

**AN INVESTIGATION INTO THE RELATIONSHIP BETWEEN SPIRITUAL
INTELLIGENCE, EMOTIONAL INTELLIGENCE, COPING ABILITY, AND
BURNOUT AMONG HUMANITARIAN AID WORKERS IN ZIMBABWE**

by

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I declare that the above thesis is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



SIGNATURE

28 February 2018

DATE

DEDICATION

The thesis is dedicated to the thousands of humanitarian aid workers who have committed their lives to the promotion of the wellbeing of the sufferings masses of the world. Your work shall not be in vain. To God Almighty be all the Glory.

To the childhood dream of serving others for the glory of the Almighty God.

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SUMMARY

This study examined the relationship between spiritual intelligence (SI), emotional intelligence (EI), coping ability (CA), and burnout (BO) among humanitarian aid workers in Zimbabwe. A convenience sample of 296 (53% males and 47% females) humanitarian aid workers was used in the study. Correlation and multiple regression analyses were used to explore the contribution of SI, EI, and CA to the burnout. Results indicated that SI, EI, and CA are all significantly related to Burnout and its dimensions of emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA) in humanitarian aid workers. CA and EI significantly contributed to the variation of scores in EE and DP whereas SI did not. However, all the three variables significantly contributed to the variation in PA. Gender, age, employment status and tenure in NGO had no significant relationships with EE, DP, or PA whereas contract type, length of service, educational level and nature of work were associated with statistically significant differences in EE, DP, and PA. The research contributed to the understanding of burnout among aid workers in Zimbabwe. Humanitarian organisations can use the findings to come up with scientifically backed recruitment, selection, training, and staff wellbeing policies and programmes that help to reduce the impact of burnout in the humanitarian aid sector.

KEY TERMS:

Spiritual Intelligence; Emotional Intelligence; Coping Ability; Burnout; Emotional Exhaustion; Depersonalization; Personal Accomplishment; Humanitarian Aid Worker; Humanitarian Organization; Coping Effectiveness.

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CHAPTER 1: INTRODUCTION AND SCIENTIFIC ORIENTATION

In the past, stress and burnout were not topical issues in the humanitarian aid sector given the small size of the industry. With increased disasters, human-made and natural, the sector has quadrupled in size over the past two or so decades and with it the number of aid workers and associated challenges (N. King, 2014). The study is an empirical investigation into the relationship between spiritual intelligence (SI), emotional intelligence (EI), coping ability (CA) and burnout among humanitarian aid workers in Zimbabwe. The research background, justification, and problem statement, as well as hypotheses, are formulated in this chapter. The chapter also deals with the relevant paradigms and theoretical perspectives which guide the literature review, research design, and the methodology. Finally, the chapter divisions are outlined to give a clear map of the research process.

1.1 BACKGROUND TO AND MOTIVATION FOR THE RESEARCH

The humanitarian sector employs more than 250 000 people in more than 5 000 Non-Governmental Organisations (NGO) around the world, who serve various ‘missions’ in order to make a difference to other people’s lives (N. King, 2014). Of these, some are employed in assignments outside their home countries as expatriates, but others are local employees in their own home countries. Regarding their ‘mission,’ most of the aid workers are employed in relief operations in areas affected by disasters like droughts, disease outbreaks, earthquakes, hurricanes, conflict, and abject poverty, where long hours, stress, and burnout are regarded as norms (Pigni, 2014). With a ‘mission’ to be ‘helpers’ to communities that they work in, these aid workers experience a high level of stress and, eventually burnout (Ehrenreich, 2001, 2006 Salama, 2010). Stress and burnout in such employees often goes unacknowledged, and is ignored systematically, despite reports that stress and burnout are on the rise among aid workers (Ehrenreich & Elliot, 2004; Pigni, 2014). Of late there is an appreciation that aid workers experience tremendous stress and eventually burnout in their assignments (Ager, 1999; Salama, 1999; Thomas, 2004; Lopes Cardozo, Gotway Crawford, Zhu, Sabin, Ager & Simon, 2012). Aid workers are exposed to chronically stressful environments, and the situation results typically in burnout with over 40% of aid workers being at high risk of burnout (Musa & Hamid, 2008; Pigni, 2015). Unfortunately, there is little research concerning the individual characteristics that are important in reducing the adverse impact of burnout in aid workers. In addition, there is limited scientific knowledge about how aid workers cope with burnout and the nature of burnout they experience in their assignments.

Due to the high risk of chronic stress and burnout in the humanitarian industry, many questions have been asked as to what individual characteristics are essential in predicting burnout in humanitarian aid workers (Strohmeier & Scholte, 2015). Such knowledge would assist in the recruitment, selection, deployment, and training of aid workers. There have been many attempts to find answers in different unique personality characteristics and environmental contexts (Musa & Hamid, 2008). However, research has been inconclusive. While there have been attempts to answer this question by examining individual factors in isolated helping professions, no known comprehensive studies have been undertaken on humanitarian aid workers in their generality. Research has tried to link spiritual intelligence with burnout (Adali & Lemonidou, 2001); spiritual intelligence, emotional intelligence, psychological ownership and burnout with caring behaviour (Kaur, Sambasivan, & Kumar, 2013); and, spiritual intelligence and clinical competence in nurses (Kaur, Sambasivan, & Kumar, 2015), but not specifically in aid work.

Spirituality, spiritual intelligence, and religion have been associated with reduced stress and burnout in general (Pargament, 1992; Eriksson, Holland, Currier, Snider, Ager, Kaiser, & Simon, 2014). In the humanitarian space, humanitarian values of helping the poor or victims of disasters have been associated with spirituality and transcendence in the sense of focusing on the doing good to humanity. The relationship between humanitarian values and spiritual intelligence would point to increased sense of purpose, reduced stress and reduced burnout (King & DeCicco, 2009; Doolittle, Windish, & Seelig, 2013; Kaur et al., 2015). On the other hand, emotional intelligence has been associated with reduced burnout among various auxiliary professions including teachers, nurses, as well as the clergy more broadly (Petrides & Furnham, 2003; Mikolajczak, Menil, & Luminet, 2007; Moon & Hur, 2011). Many researchers associated Coping Ability with reduced stress, reduced burnout, proper psychological adjustment, and reduced emotional problems in general (Vaezi & Fallah, 2011; Gorgens-Ekermans & Brand, 2012; Doolittle et al., 2013). These three variables of SI, EI, and CA have been associated with burnout in their capacities but not as combined or linked. Few studies have yet tried to undertake comparative analysis of CA, EI, and SI. In certain literature, SI and EI have been associated with reduced burnout (Mohammdyfar, Khan, & Tamini, 2009; Iqbal & Abbasi, 2013; Miller-Clarkson, 2013; Tarbasa, Bairamzadeh, Ghosjavand & Tabarsa, 2014; Kaur et al., 2015). The researcher is unaware of any further research that has been conducted to check whether SI, EI, and CA predict burnout in aid workers, or even to check

the strength of that prediction if at all these variables predict burnout in this group of employees.

Burnout is part of the various mental adjustment problems encountered by aid workers in their work (Lopes Cardozo, Vergara, Agani & Gotway, 2001; Lopes Cardozo, Kaiser, Gotway & Agani, 2003; Ehrenreich & Elliot, 2004; Musa & Hamid, 2008; Lopes Cardozo et al., 2012). The nature of humanitarian work itself is associated with the pressures and challenges that may result in chronic stress and eventually burnout (Ager, Pasha, Yu, Duke, Eriksson & Lopes Cardozo, 2012; Eriksson, Lopes Cardozo, Ghitis, Sabin, Gotway Crawford, & Kaiser, 2013). It should be acknowledged that the humanitarian context plays a determining role in the development of burnout and other psychological adjustment problems among humanitarian aid workers (Ager, 1999; Erikson et al., 2013). Besides the broader humanitarian context, the humanitarian aid organisations also play a crucial role in aid workers burnout in as far as budgets, culture, human resources policies and practices are concerned (Ehrenreich, 2006; Ager et al., 2012; Pigni, 2014).

While the hiring of employees for this industry is premised mainly on educational qualifications and cognitive ability, the work environment has shown that there is more to a successful career in the sector than what can be predicted by cognitive intelligence alone. Social competences including those referred to as coping ability, emotional, and spiritual intelligence are said to be critical for success. Comprehensive research on several important factors in aid worker burnout can provide the necessary answers to the gaps in research and practice. Motivations of humanitarian aid workers to join aid work plays a role in the onset and development of burnout in aid workers (Eriksson, Bjorck, Larson, Walling, Trice, Fawcett, & Foy, 2009; Ehrenreich & Elliot, 2004).

1.2 JUSTIFICATION FOR THE STUDY

The research is of significance to occupational psychology in general and specifically humanitarian work psychology. With the growth in size and complexity of the humanitarian industry due to disasters and conflicts, concerns about the overall wellness of humanitarian aid workers continue to mount. This concern is due to the fact that aid workers play a pivotal role in the humanitarian industry for delivering humanitarian assistance and other interventions. They work in increasingly difficult circumstances that make them vulnerable to security threats, mental health risks and other challenges (Eriksson et al., 2009). The aid

workers' state of mental health is likely to significantly influence the success of the humanitarian programmes, projects, and interventions, rendering them ineffective and billions of invested aid dollars wasted. However, research and interventions have been limited to isolated concepts, leaving a lacuna regarding comprehensive coverage and treatment of burnout. There is, therefore, a need for greater insight into the nature of burnout and coping amongst aid workers as well as essential predictive variables in burnout. The nature of aid work and the personal qualities demanded on an aid worker is an area that has been neglected given the situation presented above. The extent of CA, SI, and EI in predicting burnout in aid workers becomes essential in determining who should be deployed as a humanitarian aid worker as well as what interventions should be undertaken to promote coping and prevention of burnout. Success in implementing various humanitarian aid programmes depends on the people working on the projects and their mental states. Their wellbeing is not only important to the beneficiaries of the humanitarian aid but also to the aid organisations entrusted with billions of dollars by donors to positively impact the world.

Coping with workplace stress and burnout has been the subject of research in the past three decades or so (Maslach & Leiter, 2016). Critical in the literature available on burnout has been the question of why there are individual differences in the ability to cope with stressful situations in life in general and at work in particular (Kristensen, Borritz, Villadsen & Christensen, 2005). In the research on burnout and coping, researchers have limited themselves to emotional coping and religious coping among other methods (Lazarus, 2006; Maslach & Leiter, 2016). However, most researchers do not look comprehensively at the individual differences associated with emotional and spiritual intelligence, and how these relate to burnout. While most researchers agree that coping is a multi-dimensional process strongly associated with the regulations of emotions, a minimal attempt was made to link EI and SI with the ability to deal with burnout, as well as how EI and SI relate to burnout. Answering such questions would help humanitarian employers to determine the types of employees who can thrive in stressful situations, as well as those who cannot, thereby reducing the costs associated with stress in the workplace through wrong decisions.

Research has for years inconclusively sought to establish how burnout is related to various individual factors like gender, age, level of education, marital status, and so forth. Others have focused on the part of the relationship. Understanding the relationship between biographical

characteristics and burnout can assist in the deployment and employee wellbeing interventions.

Empirically establishing the nature of the relationship between SI, EI, CA, and burnout would be beneficial to both academia and practice. The benefit comes from a belief that intelligence has levels ranging from physical, cognitive, and emotional to ultimately, spiritual (Wigglesworth, 2003). There is, moreover, new research focusing on the relationship between higher levels of intelligence, that is, SI and EI, with meaning in life as well as new research into other psychological phenomena such as empathy and coping (Mayer & Salovey, 1997; D. King, 2008; Bar-On, 2010). Linking EI and SI would provide more insight into the relationship between the two aspects of intelligence in as far as they relate to burnout.

At a practical level, the research promises to add value to the hiring decisions of humanitarian aid organisations. Recommendations on the nature of aid workers to deploy to specific environments will be essential. Moreover, recommendations can also be given on staff wellness policies and programmes for aid workers, to enable them to cope with stress and burnout before, during and after deployment.

Based on past investigation, despite some isolated research linking SI with stress or EI with burnout, there appears to be no comprehensive studies on how SI, EI, and CA relate to burnout among humanitarian aid workers. The knowledge gap ought to be of interest given the nature of humanitarian work, and its emphasis on social competences. According to the Headington Institute (www.headingtoninstitute.com), anyone who works for a humanitarian organisation is a helper in some capacity, with service orientation as a common thread in the face of suffering and need. Unfortunately, the focus is generally placed on the ‘helped’ and the ‘donors’ forgetting, those in the middle, who channel the aid to its ultimate beneficiaries.

