسن الفكاهي في المشاكل التي أواجهها.
						التعامل مع الضغوطات ممكن أن يجعلني أقوى.
						أميل إلى استعادة توازني بعد التعرض إلى المرض أو الإصابة أو الصعوبات.
						أعتقد أنه بإمكانني أن أحقق أهدافي رغم العوائق.
						تحت الضغط، أحافظ على تركيزي وأفكر بوضوح.
						يحبطني الفشل بسهولة.
						أرى نفسي شخصاً قوياً عندما أواجه مصاعب وتحديات الحياة.
						بإمكاني أن أتعامل وأتكيف مع المشاعر المزعجة والمؤلمة كالحزن والخوف والغضب.

Appendix E**Secondary Traumatic Stress Scale in English and Arabic**

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.

	Never	Very Rarely	Rarely	Occasi onally	Often	Very Often
1. I felt emotionally numb.						
2. My heart started pounding when I thought about my work with clients.						
3. It seemed as if I was reliving the trauma(s) experienced by my client(s).						
4. I had trouble sleeping.						
5. I felt discouraged about the future.						
6. Reminders of my work with clients upset me.						
7. I had little interest in being around others.						
8. I felt jumpy.						

9. I was less active than usual.						
10. I thought about my work with clients when I didn't intend to.						
11. I had trouble concentrating.						
12. I avoided people, places, or things that reminded me of my work with clients.						
13. I had disturbing dreams about my work with clients.						
14. I wanted to avoid working with some clients.						
15. I was easily annoyed.						
16. I expected something bad to happen.						
17. I noticed gaps in my memory about client sessions.						

Appendix F

Work Demand Scale in English and Arabic

Work Demand Scale

The following questionnaire is to assess the level of perceived work demand. Please state how often:

	Never	Very Rarely	Rarely	Occasio nally	Frequent ly	Always
1. Do you receive sufficient information on the results of your work?						
2. Do you receive sufficient information about the purpose of your work?						
3. Do your direct supervisor inform you about how well you are doing?						
4. Do you know exactly what your supervisor thinks of your performance?						
5. Are you kept adequately up-to-date about issues in the Department / organization?						

6. In your work, do you feel appreciated by your supervisor?						
7. Do you get on well with your supervisor?						
8. Do you know exactly what other people expect of you in your work?						
9. Can you discuss work problems with you direct supervisor?						
10. Can you count on your supervisor when you come across difficulties?						
11. Do you know exactly for what you are responsible and what not?						
12. Can you participate in decisions about the nature of your work?						
13. Does your job offer you the possibility of independent thought?						

14. Do you have freedom in carrying out your work?						
15. Does your work give you the feeling that you can achieve something?						
16. Do you have any influence in the planning of your work activities?						
17. Does your work make sufficient demands on all your skills?						
18. Does your job offer you opportunities for personal growth and development?						
19. Do you have enough variety in your work?						
20. Do you work under time pressure?						
21. Do you have time to be attentive to many things at the same time?						
22. Do you have too much work to do?						

23. Do you have to remember many things in your work?						
24. Are you confronted in your work with things that affect you personally?						
25. Does your work put you in emotionally upsetting situations?						
26. Do you have contact with difficult people in your work?						
27. Do you need to be more secure that you will keep your job next year?						
28. Do you need to be more secure that you will still be working in one year?						
29. Do you need to be more secure that next year you will keep the same function level as currently?						
30. If necessary, can you ask your colleagues for help?						

31. Can you count on your colleagues when you come across difficulties?						
32. Do you get on well with your colleagues?						
33. Does your job give you the opportunity to be promoted?						
34. Is it clear to whom you should address within the Department/organization for specific problems?						
35. Do you have a direct influence on your organization's decisions?						
36. Is the department's decision-making process clear to you?						
37. Do you have contact with your colleagues as part of your work?						
38. Can you live comfortably on your pay?						

39. Do you think you are paid enough for the work that you do?						
40. Does your job offer you the possibility to progress financially?						
41. Do you think your organization pays good salary?						
42. Does your organization give you opportunities to follow training courses?						