1.3 PROBLEM STATEMENT

In humanitarian work psychology, researchers have found varying success in trying to establish how they can predict and control stress and ultimately burnout among aid workers (Salama, 2010). With the growth in the humanitarian industry and the realisation that humanitarian workers are at risk of stress and ultimately burnout, it is imperative to establish the individual characteristics important in predicting burnout levels in humanitarian workers as well as what kind of interventions can be put in place to address it.

While it has been widely accepted that working in the humanitarian industry is both dangerous and stressful, the focus has primarily been on expatriate staff at the expense of national staff (Thomas, 2004; Ager et al., 2012; Eriksson et al., 2013; Strohmeier & Scholte, 2015). The appreciation of the risk of primary and secondary trauma and associated mental health problems is there for aid workers in general, but the primary focus is on expatriate aid workers. The problem with this approach is that interventions to address burnout focus on few employees. There is limited research on the mental health of national staff in general, and on burnout in particular (Strohmeier & Scholte, 2015). This limitation is notwithstanding the fact that the majority of humanitarian aid workers are national staff, hired from within the countries of operation (Stoddard, & Harmer 2010).

Considerable debate has marked the issue of variables contributing to burnout owing to segmentation of the concepts in research. Fundamental questions concerning the conceptualisation of critical variables including SI, EI, and CA as constructs both in theory and practice, as well as the measurement. There have been debates on the legitimacy of SI in the intelligence family (Gardner, 2000). The separation of SI and religiosity and spirituality has been an issue when it comes to the research on coping (Amram, 2009). With regards to EI, at a theoretical level, there have been debates on how to conceptualise the construct, viz.—whether it is an ability or a trait, or both, thereby resulting in ability, trait, and mixed theories of EI. This conceptualisation has also affected the measurement of the same, with different findings on its relationship with coping or burnout, depending on how it has been viewed.

Conceptualisation debates have not spared coping due to divergent views and findings on the nature of the concept, particularly in relation to other concepts such as intelligence (Lazarus & Folkman, 1984; Dewe, O’Driscoll, & Cooper, 2010). The debates have not only resulted in further research interest but has also resulted in confusion amongst practitioners regarding how to deal with practical problems like burnout in the workplace.

Intelligence is hailed as critical to human survival and adaptation to their environments. With the recognition and extension of Gardner’s theory of multiple intelligences, there is a realisation that such adjustment can be achieved through social intelligences. Some research on SI and EI shows that the most critical determinants of successful adaptation to the work environment are social competences and the work environment. However, the question of how

this is achieved is not easily answered especially in humanitarian aid work. Researchers tried to link SI and EI with job management and job satisfaction; leadership and even mental health (Amram, 2009). Spiritual intelligence and emotional intelligence are therefore important in adaptation, especially where burnout is concerned, necessitating exploration into the nature of their relationship.

While CA, SI, and EI could be easily related to burnout as individual concepts, their relationship would likely add a different dimension, and therefore, bring much-needed clarity to the complex issue. This study proposes that a combined analysis of these factors may shed more light on their theoretical relationship on the one hand, and burnout on the other hand. There is a possibility that a theoretical relationship exists between SI, EI, and CA when considering burnout, and that an integrated model can explain such a relationship. Practical implications of such a link in the study of burnout are essential, especially in the aid industry, where social competences and professional aid worker burnout are often ignored.

Finally, individual differences in EI, SI, CA, and burnout, along with biographical factors may assist in coming up with practical recommendations towards reducing the impact of stress and burnout on humanitarian aid workers' lives.

1.3.1 Research Questions regarding Literature Review

The following are the research questions regarding the literature review:

Research Question 1: How is the aid worker burnout construct conceptualised in literature?

Research Question 2: How is the burnout construct conceptualised in literature?

Research Question 3: How are the constructs of spiritual intelligence, emotional intelligence, and coping ability explained by theoretical models in literature?

Research Question 4: What is the nature of the theoretical relationships between spiritual intelligence, emotional intelligence, and coping ability, and burnout in aid workers?

Research Question 5: What biographical characteristics are essential in influencing burnout in aid workers?

Research Question 6: Can a conceptual model be proposed for the relationship between the attributes of SI, EI, CA and biographical characteristics on the one hand and the burnout dimensions on the other, to explain the burnout in humanitarian aid workers?

1.3.2 Research Questions regarding Empirical Research

The following are research questions and sub-questions about the empirical study.

Research Question 1: What is the nature of the relationship between the constructs of spiritual intelligence (SI), emotional intelligence (EI), coping ability (CA), and Burnout in a sample of humanitarian aid workers drawn from Zimbabwe? Specifically, does a significant relationship exist between the attributes of SI, EI, CA and the burnout dimensions of emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA) in aid workers?

Research Question 2: What is the contribution of spiritual intelligence (SI), emotional intelligence (EI), and coping ability (CA) to burnout (BO) in a sample of humanitarian aid workers? Specifically do the constructs of SI, EI and CA positively or negatively and significantly predict the burnout dimensions of emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA) in aid workers?

Research Question 3: Do significant differences exist in burnout between the different groups of biographical characteristics (gender, age, marital status, educational level, nature of the job, contract status, job level, employment status, tenure, and tenure in NGO sector) in humanitarian aid workers?

Research Question 4: What are the recommendations for theory, practice, and future research of this research project?

1.4 AIMS OF THE RESEARCH

1.4.1 General Aim of Research

The overall purpose of the study is to investigate the extent to which spiritual intelligence (SI), emotional intelligence (EI), and coping ability (CA) contribute to burnout among humanitarian aid workers.

1.4.2 Specific Aims of Literature Review

Specific aims of the literature review include the following:

Research Aim 1: To explore humanitarian aid worker burnout in literature.

Research Aim 2: To explore the conceptualisation of the burnout construct in literature.

Research Aim 3: To determine the theoretical conceptualisation of the constructs of spiritual intelligence (SI), emotional intelligence (EI), and coping ability (CA).

Research Aim 4: To explore the relationship between spiritual intelligence (SI), emotional intelligence (EI), coping ability (CA), and burnout (BO) in humanitarian aid workers.

Research Aim 5: To determine the biographical characteristics important to the burnout of aid workers.

Research Aim 6: To explore the conceptual relationship between the constructs of SI, EI, CA and biographical factors on the one hand, and burnout and its dimensions on the other, that explain humanitarian aid worker burnout.

1.4.3 Specific Aims of the Empirical Research

Specific aims of the empirical study include the following:

Research Aim 1: To explore the nature of the relationship between the constructs of spiritual intelligence (SI), emotional intelligence (EI), coping ability (CA), and burnout in a sample of humanitarian aid workers drawn from Zimbabwe. Specifically, to determine whether a significant relationship exists between the attributes of SI, EI, CA and the burnout dimensions of emotional exhaustion (EE), depersonalisation (DP), and personal accomplishment (PA) in aid workers.

Research Aim 2: To establish the contribution of spiritual intelligence (SI), emotional intelligence (EI), and coping ability (CA) to burnout (BO) in a sample of humanitarian aid workers. Specifically, to establish whether the constructs of SI, EI and CA positively and significantly predict the burnout dimensions of emotional exhaustion (EE), depersonalisation (DP), personal accomplishment (PA) in aid workers.

Research Aim 3: To explore if significant differences exist in burnout between the different groups of biographical characteristics (gender, age, marital status, educational level, nature of the job, contract status, job level, employment status, tenure, and tenure in NGO sector) in humanitarian aid workers.

Research Aim 4: To devise recommendations for theory, practice, and future research about aid worker burnout from this research.

1.5 RESEARCH PARADIGM

This section will outline the relevant paradigms, meta-theoretical statements and theoretical models used in the research.

Kuhn (1970) defined the concept of a paradigm as an object for further articulation and specification under new or more stringent conditions. The research is going to follow the quantitative research paradigm. The quantitative research worldview tends to be objective, deductive, and highly structured in its outlook. According to Whitley (2002), this approach provides much social distance between the researcher and the subject and is mostly associated with positivism. In other words, this approach tends to rely on quantitative data to predict the future. In this case, the researcher does not influence the subject of research. The researcher tends to focus on quantitatively and independently measuring facts. Another assumption of this approach is that the researcher does not influence the data or its analysis. According to Whitley, data, and its interpretation are value-free, and they are not assumed to change by virtue of observation.

In this research, the researcher's task is to merely observe and measure SI, EI, CA, and burnout among the respondents, without influencing the outcome. In other words, this researcher followed a systematic and mostly mechanistic way to study burnout, by separating himself from the object of the study. This approach is believed to have culminated in some objective reality about burnout, and the contribution of SI, EI, and CA.

1.5.1 Relevant Paradigms

The research follows the Humanism and the Positive Psychology paradigms as described below:

1. Humanism – This paradigm asserts that human beings are positive and are motivated by the need to grow and realise their fullest potential. The paradigm takes a holistic approach to human existence, by placing particular emphasis on freedom, values, human potential, the meaning of life, personal responsibility and self-actualisation. However, they fail to reach their potential due to environmental and situational deterrents. In this case, chronic stress and burnout impedes professional employees from reaching their fullest potential.

2. Positive Psychology – The paradigm has as its primary concern the leading of broader, more prosperous, and more meaningful lives. In the case of this research, the way employees use cognition to seek meaning in their work and in dealing with stress and burnout was explored. Different changes in the workplace and the resultant pressure and inability to cope with burnout to adapt to the different work demands were the primary concern of this research. Seeking meaning has been linked to successful adaptation to the environment (Seligman & Csikszentmihalyi, 2000). Positive Psychology is a new phenomenon, having been recently popularised by Seligman & Csikszentmihalyi (2000).

1.5.2 Disciplinary Relationship

The research falls under the rubric of industrial-organisational (I-O) psychology and specifically, in humanitarian work psychology. Industrial-organisational psychology is concerned with the application of psychological principles in the workplace. Humanitarian work psychology (HWP) is its sub-discipline which is concerned with psychological principles as applied in humanitarian aid work. HWP seeks to apply organisational psychology to the Humanitarian contexts for poverty reduction and promotion of decent work in partnership with global aid and development groups. Findings from this research are applicable in industrial and organisational psychology in general but more significantly in the humanitarian workplace.

1.5.3 Meta-Theories and Conceptual Descriptions

1.5.2.1 Theoretical Models

The following theories and their assumptions were considered in this research:

Theories of Burnout

In the study, burnout was conceptualised per Maslach's theory and dimensions of emotional exhaustion, depersonalisation, and reduced personal accomplishment. Other conceptualisations were considered for context (Maslach & Jackson, 1986).

Theories of Coping

The study acknowledged various debates in the conceptualisation of coping. The work of Lazarus and Folkman (1984), and Lazarus (2006) was considered together with Bandura's (1992) self-efficacy theory as the core theoretical models for understanding coping ability.

Theories of Spiritual Intelligence

While other theories were acknowledged, D. King's (2008) four dimensions of SI, viz.: aspects of critical existential thinking, personal meaning production, transcendental awareness, and conscious state expansion. King's conceptualisation of SI has received corroboration in the broader literature.

Theories of Emotional Intelligence

On EI, the trait model was preferred given its relationship with stress and personality (Bar-On, 2010). Specifically, the Schutte, Schuettpelez, and Malouff's (2001) theory and measurement were used. Assumptions of Salovey & Mayer (1990) ability model and Goleman's (1995) mixed models were however acknowledged for context.

1.5.2.2 Theoretical Assumptions, Constructs, and Concepts

The research considered critical definitions, assumptions, and conceptualisations of spiritual intelligence, emotional intelligence, coping ability, and burnout from the given positive psychology paradigm. The study is underpinned by Maslach's person-within context theory of burnout where the interaction between the person's intrinsic characteristics and the environmental or organisational factors may result in burnout if there is a sustained imbalance.

1.5.2.3 Conceptual Descriptions

The fundamental constructs in the study are as follows:

(a) Burnout

Burnout is conceptualised here as a kind of job strain that emanates from accumulated work-related stress and consisting of three dimensions of emotional exhaustion, depersonalisation, and feelings of reduced personal accomplishment (Maslach & Jackson, 1981). Such a

conceptualisation stems directly from Maslach and Jackson's theoretical conceptualisation of burnout as a psychological syndrome that occurs among individuals who work with other people in some capacity.

(b) Spiritual Intelligence

Spiritual intelligence is operationally defined in this study as the ability to pursue personal life meaning and transcendent goals with humane values, wisdom, compassion, and commitment while solving existential problems at the same time maintaining inner and outer peace, regardless of the circumstances. This definition is all-encompassing and covers key aspects of spiritual intelligence from various theories and models.

(c) Emotional Intelligence

Emotional intelligence is defined in this study as the ability to accurately perceive one's and others' emotions, and to express, regulate and control them in a manner that does not negatively affect self and or others. It also includes the use of emotions in thinking, feeling, and behaving as well as making right judgements on issues. The definition in principle supports the previous conceptualisation of EI as an individual's ability to process emotional information and use it to navigate the social environment (Salovey & Mayer, 1990).

(d) Coping Ability

Coping ability is defined for this study as referring to the individual's perception of his or her ability to use adaptive and constructive coping strategies to reduce stressful or threatening situations. It is the perception of stress levels associated with a specific task, event, or activity which determines how one is affected and how they eventually cope. Such perception has self-efficacy connotations as reflected in both Bandura's and Lazarus' theories of self-efficacy and coping, respectively.

1.5.2.4 Central hypothesis

The central hypothesis of this study is that there is a significantly strong relationship between spiritual intelligence, emotional intelligence, coping ability and burnout in humanitarian aid workers in Zimbabwe.

1.6 RESEARCH DESIGN

1.6.1 Type of Research

A research design is a series of building blocks for gathering and interpreting data for answering research questions (Nachmias & Nachmias, 1996). Research can either be exploratory, descriptive, or explanatory. The current research tends to be both descriptive and explanatory. On the descriptive part, the research presents burnout and related constructs of spiritual intelligence, emotional intelligence and coping ability, together with the relevant theoretical models. Mouton and Marais (1996) asserted that descriptive research tends to cover an in-depth description of the individual, situation, group, or interactions to classify the relationships between the variables of the study. Such a descriptive approach to research does well to gather relevant and accurate information on the fundamental constructs as well as biographical characteristics of the respondents, that are subject to the research. This descriptive research offers a comprehensive coverage of the theoretical models underpinning the constructs.

The study also partly follows an explanatory approach. According to Mouton and Marais (1996), this approach goes beyond stating that a relationship exists between variables. It goes further to establish the direction and the strength of the relationship. In this case, the approach is applied to establish the relationship between SI, EI, CA, and burnout in the aid workers. The study seeks to answer the questions raised and come up with conclusions about the relationship between the constructs. Therefore, the research is both descriptive and explanatory.

Regarding the research approach, the study follows the quantitative research design. Concerning its philosophy, it seeks to establish the relationships between phenomena through applying measurement instruments. Quantitative data were established, and conclusions reached. Data were obtained using a cross-sectional field study to collect primary data from the respondents.

1.6.2 Delimitations of Research

The researcher is aware of the limitations of the research. Firstly, the assumption that the variables of spiritual intelligence, emotional intelligence, coping ability, and burnout are related does not mean that there is causality. It is only assumed that there is a relationship. Secondly, regarding generalisability of results, the findings will be limited to the Zimbabwean

context, and there would be a need for further research outside the Zimbabwean context. Lastly, the use of self-report measures proposes challenges regarding the validity of tests. Independent measures may be needed to objectively measure the constructs of emotional intelligence, spiritual intelligence, coping ability, and burnout.

1.6.3 Ethical Considerations

In line with the requirements of ethical research, the researcher complied fully with the requirements of this study. The compliance with social and professional obligations to participants and their organisations is guaranteed through seeking approval from target organisations and getting informed consent from the actual participants. The researcher obtained voluntary participation from respondents, and this was secured through cover notes on instruments. Moreover, privacy and confidentiality of respondents' inputs was guaranteed explicitly in the study.

Effective debriefing was reinforced in both written instructions and consent forms to ensure avoidance of harm to participants. The researcher gained ethical clearance from the Ethics Committee of the Psychology Department at Unisa and safeguarded ethical research procedures throughout the research process.

The researcher undertook to conduct the study professionally and ethically, avoiding plagiarism through acknowledgement of sources, as well as through objective interpretation of findings.

1.7 RESEARCH METHOD

The research was carried out in two distinct phases, each with its own steps, that is the literature review and the empirical study. In the research, the literature review focused on previous research on the concept of burnout, spiritual intelligence, emotional intelligence, and coping ability especially in aid workers. The findings from this literature review were then used to establish the relationship among SI, EI, CA, and BO among aid workers. The two phases are outlined below.

1.7.1 Phase One: Literature Review

The stage has its distinct steps focusing on descriptive research. These are:

Step 1: The Humanitarian aid work context and aid workers.

A critical evaluation was made of humanitarian aid work, aid workers, aid organisations and aid contexts. The researcher explored the concept of aid worker burnout in the challenging humanitarian aid work context. Implications for aid worker mental health and aid work effectiveness was also discussed.

Step 2: The conceptualisation Burnout and an evaluation of the theories of Burnout.

The researcher undertook a critical review of the concept of burnout in literature. The focus was on the concept's development, causes, symptoms, antecedents and how it is measured. The researcher pursued literature on variables usually related to burnout and why such relationships were found if any.

Step 3: Spiritual Intelligence (SI).

The researcher critically explored the concept of spiritual intelligence and how it is conceptualised and measured in literature. A critical analysis was also made of the relationship between SI and burnout as well as other mental health challenges in general and in aid workers. Implications of SI in mitigating the effects of burnout were also considered.

Step 4: Emotional Intelligence (EI).

The concept of emotional intelligence was explored critically and related to burnout in aid workers. Various theoretical models were considered to understand the construct better. Relevant concepts that related to EI were also explored including the measurement of EI.

Step 5: Coping Ability (CA).

The researcher critically explored coping ability as well as coping styles and strategies used by individuals to deal with stress or burnout. The focus was on theoretical underpinnings of the way in which individuals seek to master, reduce, or deal with stress or conflict (Lazarus & Folkman, 1984).

Step 6: Integration of the SI, EI, and CA.

The three independent variables of SI, EI, and CA were integrated as independent variables and their role in burnout explored. Different combinations were made to explore the relationships between and among the three variables with burnout.

Step 7: Biographical Characteristics and BO.

The relevant biographical characteristics like age, marital status, educational level, nature of the job, type of contract, job level and tenure among others were related to burnout to explore how they relate.

Step 8: Integration of the SI, EI, CA, Biographical Characteristics, and BO.

SI, EI, CA and biographical characteristics were related to burnout to check how they relate in literature. An attempt was made to come up with a conceptual framework to describe the relationship between the variables.

1.7.2 Phase Two: The Empirical Study

The research adopted the quantitative survey design under the following distinct steps:

Step 1: Determining the population and the sample.

The population of interest is the Zimbabwean humanitarian aid workers. These were working in Non-Governmental Organisations (NGOs) dealing with relief, development, or advocacy in Zimbabwe. These organisations exclude employees from multi-lateral organisations such as the United Nations organisations. Chapter 4 discusses the population, sample and sampling methods used in detail.

Step 2: Measuring Instruments and justification.

To answer the research questions, a biographical questionnaire concerning gender, age, marital status, educational level, and other dimensions was used. This questionnaire was used together with the quantitative instruments to measuring burnout, spiritual intelligence, emotional intelligence, and coping ability. The instruments included the Maslach's Burnout Inventory – Human Services Survey (MBI-HSS) by Maslach & Jackson (1986), the Spiritual Intelligence Self-Report Inventory (SISRI-24) by King & DeCicco (2009), the Schutte Emotional Intelligence Scale (SEIS), also known as the Assessing Emotions Scale (AES) by Schutte, Malouff, Hall, Haggerty, Cooper, Golden et al., (1998), and the Coping Self-Efficacy Scale (CSES) by Chesney, Neilands, Chambers, Taylor and Folkman, (2006), respectively. These instruments will be discussed in detail in Chapter 4.

Step 3: Data Collection and Administration of instruments.

Chapter 4 presents the administration of instruments and data collection in detail.

Step 4: Scoring the measuring instruments.

The responses from the sample of participants were to the biographical characteristics questionnaire, and the four quantitative instruments were captured in a spreadsheet and analysed using the Statistical Package for Social Sciences (SPSS).

Step 5: Formulation of hypotheses.

The research hypotheses were formulated to check the achievements of the objectives of the study.

Step 6: Statistical Processing of data.

Statistical analyses undertaken to answer the research questions included frequencies and summaries for socio-demographic variables, correlation analysis, multiple regression analysis, and other statistical measures done including t-tests for independent samples and One-Way Analysis of Variance. Chapter 4 discusses the statistical processing in more detail.

Step 7: Reporting and Interpreting of Results.

The results were reported and interpreted in line with the empirical study aims. This was done with the assistance of tables, graphs, and figures. Chapter 5 reports and integrates the study results in line with the research aims and research questions.

Step 8: Discussion and integration of research findings.

Research findings were discussed with reference to the literature review for similarity and differences. Explanations were made on the reason for the results.

Step 8: Conclusions, limitations, and recommendations.

Conclusions were made on the empirical study in line with the literature and the empirical study undertaken. Limitations of the research were formulated, and suggestions made to address the limitations in future. Recommendations for future study and practical and theoretical applications were made. This is the final step in the empirical study.

1.7.3 Abbreviations

Below is a list of abbreviations used in the research.

BO – Burnout

CA – Coping Ability

CBI – Copenhagen Burnout Inventory

DP - Depersonalisation

DFID – Department for International Development

EA – Emotional Exhaustion
EI – Emotional Intelligence
IQ – Intelligent Quotient
MBI - Maslach Burnout Inventory
MBI-E – Maslach Burnout Inventory - Educational
MBI-GS = Maslach Burnout Inventory-General Survey
MBI-HS - Maslach Burnout Inventory-Human Services
NGOs – Non-Governmental Organisations
PA – Personal Accomplishment
SI – Spiritual Intelligence
SQ – Spiritual Quotient
SISRI -24 – Spiritual Intelligence Self Report Inventory -24
UN – United Nations
UNOCHA – United Nations Office for the Coordination of Humanitarian Affairs
USAID – United States Agency for International Development

1.8 CHAPTER DIVISION

The chapters are presented in the following format:

Chapter 1 – Introduction and Scientific Orientation.

Chapter 2 – Literature Review: Aid Worker and Burnout.

Chapter 3 – Literature Review: SI, EI, CA, Biographical characteristics, and Burnout.

Chapter 4 – Empirical research.

Chapter 5 – Results.

Chapter 6 –Conclusions, limitations, and recommendations.

1.9 CHAPTER SUMMARY

The study background, motivation, problem statement, and objectives were discussed in this chapter, together with the research design and methodology. The study aims to explore the relationship between spiritual intelligence (SI), emotional intelligence (EI) and coping ability (CA) with burnout (BO) among humanitarian aid workers. The application of the results in research and practice was also emphasised in this chapter. The next chapter focuses on the literature review. It pertains to the context of humanitarian aid and the concept of burnout concerning how burnout is conceptualised in general and aid worker burnout, in particular, is conceptualised in literature.

CHAPTER 2: LITERATURE REVIEW-AID WORK AND BURNOUT

This chapter provides a contextual background of relevant research on burnout of humanitarian aid workers. It explores the nature of burnout, its manifestation, and how environmental, organisational, and personal factors affect burnout in this group of employees called aid workers. The review also gives a brief overview of humanitarian aid workers and their day-to-day work, as well as their operating environment. The researcher also examined the importance of understanding burnout in aid workers, especially where recruitment, selection, placement, retention, and support of such employees are concerned. Issues to do with the prevalence of burnout in aid workers will be explored together with the relationship of that incidence to individual factors.

With regards to occupational burnout, the review will specifically focus on the context, concept of burnout, its history, antecedents, correlates, and outcomes, particularly as this relates to humanitarian aid workers. It would also consider critical models and theories, measurement as well as critical challenges in the understanding and measurement of burnout.

2.1 THE HUMANITARIAN AID WORKERS, THEIR WORK AND CONTEXT

It is essential to explore the nature of the humanitarian aid worker, the organisations which employ them, and the contexts in which aid workers operate, to get a clear picture of the daily challenges they face. This exploration brings the environmental issues relevant to aid workers' burnout to the fore.