مقياس متطلبات العمل

تساعد هذه الإستمارة على قياس متطلبات العمل. الرجاء إختيار الجواب المناسب

دائماً	غالباً	أحياناً	نادراً	نادراً جداً	أبداً	
						هل تحصل على معلومات كافية عن نتائج عملك؟
						هل تحصل على معلومات كافية عن هدف عملك؟
						هل يطلعك المشرف المباشر عنك على مدى جودة أدائك في العمل؟
						هل تعلم ما يعتقده تحديداً مديرك المباشر عن أدائك في العمل؟
						هل يتم اطلاعك بشكل كاف على كل جديد فيما يخص أمور المنظمة التي تعمل بها؟
						في عملك، هل تشعر أن المشرف عليك يقدرك؟
						هل أنت على توافق مع المشرف عليك؟
						هل تعرف تماماً ما يتوقعه الآخرون منك في عملك؟
						هل تستطيع مناقشة مشاكل العمل مع المشرف المباشر عليك؟
						هل تستطيع الإعتماد على دعم المشرف عليك عندما تواجهك صعوبات؟
						هل تعلم ما أنت مسؤول عنه تحديداً في العمل وما لست مسؤولاً عنه؟
						هل يمكنك المشاركة بالقرارات المتعلقة بطبيعة عملك؟

					هل يمنحك عملك فرصة التفكير باستقلالية
					هل لديك الحرية بتنفيذ عملك؟
					هل يمنحك عملك الشعور بأنك قادر على تحقيق شيء ما؟
					هل لديك أي تأثير في وضع الخطط المتعلقة بنشاطات عملك (التخطيط للنشاطات المتعلقة بعملك)؟
					هل يتطلب عملك استخدامك لمهارات متعددة؟
					هل يقدم لك عملك فرص للنمو والتطور على الصعيد الشخصي؟
					هل لديك مهام متنوعة في مجال عملك؟
					هل تعمل تحت ضغط الوقت؟
					هل لديك الوقت للانتباه لعدة أشياء في نفس الوقت؟
					هل لديك الكثير من المهام لتقوم بها في عملك؟
					هل عليك أن تتذكر الكثير من الأشياء في عملك؟
					هل تواجه بعملك أشياء تؤثر عليك شخصياً؟
					هل يضعك عملك في مواقف مزعجة عاطفياً؟
					هل تتواصل (هل أنت على اتصال) مع أشخاص صعبين في عملك؟
					هل تحتاج أن تشعر بأمان أكثر بأنك ستحتفظ بعملك السنة المقبلة؟
					هل أنت بحاجة لضمانات أكثر حول بقائك في عملك بعد عام من الآن؟

					هل تحتاج أن تشعر بأمان أكثر بأنك السنة المقبلة ستتمكن من أن تحافظ على نفس المستوى الوظيفي الحالي؟
					إذا لزم الأمر، هل يمكنك أن تطلب المساعدة من زملائك؟
					هل يمكنك الإعتماد على زملائك عندما تواجه صعوبات؟
					هل أنت على توافق مع زملائك؟
					هل يقدم لك عملك الفرصة للترقية؟
					هل هو واضح لك، مع من عليك أن تتواصل داخل المنظمة بخصوص مشاكل معينة؟
					هل لديك تأثير مباشر على قرارات مؤسستك؟
					هل آلية صنع القرار في القسم الذي تعمل فيه واضحة لك؟
					هل يتطأب عملك التواصل مع زملائك؟
					هل يكفيك راتبك لعيش حياة كريمة؟
					هل تعتقد بأنك تتقاضى راتباً كافياً مقابل العمل الذي تقوم به؟
					هل يقدم لك عملك فرصة التطور المادي؟
					هل تعتقد بأنّ منظمتك تدفع رواتب مناسبة؟
					هل تقدّم لك منظمتك فرص الإلتحاق وحضور دورات تدريبية؟

Appendix G

Perceived Organizational Support Scale in English and Arabic

Listed below are statements that represent possible opinions that YOU may have about working at local or international NGO or UN-agencies. Please indicate your opinion that best represents your point of view. Please choose from the following answers:

	Strongly Disagree	Moderately Disagree	Slightly 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(ا)

الرجاء اختيار الجواب الذي يمثل وجهة نظرك من ناحية عمالك في المنظمة.