2.1.1 The Humanitarian Aid Worker

2.1.1.1 The Profile of a Humanitarian Aid Worker

Humanitarian aid workers (HAW) or simply 'aid workers' are employees who are employed full time or part-time, as paid or non-paid employees in organisations involved in humanitarian aid work. The Aid Worker Security Database (AWSD) defines aid workers as the employees and associated personnel of national and international not-for-profit aid agencies that provide material and technical assistance in humanitarian relief contexts (AWSD, 2015). Such a definition also included both locally contracted staff and expatriates, but excludes UN peacekeeping personnel, human rights workers, election monitors, or purely political, religious, or advocacy organisations. A broad definition of humanitarian work incorporates work carried out with the primary purpose of saving lives or reducing suffering and restoring

human dignity. Such work is mainly carried out by humanitarian aid organisations often called Non-Governmental Organisations (NGOs), involved in relief and development work.

The humanitarian industry has been growing by leaps and bounds in the past decades. Regarding employees, ALNAP, a network of agencies working in the humanitarian system, estimated humanitarian aid workers to number 210,800 in 2008 (www.alnap.org). These were broken down like 50% from NGOs, or 25% from the Red Cross or Red Crescent movements, with an estimated growth of 6% every year over the past ten years (ALNAP, 2013). Hoelscher, Miklian, and Nygard (2015) agree with this assertion and further claim that the number of aid workers has tripled in the past two decades. Noel King (2014) asserted that large-scale conflicts and natural disasters fuel growth in the humanitarian industry. Estimates could well be into millions, considering that in most cases researchers and organisations limit their count to expatriates or core employees while ignoring local people who are employed as field workers or assistants in various communities where these groups operate. ALNAP estimated that 95% of the aid workers in INGOs were nationals of host countries (ALNAP, 2013). These statistics are in line with other researchers who put the figure above 92% (Stoddart, Harmer & DiDomenico, 2010). This fact becomes very interesting considering the limited research that focused on national employees. That the number of aid workers has grown significantly would mean that new problems like burnout may well not have been adequately anticipated by NGOs, donor communities, and workers themselves. Research into the dynamics of burnout remains scarce.

Most research focused mainly on expatriates and cannot, therefore, give the full picture of burnout in humanitarian aid organisations (Eriksson et al., 2009; Lopes Cardozo et al., 2005). Such research focuses instead on expatriates' experiences only. There seems to be a class of employees who are, by technical definition, bonafide employees of such NGOs but are excluded if they come from local communities. This focus on expatriates is mainly because some of these may be regarded as beneficiaries, though they receive some form of salary or allowance from the NGOs employing them. Strohmeier and Scholte (2015) define national staff as nationals of developing countries, who provide paid or unpaid humanitarian activities in their homeland through government or humanitarian organisations, whilst working on developing their communities. As much as this is a comprehensive definition, the boundaries may be blurred when one considers that there ought to be a clear distinction between a beneficiary and an employee, or volunteer. Beneficiaries are defined as those involved with

activities only to the extent that they benefit from the work of the humanitarian agency or government, but without being *bona fide* employees.

It is crucial to explore the typical profile of the humanitarian aid worker concerning critical sociodemographic variables, their motivations to join the profession, and how they differ from other occupations. The focus should also include aid workers' experiences and challenges in their line of work. This enables appreciation of the nature of burnout suffered by different types of aid workers. The profiling would also consider variables like age, gender, marital status, educational background and so on. Though specific research on the sociodemographic aspects of the aid workers is limited, pieces of evidence from the available studies would point to diversity in the sector. Available evidence comes from the personal experiences of aid workers as well as their writings, as recorded in articles, books, and blogs. There is a severe gap concerning getting such information.

Aid workers can be grouped broadly into two categories, viz. expatriates and locals. Most research has focused on expatriates with few studies focusing on locals (Lopes Cardozo et al., 2005; Musa & Hamid, 2008; Eriksson et al., 2009; Ager et al., 2012). For expatriates, most of them would be either early career or seasoned expatriates including volunteers who are mission-focused, so as to make a difference in people's lives. Most national aid workers are regarded as beneficiaries from local communities, or specialists influenced by the desire to change their communities (Lopes Cardozo et al., 2005). Such a distinction between expatriates and locals is important, where their experience of burnout is concerned. The shortage of culturally validated research that considers the social, cultural, political, and historical contexts for analyses compounds the problem of interpretation of studies of national aid workers (McFarlane, 2003). Both expatriate and local aid workers have different motivations for what they do. They have different backgrounds and social support mechanisms to cope with burnout.

While aid workers differ in terms of comparative origin, they can also differ in terms of age, educational level, gender, marital status, or nature of work. From job advertisements in the field, it is likely that most of the aid workers range from people who have graduated from college, and who are in their early twenties, to those who have done at least twenty-years of aid work after completion of an internship or graduation (Canadian Red Cross, 2016). This assumption would put the ages at around 20 years to 45 years for most of the workers. There

may be a few who are above 50 years of age and in the field. Young aid workers who are below the age of 30 are expected to differ regarding their experience of burnout and how they cope with it. The difference may stem from different sources of stress and burnout among young adults and middle and late adults. According to McFarlane (2004), single expatriates may experience despair and distress if isolated from other expatriates. Cultural norms and values of the host country towards sexual relations prove in their new context to be the main reason for a sense of the isolation.

Regarding the level of education of aid workers, most expatriates are professionals and specialists with higher levels of education rather than national employees (International Federation of Red Cross and Red Crescent Societies, 1998). These are mainly social workers, doctors, livelihoods specialists and others. Some of these would have their careers back home but would choose to serve some time helping the underprivileged. Most career aid workers work in large NGOs and multilateral institutions like UN organisations (AWSO, 2015). It usually seems that when people talk about aid workers, they mean to refer to this class of aid workers and forget about most national employees working locally as aid workers. Most of these workers may be of low to average educational backgrounds. The expat-local employee ratio in most aid organisations, range widely, with more national than expatriate workers with an average of one (1) expatriate to 10 locals (AWSO, 2015; N.King, 2014; Stoddart et al., 2014). This ratio may be due to the costs associated with expatriate employees as well as challenges often experienced in obtaining work permits.

According to most vacancies for aid worker jobs, a master's or other specialised or professional degree is considered indispensable for someone to work in a non-profit aid organisation. Entry without a degree is unlikely unless applicants have substantial relevant experience in economics, human rights, international development or development studies, languages and so forth as is in the case with many aid worker adverts on websites such as the Reliefweb and Devjobs. The aid worker's educational level may be critical for job opportunities in aid work and finding alternative employment when their employment contracts expire. Aid workers suffer significant stress towards the expiry of their employment contracts due to uncertainty. Those aid workers with better qualifications stand a better chance of fast deployment than their counterparts who may be less qualified. As such, they would experience less stress and burnout stemming from job insecurity than their counterparts. It

should therefore follow that educational level is important in the experience of burnout and coping among aid workers.

Besides educational qualifications and work experience, social competences are ranked very high among aid workers given the context of aid work (Taylor, Stoddard, Harmer, Haver, Harvey, Barber, et al., 2012). Most of the social competences broadly relate in one way or another with SI, EI, and CA. Some of the social competences posted in adverts found in the Reliefweb or Devjobs, humanitarian aid worker recruitment sites include interpersonal skills, problem-solving skills, ability to handle pressure, team building skills, management of both people and projects as well as the ability to motivate others. Other fundamental skills include passion, results-orientation, initiative, prioritisation, delegation, and cross-cultural sensitivity. Some skills required include self-awareness and organisational awareness. Patience, learning agility, and operational decision-making skills, willingness to live and travel in basic conditions, are some of the competences that are found in aid worker job advertisements. For this study, it is important to note that most of these skills are evidence in themselves of emotional intelligence, spiritual intelligence, and coping ability, amongst other critical skills.

As far as gender is concerned in workers, there seem to be more males than females (Rigby, 2013). This situation is mainly because of the contextual challenges and hardships such workers face in the field. Regarding the distribution of males and females, estimates average from below 30% for females to at least 70% for males in typical NGOs. Most women may then be confined to the office rather than fieldwork. To Rigby, female aid workers may have different experiences from that of their male counterparts in a variety of ways. Such an observation may, therefore, mean different coping styles when dealing with burnout as well as mixed reaction to issues which may typically cause burnout. In one study, female aid workers reported more traumatic incidents, higher anxiety, and depressive symptoms than their male counterparts (Strohmeier & Scholte, 2015).

The nature of work for aid workers would typically be split between office and field with the highly educated aid workers being in the field less often than their lowly educated counterparts (Stoddart et al., 2009). These would typically be in offices planning, coordinating, and reporting on projects as well as liaising with the overseas head office and funders (AWSO, 2015). The reasons for such a situation may include language barriers between the expatriates and the community, where locals dominate the field, with expatriates overseeing projects indirectly. The differences in the experience of burnout and its impact may be dictated by the

work environment in this respect, whether in the field or the office, especially where aid is being administered in areas of conflict. It is more likely that being in the field poses greater challenges than being in the office.

Concerning organisational structures, most aid organisations prefer flatter structures, with at most three primary levels, viz. management, specialists, and field staff. Most specialists would occupy managerial grades but may not be directly responsible for personnel except personnel in temporary teams for given assignments (Ager, Flapper, Pietersom, & Simon, 2002). According to most advertisements for aid workers on Reliefweb, those who work in the administrative side of international aid, work in the agency's head office, being responsible for finance, project planning, communication, management, and other administrative areas. On the other hand, fieldwork involves direct delivery of specialised services such as engineering, agricultural development, urban planning, medicine, nursing, as well as other areas of political, social and, economic direct service delivery. Sources of burnout and coping strategies for managerial employees and non-managerial employees are likely to differ, owing to different challenges and experiences.

The length of service for most aid workers range from a few months to about 30 or so years with an average of 10 years (Taylor et al., 2012; Strohmeier & Scholte, 2015). The nature of assignments can explain this. Usually, emergency assignments are of a short-term nature resulting in high staff turnover owing to the completion of the job. Aid work has high employee mobility for this reason. While relief assignments are very short, developmental aid ones are longer (AWSD, 2015). This setup of aid work tends to affect aid employees regarding job security as tenure is not guaranteed. It is often difficult for aid workers to plan for the future given the high mobility in the sector.

Usually, aid workers work in situations of high diversity with colleagues from different national, ethnic, political, religious, and racial backgrounds. Adaptability and flexibility become essential in such environments, failing which, stress and burnout may occur. Level of burnout or coping strategy may also be linked to one's reason for being an aid worker in the first place.

2.1.1.2 Motivation of the Humanitarian Aid Worker

Given the nature of aid work, one is bound to ask questions about a humanitarian aid worker's motivation to join this profession. Some of the reasons advanced for choosing to work for aid agencies include the search for meaning, calling, values, challenges, making a difference, and responsibility, among many reasons (Rigby, 2013, Strohmeier & Scholte, 2015). The motivations include both push and pull factors. Of interest is the fact that there are new assumptions or hypotheses that must still be thoroughly tested of aid workers "running away" from something, or experiencing being maladjusted (Musa & Hamid, 2008). While research is still limited in this area, it is important to note that aid workers must have strong motivations for them to leave the comfort of home, family, and friends in exchange for dangerous contexts full of poverty and instability or even war (Rigby, 2013).

According to Rigby (2013), the limited research on the aid worker motivations has resulted in the tendency to rely on Helen Fielding's (1994) *Cause Celeb*, a satirical novel about aid workers where humanitarian aid workers are classified into four categories as follows:

- (a) missionary - whose earnestness can be a sustaining factor but damaging when ideological issues surfaces.
- (b) mercenary - talented but motivated by material gain.
- (c) misfit - creative but dragged down by an inferiority complex.
- (d) broken heart - who may be willing to take risks due to experiences of adverse events that drain energy

The level of fulfilment and purpose that aid workers attain motivates missionaries in their aid work. To them, it is a calling, not a job. They can even do it without pay. They also seem to cherish the opportunity to make a difference in the world. Aid workers may also experience a thrill seeing and experiencing different cultures and travelling (Ager et al., 2002; Ager et al., 2012; Eriksson et al., 2013). Motivation amongst them may be related to their experience of burnout and how they deal with it.

Mercenaries are often driven by their personal values and passion for economic benefits. Misfits join aid work out of feelings of not being suitable anywhere else. Their inferiority complex drives them to aid work as they would feel superior to beneficiaries. Broken-hearts on the other hand, are driven to aid work as a form of escape from pressing personal issues

from home. They seem to be running away from their past. Such diverse motivational backgrounds affect how the aid workers cope with their work in the field. All aid workers are often expected to work hard and make personal sacrifices as seen in long hours, unpaid overtime and emotionally and physically exhausting field jobs which result in ‘burnout’ in a few years (Taylor et al., 2012). Taylor and his colleagues found that hours of work for aid workers are very long and irregular due to the work demands.

While there is limited research regarding motivations for workers to join humanitarian aid work organisations, an exploration of this aspect may hold the key to the burnout experiences and coping strategies employed by aid workers. As much as people vary in their motivations to join aid work, their responses to stressful situations may differ depending on the motive. Whereas one can hang in as an aid worker to relieve human suffering, another motivated by money may quickly succumb to pressure. Experiences of those aid workers who joined because of unemployment may significantly differ from those who entered to change their communities (Montaiuti, 2013). This discrepancy is likely to be where the distinction between ‘mercenary’ and ‘missionary’ is thrown into proverbial relief.

A sense of meaning and calling to make a difference in other people’s lives motivates aid workers. The motivation also includes a desire to engage in meaningful activities that contribute to securing a better life for those in distress but can be stressed by the constant change and adaptation aid work demands of those who undertake it (Montaiuti, 2013). According to Montaiuti, a strong sense of empathy is also responsible for motivating people to become involved in helping or caregiving work through potentially making them more vulnerable to distress. In support of this argument, Bolton (2015) has asserted that being an aid worker requires the ability to adapt to challenging situations and deal with the emotional strain. Knowledge of one’s motivations is therefore essential for aid workers before they venture into aid work. To Bolton, the top list also includes integrity and accountability due to the money and commodities involved, as well as adaptability, savviness, and the ability to quickly learn to enable one to adjust to new cultures and languages rapidly. The level of commitment and passion the aid workers have for aid work has been linked to aid worker burnout (Eriksson et al., 2013; Taylor et al., 2012).

There have been suggestions of negative influence or motivation for joining aid work. Musa and Hamid (2008) classified 50% of aid workers in their study in Sudan as non-psychotic

psychiatric cases using the General Health Questionnaire suggesting the possibility of maladjusted individuals choosing to become aid workers. It may be that the aid worker experiences often cut quickly through the superficial thereby exposing any vulnerabilities or insecurities one has due to the emotional, the physical, and mental pressure of humanitarian aid work. McFarlane (2004) has found that, concerning the need for survival and financial security, national staff have taken certain risks and tolerated certain poor working conditions in order to keep their job to the detriment of their health and wellbeing.

It is worth noting that Musa and Hamid (2008) did not consider pre- and post-mission data to verify their claim or proffer evidence to support their hypothesis. Lopes Cardozo et al., (2012) noted that aid workers with experience of severe childhood stress seemed less at risk of mental challenges than their counterparts. The limited risk could be as a result of their early experiences that had helped these aid workers to develop more effective coping strategies. This argument can be problematic, because exposure to early life stress predisposes a person to higher vulnerability later in life, not less.

In exploring the characteristics of aid workers, it seems clear that they differ in a way from other professionals. There may be a case of two doctors or two accountants, one working as an aid worker and another one in a private company. These two are likely to have different motivations, experiences, and reactions to burnout. Moreover, their situational contexts may be very different resulting in different experiences of stress, burnout, and coping strategies (Pigni, 2015). It may be that the experience of aid work by its nature shapes the experience of burnout and coping strategies. This fact is more so given some extreme observations by Musa and Hamid (2008) that aid workers seem more maladjusted than other people. While there are gaps regarding pre-and post-test issues, such observations may point to preliminary differences between aid workers and other professionals.

The understanding of the humanitarian aid work is essential to gather more insight into aid workers' burnout experiences. The next section addresses this aspect.

2.1.2 Humanitarian Aid Work

It is essential to explore the nature of humanitarian work and how this may impact on aid workers who carry out the work. How the work itself shapes the experience of the worker and the context is also essential. Humanitarian work tends to aim at achieving specific objectives

through the active role of aid workers and their organisations or agencies. Aid work has a rich and complex history, which has helped to shape the experience of aid workers. Aid work is full of negative experiences, which tend to shape the context of aid worker safety, stress levels, as well as burnout experiences and ways of coping.

Regarding its history, humanitarian aid is said to have started in the late 19th century in response to the 1876-9 Northern Chinese and Indian Famines where more than ten million people died (ALNAP, 2013). Humanitarian work focuses on the material, and logistical assistance to people in need and long-term help by the government or other institutions replaces it (ALNAP). It usually is of an emergency nature undertaken to intervene urgently in a life-threatening situation. It is this overwhelming urgency that forces people in general and researchers to focus on those ‘helped’ more than the ‘helpers.’ (Ager et al., 2012). As such, we tend to understand and be interested more in the beneficiaries of aid than the people who are conduits in this humanitarian system. Understanding aid work may provide the keys to unlocking the potential of structuring the humanitarian system for effectiveness and sustainable aid workers’ health and wellbeing.

Ordinarily, humanitarian aid work takes two primary forms, emergency, and development. The configuration is generally that emergency aid aims to stabilise the victims of natural disasters, disease outbreaks or conflicts and wars whereas development work focuses on recovery. (ALNAP, 2013). In emergency situations, humanitarian work is focused on dealing with the situation to save lives and preserve human dignity. For example, during a disaster like an earthquake, the effort would be focused on rescuing victims, providing them with shelter, food, and medicines. Regarding tenure, relief work lasts from days to months. In development work, the focus is on transition, stabilising the victims from an emergency to recovery. In this case, the context changes from life-threatening to reasonably stable. Work in development situations includes working with beneficiaries in transformational development activities like agriculture, food security, livelihoods, education, and so forth. In essence, relief seems focused on the short-term, and development tends to be focused on the long-term (ALNAP, 2013). The dynamics affecting employees working in emergency settings and development settings are likely to be different. Emergency situations are high-stress environments, which initially may reflect the need to assist ‘victims’ of the emergencies using the aid workers. However, as they are high stress, the way the work is structured may result in feelings of burnout, that is,

emotional exhaustion, depersonalisation and reduced personal accomplishment on the part of aid workers. Such feelings may emerge for various reasons.

Regarding work locations, most include areas of political instability, natural disasters, and medical hazards, all of which pose some form of risk to personal security (AWSO, 2015). Aid workers usually operate in front-line conditions, facilitating the efficient distribution of humanitarian aid to people who have undergone human or natural disasters like wars or earthquakes, respectively. They get directly involved within communities in areas of operation, giving support across education, healthcare, and housing or planning, administration, and implementation of projects (Humanitarian Outcomes, 2014). In the field, they usually assess emergency situations or manage the implementation of emergency activities and monitoring their effectiveness. (ALNAP, 2013). The nature of the emergency may influence the level of burnout experienced as well as the coping style.

Humanitarian aid workers manage and develop emergency response programmes within designated geographical areas that experienced war, natural disasters, or other environmental or developmental problems (ALNAP, 2013). Aid workers operate in frontline conditions where they facilitate efficient distribution of humanitarian aid in emergencies or development after crises (N.King, 2014). The responsibilities of humanitarian aid workers vary according to the nature of job or type of emergency. In some cases, this would involve rapid assessment of the emergency situations or needs and coordination of assistance, management funding and monitoring and evaluation of projects. The job of an aid worker is broad but it includes the responsibility for providing daily emergency services that improve the lives of animals, people, and communities in the developing world (Humanitarian Outcomes, 2015). Key projects relate to governance, healthcare, education, gender equity, disaster preparedness, infrastructure, economics, human and animal rights, forced migration, security, conflict, and the environment. Emergency assistance includes dealing with natural disasters.

It is important to note that in line with job-fit, there may be some candidate profiles that suit humanitarian aid roles more than others due to the nature of the job. This diversity is the reason individual job adverts point to specific patterns that call for tough-minded and adaptable individuals for aid worker roles. Desirable personality characteristics usually emphasised when advertising for aid worker positions are high energy levels, and resilience, flexibility, and resourcefulness, as well as the ability to cope with basic living conditions while working

hard and being positive are usually on top demand (Bennett & Eberts, 2015). Emphasis is also placed on interpersonal skill for interacting with many people of different nationalities, including both locals and co-workers (Bennett & Eberts, 2015). These seem related to coping ability and emotional intelligence.

Humanitarian work has evolved and changed in form and content over the past few decades and with it the complexity that puts the lives of aid workers in danger. According to Nascimento (2015), traditional humanitarianism was driven by principles of helping the victims of emergencies and wars, but today is driven more by geopolitics and strong countries' foreign policies. This situation has blurred the differences between aid and foreign policy, and with it the difference between aid workers and security forces of mainly western countries. It has put aid workers' lives at risk, given the levels of violence against them, whether both national or expatriates (AWSO, 2015). Nascimento asserted that with the end of the Cold War, both the concept and practice of humanitarian action have significantly changed, seeing the emergence of 'new humanitarianism,' which incorporates much broader and longer-term objectives, such as development or peace, and notes that this change poses significant challenges to humanitarian actors in the field. He attributes most of these problems to the increasing political and militarised nature of humanitarian action, where aid workers and beneficiaries bear the brunt, and where burnout is likely to occur where intervention is not made.

McFarlane (2004) has suggested that those aid workers who worked with traumatised local groups were likely to burn out faster than their counterparts working with non-traumatised locals. It seems rejection by the local population accounted for the distress risk in international staff. Ahmad (2002) noted that it is likely that some national staff have been internally displaced and may suffer from alcoholism, domestic violence, depression, anxiety amongst other conditions in situations of recent civil conflict.

From the above, it appears to be the case that aid work is expanding owing to increase in natural to human-made disasters. The growth has also been exponential given the increase in funding for aid work, increase in the number of aid employees and increase in the number of challenging locations. For effectiveness in the performance of humanitarian work, there is a significant dependence on local and expatriate humanitarian aid workers whose skills and competences vary. These aid workers provide a critical role in the effectiveness of the

humanitarian industry. Their mental state is crucial to the success of the humanitarian projects, programmes, and interventions. Like most work in challenging contexts, there is an increase in mental health issues, mainly primary and secondary stress (Lopes Cardozo et al., 2005; Eriksson et al., 2013). There is also a significant increase in vulnerability when it comes to security issues like kidnapping, physical harm or even death (Humanitarian Outcomes, 2014; Stoddart et al., 2009; AWSO, 2015). Given the nature of the aid work and its context, aid workers are made vulnerable to stress and burnout. Survival and effectiveness of an aid worker in such stressful environments demand specific social and adaptive competences.

It is clear from the preceding that aid work is challenging, particularly with regard to the way it is structured. Emergency and high stress situations and mostly dealing with people under challenging contexts are naturally prone to overwhelm an individual's coping resources (Lopes Cardozo et al., 2005; Stoddart et al., 2009).

The next section deals with the humanitarian aid agencies and how their dynamics affect burnout in aid workers.

2.1.3 Humanitarian Aid Work Organisations

Humanitarian work, be it relief or developmental work is typically carried out by organisations that focus on delivering aid for that purpose. These include the UN system, the Red Cross, and NGOs. Most employers of humanitarian aid workers are INGOs, charities, private trusts, or foundations as well as voluntary, not-for-profit organisations (AWSO, 2015). According to ALNAP (2013), the 'Big 5' of the humanitarian aid organisations are known for their budget size and employment numbers as well as coverage. These include Medicines Sans Frontières (MSF), Save the Children, Oxfam, World Vision International (WVI) and International Rescue Committee (IRC). They spent approximately 31% of the humanitarian budget with the rest spending 69% in 2013. Sectors mostly covered by these organisations include security, protection, agriculture, economic recovery, education, water, sanitation, and hygiene (WASH) as well as health, coordination, and food (Humanitarian Outcomes, 2015).

NGOs can range from small local groups to major international agencies working in more than 50 countries across the world. These NGOs have been defined by their separation from government. Many of these agencies work hand in glove with governmental and inter-governmental agencies like USAID and UNICEF among others. They are also directly funded

from public charitable giving, donors, and governmental or inter-governmental agencies for specific programmes. Although NGOs focus on relief, that is, alleviating suffering and supporting people in crisis, they spend more on assisting towards longer-term development goals and reflects inter-governmental and governmental policies concerning such issues as poverty elimination, governance, gender equity and sustainable development. As such there may be issues of security and safety for aid workers related closely to ‘hostile’ countries in host countries (AWSO, 2015).