موافق بشدة	موافق	موافق قليلاً	غير موافق قليلاً	غير موافق	غير موافق بشدة	
						تقدّر المنظمة مساهمتي في تحقيق ازدهارها.
						لا تقدر المنظمة أي جهد إضافي أبذله.
						تتجاهل المنظمة أي شكوى مني.
						تهتم المنظمة حقاً بصحتي النفسية وسعادتي.
						لا تلاحظ المنظمة عملي حتى لو قمت به على أكمل وجه.
						تهتم المنظمة لرضائي العام في العمل.
						تظهر المنظمة القليل من الإهتمام تجاهي.
						تفتخر المنظمة بإنجازاتي في العمل.

Appendix H

MBI-Human Services Survey Christina Maslach & Susan E. Jackson in English and Arabic

This survey aims to discover how various individuals in the human services or helping professionals view their job and the people with whom they work closely. It includes 22 statements of job-related feelings. Please read each statement carefully to decide how frequently you feel this way about your job.

How often: 0-5

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

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 الإرهاق الناتج عن العمل

حدّد (ي) كم مرّة تشعر (ين) بما يلي :

كل يوم	بعض المرّات في الأسبوع	مرّة في الأسبوع	بعض المرّات في الشّهر	مرّة أو أقلّ في السنّة	أبداً	
						أشعر بأنني مستنزف(ة) عاطفياً بسبب عملي.
						أشعر بأنني استهلك في نهاية يوم العمل.
						أشعر بالإرهاق عند نهوضي صباحاً لمواجهة يوم عمل آخر.
						أفهم بسهولة كيف يشعر المستفيدين حيال أمر ما.
						أشعر بأنني أعامل بعض المستفيدين كأنهم "أشياء" لا أشخاص.
						العمل مع الناس طيلة النهار يشكل ضغطاً حقيقياً بالنسبة لي.
						أتعامل مع مشاكل المستفيدين بشكل فعّال جداً.
						أشعر أنني مستهلك تماماً بسبب عملي.
						أشعر أن لدي تأثير إيجابي على الآخرين من خلال عملي.
						أصبحت قاسي(ة) القلب تجاه الأشخاص منذ ممارستي لهذه المهنة.
						أقلق من تسبّب هذا العمل بقساوة عاطفتي.
						أشعر أنني مفعم(ة) بالطاقة.
						أشعر أنني محبط(ة) بسبب عملي.
						أشعر أنني أبذل الكثير من الجهد في عملي.

						لا أكثرث لما يحدث مع بعض المستفيدين.
						العمل مع أشخاص آخرين مباشرةً يشكل ضغطاً كبيراً عليّ.
						أستطيع إيجاد مناخ هادئ مع المستفيدين.
						أشعر أنني مفعمة (ة) بالسعادة بعد التعاطي المباشر مع المستفيدين.
						أنجزت الكثير من الأمور المجدية في عملي.
						أشعر أنني لا أستطيع تحمّل المزيد (وصلت الى نهاية المطاف).
						في عملي، أتعامل مع الكثير من المشاكل العاطفية بهدوء.
						أشعر أن المستفيدين يلومونني على بعض مشاكلهم.

Appendix I

Turnover Intention in English and Arabic

How often have you seriously considered quitting your current job over the past 6 months?

Never, Very Rarely, Rarely; Occasionally, Often, Extremely Often

في الأشهر الست الماضية، كم مرة فكرت بجدية بترك عملك؟

أبداً؛ نادراً جداً؛ نادراً؛ أحياناً؛ غالباً؛ غالباً جداً