Most of these organisations have headquarters in the US (45%) and Western Europe (34%) with UK and France taking 11% and 5% (ALNAP, 2013). It is often the case that since most of the players in the humanitarian space reside in the West, there is a constrained view of humanitarian workers to focus on expatriates and volunteers from donor countries at the expense of national employees who form the majority of the workforce (ALNAP, 2013). It becomes therefore critical to have a full picture of the situation of the employees working in the humanitarian arena, both expatriates, and locals. The aid work agency tends to be important in shaping dynamics that may affect the wellbeing of the aid worker with once agency aiding and another negatively affecting aid workers’ wellbeing. In the Middle East, most Western NGO agencies and their employees are the targets of violence (AWSO, 2015). As such, this may constrain or limit an aid worker’s freedom in each context and bring about burnout.

It is important to note that NGO cultures are not very different from their head office country culture. This similarity can be a challenge for the aid worker in the field, given the need to cope with the diversity of cultures between head office country and host country (Bennett & Eberts, 2015). In certain contexts, the relationship between the host country and the NGO head office country can affect the operations of the NGO in the host country as well as the safety and security of its employees. There are numerous examples in Pakistan, Somalia, and Zimbabwe wherein expatriates from so-called ‘hostile’ countries were either harassed or victimised in host countries (Humanitarian Outcomes, 2015).

Noel King (2014) puts the number of NGOs in the world at more than 5,000 and The National Association of Non-Governmental Organisations (NANGO) put those operating in Zimbabwe at more than 2000 (NANGO, 2006). Increased large-scale conflicts in the world and natural disasters accounted for an increased amount of funding of humanitarian work to avert disaster, and to ease human suffering. According to Cook (2013), humanitarian work is famous work,

and the number of field staff is continually on the rise. Noel King also weighed in, arguing that, as the humanitarian crisis grows, so does the aid industry. That the world has humanitarian crises is beyond debate, given the increased prevalence of natural disasters like earthquakes, tsunamis, deadly disease outbreaks, and climate change induced droughts and famine in various parts of the world. People who work as aid workers work in NGOs as full time or part-time employees. While past research has focused on the beneficiaries of humanitarian aid, there is a glaring gap in as far as what the humanitarian aid worker goes through, even more so given the contextual challenges they face in their day to day work.

Noel King (2014) estimated a record US \$22 billion raised from donors, governments, foundations, corporations, and individuals in 2013. Hoelscher et al., (2015) put the growth of the humanitarian sector as having been exponential in the past twenty years with global aid increasing 400% to US \$25 billion. As such, it is agreed that the humanitarian aid sector is growing, both in terms of employment, as well as associated challenges. With regards to funding, most of the NGOs get funded from countries (for example, DFID, USAID, and others), multilateral institutions like UN or UN organisations, private companies, foundations, or individual donors. According to NANGO, an NGO is an organisation that is not profit-oriented according to the Private Voluntary Organisation Act (Chapter 17:05; 1996), with the aim to “benefitting society or a particular community in furthering its objectives” (p.3). Taking this into consideration, it is apparent that vast sums of money and big players are involved in the humanitarian space, yet limited attention is paid to the humanitarian aid worker, as the key lynchpin in this system.

Regarding humanitarian aid organisations, their profile, culture, ability to pay and values can affect the employee. NGOs have different backgrounds and values. For example, World Vision International (WVI) and Save the Children are child-focused organisations. Other NGOs focus on the elderly, victims of HIV/AIDs, orphans, widows, or the poor. It may seem that the type of beneficiary can affect the employee. Research has also covered compassion fatigue, where the employee feels overwhelmed by the nature of challenges and their inability to address the problems due to the inadequacy of resources. It is, therefore, crucial for congruence between the employees’ values and the aid organisation cultural values to minimize stress, and hence burnout.

Most NGOs have religious backgrounds and beliefs that drive their work. These beliefs can have serious implications concerning the employee's ability to adapt to the organisational values. For example, WVI is a Christian organisation which employs more than 40,000 employees worldwide, and they operate even in non-Christian contexts like Pakistan and Jordan which are predominantly Muslim (World Vision, 2015). While they have expectations of their local employees to respect and champion their values, those workers that may be Muslim can experience serious challenges.

According to Pigni (2014), organisational culture can be dysfunctional and averse to change. She argues that most distress in the field does not come from actual work in the communities but 'defensive' and 'sacrifice' cultures of aid organisations. To her, burnout is not merely overwork or accumulation of stress, but results from the power dynamics in the culture of aid organisations.

In summary, the organisation in which an aid worker serves is critical regarding the aid worker's experience from joining, to tenure and exit (Taylor et al., 2012). The organisation influences the type of worker employed as well as their experiences in the system. Burnout is experienced based on the context of the work as well as its human resources practices (Maslach & Jackson, 1984). As such, it is essential to understand the context of aid work to get a sense of the environment where aid worker burnout occurs.

2.1.4 Humanitarian Aid Work Contexts

Humanitarian contexts are by nature challenging given the fact that humanitarian efforts are meant to save lives and promote development. The environmental challenges aid workers face include social, political, economic, and legal among other factors. Such is the context in which humanitarian aid organisations operate. By their very nature, the humanitarian settings are stressful (Humanitarian Outcomes, 2011, AWSD, 2015). That they are of an emergency or crisis nature points to the difficulties workers in these contexts face. Considering the dearth of literature on the subject, exploring the aid context with these aspects in mind will assist in shedding light on the constraints, challenges, and the unpredictable nature of such contexts. The exploration will also improve awareness of the way the aid work context influences experiences of burnout and the way aid workers cope with burnout.

Humanitarian work is carried out in country contexts, and aid workers operate environments shaped by the nature of emergency as well as the focus of humanitarian action. Most large-scale work is carried out in Africa, Asia, and the Middle East (AWSO, 2015; Humanitarian Outcomes, 2015). Key examples include tsunamis in Asia, Earthquakes in Haiti and Naples, wars and famine in Africa and the Middle East, HIV/AIDS, and the Ebola scourge in Africa. This points to difficult, stressful, and challenging environments which are likely to affect the aid worker's wellbeing the moment aid workers encroach on such contexts. They may start experiencing dissonance between their 'calling,' 'mission' and the context itself resulting in mental health problems including burnout (Lopes Cardozo et al., 2005; Montaiuti, 2013). It is therefore found that researchers generally agree that the humanitarian context is responsible for the psychological health problems affecting aid workers.

By their very nature, most beneficiaries of humanitarian aid tend to be from third world countries. These countries may be trailing the first world countries regarding generally accepted critical economic, political, social, and technological growth indicators (Pigni, 2014; Musa & Hamid, 2008; Eriksson et al., 2013). Political turmoil and conflict plague most humanitarian contexts. On the economic front, they may have citizens in abject poverty and stricken by disease and reduced living standards. There is often mention of poor infrastructure, lack of social amenities and even technology with limited communication or rural areas, which may be inaccessible (Canadian Red Cross, 2016; Humanitarian Outcomes, 2015). Such environments present a challenge regarding coping on the part of the aid worker. The problem is first by the personal experiences in such a context, and second by the nature of the job itself as there is so much need and high expectations placed on helping (Taylor et al., 2012).

Most aid contexts are shaped by the primary need for aid. It seems relief emergencies tend to be more stressful than developmental settings, because of the need to intervene to save lives urgently. However, in terms of the work itself, the two are functionally inseparable, with development aid following quickly after the emergency aid. In certain instances, one aid agency undertakes both developmental and relief operations. Emergency situations usually psyche aid workers for responsiveness and jolt them into action because they are used to rapid responses. Such emergency response tends to be purposefully short-term whereas development is designed to extend long-term. In all contexts, there are personal restrictions regarding movement, freedom, and budgets, though the latter has less negative connotations than the former. There are also limitations which are role-based and others that are concerned

with freedom to act or budgets. There seems to be more protocol and structure in aid agencies when dealing with emergency situations, and such restrictions may be the source of stress and burnout. On the other hand, aid organisations may be constrained by the context, local governments, foreign governments, budgets, and headquarters among other limitations. This in turn present restrictions to aid workers who may experience burnout. Some contexts have labels from various writings and travel warnings which may psychologically affect those aid workers working in such settings. For example, Goma in the Democratic Republic of Congo (DRC) has been nicknamed the ‘Rape Capital of the World’ in aid circles, and this is certainly most likely to trigger feelings of uneasiness and fear in aid workers operating there (Lloyd-Davies, 2011).

Ager et al., (2012) noted that it is that continual exposure to a challenging work environment that increases the risk for depression, not, per se, the experience of the dangerous or threatening situation. The weak social support and history of mental illness also raised dangers for aid workers. On the plus side, the researchers noted that aid workers who felt highly motivated and autonomous, generally reported less burnout and higher levels of life satisfaction.

2.1.4.1 Situational Risk Factors associated with mental health problems.

McFarlane (2004) identified seven areas of situational risk for psychological distress associated with the unique nature of humanitarian work. These areas include the timing of employment, organisational preparation, violence, and threat to life, cultural and geographical context, corporate support, systemic role conflicts and interpersonal relations. They differ for expatriate and national staff. For example, McFarlane (2004) argued that there are critical points in each phase of work for humanitarian aid workers that carry the increased risk of death, ill health, and distress. For international staff, these risks occur before departure, during the first overseas assignment, and upon arrival at any new country of assignment. This situation seems to occur right at the termination of the assignment, and upon return home. For national staff, the risk occurs during the first job with NGOs. The risk for such local staff stem from unrealistic expectations from local beneficiaries. These transitional periods are the points or times at which the staff has reported increased psychological distress and physical health complaints.

Various recommendations have been made to improve aid workers' wellbeing. Cardozo & Salama (2002) recommended the use of a formal mentoring system to support newcomers under such conditions, in order to mitigate the psychological distress. They also noted that experienced personnel, who had completed multiple assignments, were at risk of increased exposure to more traumatic experiences. Ager et al., (2012) and McFarlane (2004) also supported the suggestions that humanitarian aid workers are likely to experience higher psychological distress both upon arrival and after multiple stressful assignments. Rest and recuperation, which involve some short breaks within and between assignments, may be essential interventions for mediating the effects of traumatic stress (Eriksson, Vande Kemp, Gorsuch, Hoke, & Foy, 2001; McFarlane, 2003) allowing staff to refresh, destress, and recover from the psychological distress of aid work.

The cultural and the physical context also has a bearing on the experience of burnout on aid workers, both expatriates, and nationals. According to McFarlane (2004), for international staff, social, cultural, and geographical isolation is often an inherent part of the overseas experience resulting in feelings of feelings of abandonment, despair, and fear if they live in remote areas. National staff working with minority, disadvantaged and community groups where they are considered outsiders, may feel isolated, especially if their language is different (McFarlane, 2004). To him, such isolation necessarily reduces the opportunity for social support, a factor commonly associated with the amelioration of stressful or traumatic experiences.

Organisational support is somehow missing in most aid agencies. According to Ager (1999), there is often a culture of denial among some aid organisations as well as a legitimate lack of organisational capacity to cope with the psychosocial challenges their staff face. Some lack of support may be in the form of head office support to the field as well as budgetary and social support even by way of visits. According to McFarlane (2003), the remoteness of the Western office to the in-country office and the functional capacity of the NGO all increase the risk that humanitarian aid workers will feel unsupported organisationally. While expatriates may feel the disconnection by the distance from the head office as a stressor, for locals their stress may arise from relating to the cultural difference with the organisation. Such differences may include the Western organisational style, language and communication barriers, an increased sense of insecurity about job loss, socioeconomic disparities, differential treatment, and enhanced power differentials (Ahmad, 2002; McFarlane, 2003).

2.1.4.2 Zimbabwe Humanitarian Context

The picture of humanitarian space in Africa, in general, is one of conflict, wars, diseases, HIV/AIDS, drought, and limited economic development (AWSO, 2015; Humanitarian Outcomes, 2015; ALNAP, 2013). Major conflicts and diseases have been associated with Africa. The continent has been on the receiving end of international aid.

Being in Africa, Zimbabwe is not very different regarding context from the broader continent. The country obtained its political independence from Britain in 1980 after prolonged political instability and a bush-war which lasted more than two decades. During the bush war, there were NGOs which were operating focusing mainly on the problem of increased refugees (NANGO, 2006; World Bank, 2015). NGOs like World Vision International and Red Cross were operating in Zimbabwe even before independence (World Vision, 2015). These NGOs and their employees had to cope with the challenges of political and military conflict.

After independence, the focus of NGOs was mainly relief and developmental. According to NANGO (2015), the initial efforts of NGOs were directed towards reconstruction and rehabilitation of the country as it was emerging from war. It was also meant to support the new black majority government transitional developmental plans in areas like resettlement, infrastructural development and income generating projects for groups like women, disabled and elderly (NANGO, 2015).

According to NANGO (2015), from the 1990s when the government shifted from socialist to market forces, new NGOs emphasising more on advocacy came up focusing on human rights in general with children and women's rights playing a more prominent role. With the economic challenges which followed the land reform of the early 2000s and the associated political instability, the humanitarian situation became challenging. There was also the drought of 2002/3, cyclone Eline of 2005, and an outbreak of cholera in the year 2008/9 as some of the critical events which had a bearing on the humanitarian space. With the increased prevalence of HIV/AIDS, NGO activity increased in the country. The NANGO estimated that Zimbabwe has more than a staggering 2000 NGOs registered with the Government.

The socio-political and economic challenges of Zimbabwe have enjoyed widespread coverage in both regional and international media for the past two or so decades. Zimbabwe has a

population of 13 million people as per the 2012 Census by the Zimstat (2015). It has been going through socio-political and resultant economic challenges for the past decade or so which has mainly been blamed on the land redistribution program which took place in the late 90s and the early 2000s (World Bank, 2015). This situation saw an exodus of white farmers, crippled the economy, and resulted in shortages of basic commodities. On the international front, where there was global condemnation, sanctions, and isolation of the country. Successive disputed elections in 2002, 2008, and 2013 resulted in political uncertainty (World Bank, 2015)

On the environmental arena, there were successive droughts in parts of the country, especially the Southern and Western parts as well as floods in low-lying areas. Disease outbreaks like cholera killed some people in the early 2000s. On the other hand, HIV/AIDS continued to affect the population with a prevalence of 14.7% (2012 *est.*) and over 1.3 million people living with HIV/AIDS (World Bank, 2015). According to the World Bank report, the Zimbabwe economy contracted from 1998 to 2008 rebounding in 2010 to 2011 and slowed in 2013 to 2014, owing to poor harvests and a decline in mineral earnings. Hyperinflation before the 2009 introduction of the multi-currency exposed the population to great economic suffering and challenges.

There are severe restrictions on the humanitarian space, with the government of the day monitoring the work of the humanitarian organisations strictly and frequently accusing them of promoting the regime change agenda (NANGO, 2015). The government at times used legislation to deregister such institutions, resulting in uncertainty on the part of organisations in general, and employees in particular. While on the ground, there was an increased need for assistance on the part of the populace, there was reluctance on the part of the government to allow aid organisations to access these people (NANGO). In 2008, aid organisations' field activities were suspended by the government for close to two months (NANGO). In 2008, Care International was suspended as part of growing suspicion that it was working with opposition parties (NANGO, 2015). There were cases in which some NGO employees were arrested for various alleged crimes. For example, in 2009, three USAID employees were arrested for practicing without valid licenses (USAID). The head of the UN Office for Coordinating of Humanitarian Affairs in Zimbabwe (UNOCHA) lamented aid restrictions and complained of the shrinking humanitarian space in Zimbabwe (Dugger, 2008). Most aid organisations scaled down operations or stopped completely owing to interference by

government on their work. It was widely reported that NGOs were used by regime change sponsors to channel funds to the opposition political parties and their activities especially in the rural areas. Affected international NGOs included Save the Children-UK, Mercy Corps, Plan International, Care, and World Vision. Such a context could have triggered burnout on the part of aid workers given their commitment to serving the poor and the underprivileged.

In Zimbabwe, NANGO has divided NGOs into three categories, namely Relief and Welfare, Development, and Advocacy. Relief and Welfare NGOs have their roots in charity and welfare work aimed at assisting the disadvantaged through relief aid or handouts (NANGO, 2015). Developmental NGOs focus on long-term development beyond relief services. These usually try to complement government efforts in reconstruction or rebuilding programmes. The last group of Advocacy NGOs sprang up in the 1990s, when Zimbabwe shifted from its socialist driven policies, according to NANGO. The advocacy NGOs have their roots in the rights-based development work inspired by various international conventions and procedures. This understanding of the types of NGOs or humanitarian groupings in Zimbabwe is vital for the knowledge of the context in which they work as well as the associated burnout in this group.

Also crucial in the context of Zimbabwe is the glaring gap in the studies of burnout in general and burnout in aid workers in particular. Few studies have been undertaken on burnout with most focusing on nurses (Wilson & Chiwakata, 1989). This study would help to close the gaps in burnout knowledge in Zimbabwe, and in humanitarian aid workers.

2.2 EXPLORING HUMANITARIAN AID WORKER BURNOUT

This section seeks to explore the conceptualisation of humanitarian aid worker burnout in literature. It is in response to the first research question about literature review. Recently, a lot has been written about aid worker burnout though most of it comes from blogs by aid workers and guidelines by aid organisations (Antares Foundation, 2006; Rigby, 2013; Pigni, 2015; Headington Institute, 2015). Most of what has been written has been based on personal experiences of the aid workers (Alexander, 2013). As such, there are gaps regarding scientific research in this area, which should be closed for improved understanding of burnout.

With the growth of the humanitarian industry, challenges have been seen in the employees, organisations, and communities as well. According to Cook (2013), there are high chances of aid workers suffering from stress-related burnout due to the prolonged dangers they face in

the locations in which they work. He asserts that they face violence, kidnapping, car-jacking, assault, death, alcohol or drug abuse and feelings of emptiness among other dangers. Georgieva, the European Commissioner for International Aid and Crisis Response, described humanitarian aid work as one of the most dangerous professions (Cook, 2013). It has also been estimated that as many as 12 to 15% of aid workers return from field locations with a psychological problem which can also affect physical health and wellbeing (Lopes Cardozo et al., 2005; Eriksson et al., 2013; Cook, 2013).

Aid workers are exposed to various challenges in the day to day work, most of which result in burnout if not dealt with effectively. ALNAP (2013) reported that 2013 had a new record for violence against civilian aid operations with 155 deaths representing a 66% increase from 2012 figures. According to Lopes Cardozo et al., (2012), international humanitarian aid workers providing care in emergencies suffer from subjection to numerous chronic, and traumatic stress and this affects the workers' mental health. These workers have experienced anxiety, depression, burnout, life, and job dissatisfaction (Musa & Hamid, 2008; Lopes Cardozo et al., 2012; Ager et al., 2012). Aid workers are prone to stress stemming from job security; environmental conditions; limited career opportunities; low salaries; unsafe living conditions; all of which may lead to adverse health outcomes (Lopes Cardozo et al., 2012). If unchecked, such stress result in burnout of the aid worker.

According to McFarlane (2004), humanitarian staff often experience ongoing conflicts between their professional goals and those of external players such as beneficiaries, local and international governments, and other associated bodies. As such, some aid workers may experience frustration, despair, and anger at the difficulty of conducting useful work within these contexts. Such feelings would easily trigger burnout and/or adverse consequences such as hopelessness, disillusionment, and a sense of inadequacy, for both the employee, the organisation and the beneficiaries.

Understanding burnout in aid workers is of paramount importance when their deployment and wellbeing is concerned. Since these employees experience regular exposure to the risk of violence, terrorism, depression and anxiety, their extreme distress can result in adverse effects of psychological functioning and productivity in aid organisations (Lopes Cardozo et al., 2012; Ager et al., 2001; Ager et al., 2012). Such understanding of the effect of burnout on aid workers helps in the formulation of staff wellness policy and appropriate responses on the

psychological and physiological effects. This appreciation can result in interventions informed by rigorous scientific research in areas of selection, placement, support, and training of aid workers. The primary challenge, however, is that most studies on aid worker burnout focused on expatriate aid workers at the expense of locals. However, regarding the statistics on violence and deaths in the sector, most of the victims are nationals (Stoddart et al., 2009; Humanitarian Outcomes; 2015; ALNAP, 2013; AWSO, 2015).

Musa and Hamid (2008) have asserted that aid workers operating in war zones are susceptible to psychological health problems most of which could develop into stress, burnout, and acute traumatic stress. Using the General Health Questionnaire, they found that burnout was positively related to general distress and secondary traumatic stress, and negatively associated with compassion satisfaction with local Sudanese aid workers reporting higher levels of burnout and secondary traumatic stress than did the international workers. Ager et al., (2012) who found that humanitarian aid workers significantly risk mental health problems, both in the field and after returning home, also supported Musa and Hamid's findings.

In a study of 212 international humanitarian workers in 19 NGOs, Ager et al., (2012) found that before their deployment, 3.8% of the aid workers reported symptoms of anxiety, while 10.4% reported symptoms of depression. These findings are broadly in line with a prevalence of these disorders in the general population when compared to post-deployment rates of 11.8%, and 19.5%, respectively. The results indicate that three to six months later, there was some improvement in rates of anxiety, which fell to 7.8%, but that rates of depression increased to 20.1%. The study points to the challenges of adjusting to home life after deployment.

So, in other words, it is the continual exposure to a challenging work environment that increased the risk for depression, not the experience of dangerous or threatening situations. This indicates that weak social support and a history of mental illness also raised risks though aid workers who felt highly motivated and autonomous reported less burnout and higher levels of life satisfaction.

To address the issues, Ager et al., (2012) urged NGOs to screen aid worker candidates for mental illness history, make them aware of the risks associated with humanitarian work, as

well as to provide them with pre-and post-deployment psychological support. Other aspects emphasised included a supportive work environment, manageable workload, and recognition, as well social support.

Research pointed out to the fact that the needs of the populations they serve can overshadow the humanitarian aid workers' own needs and well-being (Ager et al., 2012; Lopes Cardozo et al., 2013). This situation could be challenging for those NGOs and the aid workers themselves as they seek to drive a case for staff care programmes. To Ager et al., (2012), depression, anxiety, and burnout are an appropriate response to the experience of widespread global injustice. Lopes Cardozo et al., (2013) focused on local aid workers after noting that most researchers focused on expats. Research on stress and mental health problems afflicting aid workers is fragmented and scarce, though critical themes of health and psychological problems among both national and international aid workers exist across working environments.

Key symptoms of the various mental health conditions include physical illness, distress, alcohol abuse, anxiety, depression, PTSD, risk-taking behaviours, non-directed anger, and secondary traumatic stress. There also seems to be the typical bravado associated with aid workers due to what they face which tend to mask the vulnerability that is inside (Rigby, 2013). Reviewing Jessica Alexander's (2013) book *Chasing Chaos*, he pointed out the deep search for meaning found in most aid workers who are searching for something deeply personal and emotional. Of concern is that many young aid workers are unprepared and given a high weight of the responsibilities they face, and they end up giving up and burning out, due to the size of need when compared to what they can do. The book *Chasing Chaos* has been welcomed as a call for the urgent need for organisational change when it comes to supporting the well-being and health of aid workers.

Literature has pointed to an upsurge in the concern and research of the psychological needs of humanitarian workers working in challenging circumstances (Eriksson, Bjorck, & Abernethy, 2003; Lopes Cardozo et al., 2005; Ager et al., 2012). Humanitarian actors have devised various guidelines for staff support and wellbeing coming from multiple organisations or groupings concerned with aid staff wellbeing (AWSO, 2015; People in Aid, 2015). In the same vein, there is a growing acknowledgement of the relationship between the experience of traumatic events and anxiety symptoms like PTSD and depression, as well as burnout components (Ager et al., 2012). It is also apparent that coping is an issue for these aid workers.

The increase in conflict and complexities of aid work in various contexts has significantly exacerbated the mental health situation of aid workers. According to McFarlane (2004), contemporary humanitarian aid personnel increasingly work in complex environments where problems related to prolonged civil conflicts, poverty and disaster are rife. These conditions place humanitarian staff at risk of experiencing traumatic and daily cumulative stress. It is also clear that during these complex emergencies, humanitarian staff are at risk of experiencing acute potentially traumatic stressors and ongoing cumulative daily stresses.

The consequences associated with aid work range from social, emotional to physical on the part of the aid worker. These also include death, physical illness, and psychological distress. Research and incidence reports on humanitarian aid work indicate a documented rise in mortality rates of humanitarian aid workers over the past decade (AWSO, 2015; McFarlane, 2004). Past researchers have pointed out to severe risks humanitarian staff face as well as the potential stressful issues they cope with. Kidnappings, hostages, intentional violence, accidents, infectious disease and even killings are rampant (ALNAP, 2013; AWSO, 2015; Humanitarian Outcomes, 2015). Research has established that for every one international aid worker death, there are at least three national aid worker deaths (AWSO, 2015).

Physical health complaints among aid workers are a result of the absence of medical facilities in areas in which they operate. McFarlane (1988) pointed out that physical illness experienced by humanitarian workers to be another stressful part of their lives, given the limited availability of health services in their areas of work and intervention. The psychological comorbidity has been pointed out as another critical issue, especially in extant research. According to McFarlane (2004), increasing evidence has suggested that international humanitarian staff are at risk of developing significant mental health problems, especially on post-deployment. Research by Eriksson et al., (2001) found that 10% of their sample of returned American relief workers had developed post-traumatic stress disorder (PTSD) after three years at home, a rate comparable to levels of distress amongst humanitarian peacekeepers. In related studies, Cardozo and Salama (2002) also reported high levels of depression (15%), anxiety (10%), and alcohol abuse (15%) in international aid workers. Other studies also point to distress, culture shock and burnout that humanitarian staff experience (Ager et al., 2012; Stearns, 1993).

The mental health issues faced by aid workers are not limited to expatriates alone but extend to nationals as well with available evidence suggesting that national aid workers are also at increased risk of psychological distress (Lopes Cardozo et al., 2003). They found that that human rights workers in Kosovo experienced elevated levels of depression and anxiety associated with longer duration of employment. In the Gulu Province of Northern Uganda, depression, anxiety, and PTSD peaked among national aid workers (Ager et al., 2012). This may be because of the fact that national staff usually experience similar challenges to those local population targeted by humanitarian aid. It may even be that national staff may experience more mental health issues especially when expatriates are withdrawn from the field owing to safety concerns.

Musa and Hamid (2008) also mentioned a range of personal and professional difficulties that national staff face, including problems with accommodation, finances, safety, job security and family dislocation. It is apparent that psychosocial challenges of national staff are less covered in Western research literature, than those of their international counterparts, which this study seeks to address in part.

The review above shows apparent gaps in the study of aid workers' experience. It attempts to explore the humanitarian aid worker burnout as articulated in literature. There seems to be a realisation that burnout is a problem in aid workers given the increased complexity and contextual challenges the aid workers experience. It is also clear that there is a need for action to protect humanitarian aid workers from burnout, if the effectiveness of humanitarian programmes is to be guaranteed. While there is a consensus that aid workers suffer from some mental health problems, there is greater emphasis on PTSD, as the default mental health problem for aid workers. This emphasis is at the expense of burnout which seems well-linked to the very reason people join 'Aidland'. Burnout is high level at construct level without going into burnout dimensions like exhaustion, depersonalisation, and reduced personal accomplishment.

It should also be highlighted that focus of aid worker research has thus been in either Latin America or Asia or the Middle East with a limited emphasis on Africa. Where Africa receives focus, this focus is placed on North Eastern Africa with Sudan and Uganda featuring more than other countries. One consideration also has been in conflict areas. Limited research has been carried out in Southern Africa in general and Zimbabwe in particular. Zimbabwe would

be ideal, given the nature of issues experienced in the country, which may be very different from actual military conflicts, as experienced in Sudan and Somalia.

It is therefore clear from the preceding review that burnout is a challenge in the humanitarian sector in general because of the context and that the humanitarian worker is at risk. The next section seeks to explore the concept of burnout in detail to have a clear picture of which forms of burnout the humanitarian aid worker experiences. It is essential to consider the construct of burnout with its dimensions for an in-depth understanding of its nature, manifestation, and impact in general and specifically in the humanitarian sector. A review of the literature on burnout is likely to provide the relevant background of the concept, and how researchers in aid work, can explore its dynamics in this sector, over and above the helping professions.

2.3 BURNOUT

This section explores the concept of burnout, its definition, dimensions, history, antecedents, and consequences.

2.3.1 Introduction to Burnout

2.3.1.1 Burnout Definition

There has been tremendous interest in burnout over the past three decades or so. Instead of waning, the interest revived recently due to the increased emphasis on staff wellness and staff engagement in recent years. Scholars have come to be interested in exploring the relationship between burnout and engagement in employees (Maslach & Leiter, 2016). Initially, the interest was limited to human services, but it later expanded to other occupational groupings. The reason for the sustained interest includes the need for professional solutions and emphasis on wellness in the workplace by both researchers and practitioners.

Burnout falls under the general rubric of staff wellness and wellbeing. Burnout is a term that was coined by Freudemberger (1974), a psychologist in the 1970s. He tried to describe a condition of exhaustion on the part of committed volunteers working on drug addicts. To him, this condition of exhaustion was brought about on committed staff by working too intensely while ignoring personal needs. The conceptualisation of burnout during this time apparently raise a question or two. It seems burnout was limited only to committed staff but excluding uncommitted ones and that if one could balance his work and life, there would not be any

reference to burnout. Research did not go far enough to clarify whether emotional exhaustion was merely physical, mental, or both.

Maslach and Jackson (1981) who were working on social phenomena during the period defined burnout as a “psychological syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that occur among individuals who work with other people in some capacity” (p.84).

This definition is more of a description of the critical components of burnout than an actual definition. What begs further inquiry is the question of whether burnout is limited only to these three components, or whether there can be more components. It also seemed that during this period, there was a belief and conviction amongst scholars that burnout is limited to human services. It is the work of Maslach which greatly influenced contemporary thinking on burnout.

Halbesleben, Buckley, and Brooks (2004) considered burnout as a form of work strain and a result of a significant accumulation of work-related stress. Originating from a metaphor of flames burning out, researchers define burnout as a syndrome resulting from chronic job-related stress. Maslach and Jackson’s (1981) definition is the most popular and widely used definition across research on burnout. The distinctive characteristic of burnout according to Maslach and Jackson (1981) is the three components or emotional exhaustion, depersonalisation and reduced personal accomplishment. Others have queried such definition as involving the content of burnout but not considering what it is. There is also an indication that burnout only occurs in service occupations, that is, where someone is working with other people. Such conceptualisation resulted in initial efforts in the study of burnout limited to human services alone until others expanded the research to other occupations.

Freudenberger (1974), who is famed a pioneer of burnout research, defined burnout as a person’s state of exhaustion brought on by committed staff working too intensely without regard to their individual or personal needs. The key words in this definition include exhaustion on committed staff. Other researchers coming after Maslach and Jackson (1981) and Freudenberger (1974) used these as a rubric for their own conceptualisations.

These include Tracy (2000) who looked at burnout as a general wearing out or alienation from the pressures of work, and as a consequence of a complex interplay between individual factors and work characteristics. It was agreed that burnout results from long hours, little rest or continued peer, customer and superior surveillance or demands (Tracy, 2000). Such long hours are a norm for humanitarian aid workers, who feel called to serve in emergencies and disasters (Lopes Cardozo, Sivilli, Crawford, Scholte, Petit, Ghitis, Ager & Eriksson, 2013).

What is interesting is that burnout was universally seen as a work-related issue and mainly in human professions. The most common theme was that it was conceived as a psychological issue to do with helping, commitment, sacrificing and exhaustion. Whereas Freudenberger (1974) focused on the individual, Maslach and Jackson focused on burnout from a social psychological perspective. This view points to a critical interplay between individual and environmental factors in burnout. According to Maslach and Leiter (2016), the individual's experience is therefore placed within a social context involving one's conception of self and others. Therefore, one perspective focused on the work environment and how it resulted in burnout whereas the other focused on the individual characteristics essential to burnout.

The definitions discussed above have connotations of coping, that is, how individual employees cope with the demands in the workplace. In other words, burnout becomes a process that involves cognitive, emotional, behavioural, physical responses to stressful working conditions. Thus, one's ability to cope with demands in the work environment, can determine whether he or she will suffer from burnout or not.

2.3.1.2 Conceptual Issues

There are apparent conceptual issues that arise from the concept of burnout and what it entails. There is still considerable debate and confusion regarding its definition. Whereas Maslach did an excellent job of popularising the concept, her definition seems to describe the fundamental components, not to define what burnout is all about. Confusion still abounds regarding what exactly it is as a construct, and what it entails, as well as how different it is from depression or stress (Schaufeli & Enzmann, 1998). Researchers often question whether burnout can stand on its own without reference to stress or depression.

Debate abounds on the distinctiveness of the concept of burnout, that is, apart from job stress, job satisfaction, engagement or depression with some scholars suggesting that it is an old

concept with a new label (Schaufeli & Enzmann, 1998). The common thread was that burnout is a result of prolonged stress, which clouded the understanding of the distinction between stress and burnout with one constituting an extreme form of another. Such a conceptualisation is well understood from the way burnout research progressed in America

It is interesting to note that burnout is conceptualised as a work-related issue. The problem with this conceptualisation include implications that there cannot be any burnout outside work and this becomes limiting. This view was widely held for some time until later research pointed to the existence of burnout outside the workplace. New conceptualisations include sports burnout among athletics and marriage burnout.

Researchers often view burnout as a psychological issue. Most scholars believe that it has to do with 'helping' or 'self', noting that it is no wonder that the original conceptualisation of burnout was limited to helping professions like the police, nursing, and other human services alone. New research has proven that burnout cannot be limited to human services but abounds in business, sports, non-job domains and so forth (Lee & Ashforth, 1993). Some scholars, however, caution against the uncritical transplanting of burnout from human services to other domains as it would result in meaningless and irrelevant translation (Schaufeli & Enzmann, 1998).

There is also the issue of antecedents of burnout, as to what the real antecedents might be. There are still debates regarding the causes, symptoms, and consequences. Schaufeli and Enzmann (1998) attribute this to the pragmatic nature of the development of the concept of burnout. Whether or not there are diagnostic criteria for burnout is another critical aspect raised in burnout research, following some attempts to do so in Netherlands and Finland (Lee & Ashforth, 1996).

2.3.1.3 Components of Burnout

Though there is the debate regarding the conceptualisation of burnout, Maslach's classification of burnout, with its three components, still enjoys much support (Maslach & Leiter, 2016). She defined burnout in line with three components of depersonalization, emotional exhaustion and decreased personal accomplishment.

Emotional exhaustion which is the most crucial factor of the burnout syndrome refers to feelings of over-extended and drained from one's emotional resources (Schutte, Schaufeli, Toppien, & Kalimo, 2000). Cordes and Dougherty (1993) assert that a lack of energy and a feeling that one's emotional resources are used up characterises emotional exhaustion. They equated emotional exhaustion with compassion fatigue, given the feelings of frustration and tension that emanate from it.

Depersonalisation was said to mean negative detachment or cynical attitudes towards other people (Schutte et al., 2000). This condition is termed dehumanisation and refers to the way employees treat their clients as mere objects rather than people (Cordes & Dougherty, 1993). One other element added to this component is cynicism as seen from the detachment from the organisation and even co-workers. According to Maslach and Jackson (1981), symptoms of depersonalisation often include the use of derogatory or abstract language, as well as rigidity on the part of employees in applying the rules when dealing with clients.

Decreased personal accomplishment refers to the decline in a person's feelings of competence or efficacy and a tendency towards negative self-evaluation on the part of one's work with other people. According to Cordes and Dougherty (1993), the individual would experience a decline in feelings of job competence and achievement in their work or interactions with people. In some instances, one would experience feelings of despair over limited or lack of progression on set goals in work and life. This three-component conceptualisation of burnout was widely accepted, and resulted in the MBI, which is a 22-item measurement tool of burnout, with three sub-scales (Maslach & Leiter, 2016).

Other conceptualisations include only emotional exhaustion and disengagement. They argue against the inclusion of personal accomplishment. For example, Demerouti, Bakker, Nachreiner, and Schaufeli (2001) have criticised the inclusion of personal accomplishment, which they said was more of a personality trait than a component of burnout. It is, however, challenging to treat personal accomplishment as a personality trait given that it is not static, but transient.

2.3.2 Brief History of Burnout

The history of burnout has distinct phases; the pre-1970s, the 1970s to 80s; the 1980s to the 1990s, beyond 2000 and the current.

2.3.2.1 The Pre-1970s

During this period, the conceptualisation of burnout was limited to such critical features such as fatigue, loss of idealism, and passion for one's job (Maslach & Jackson, 1981). During this period, it seems that burnout came in research terms to mean all things to all people. During this period, the emphasis was placed on general aspects of burnout without distinctively conceptualising burnout from other conditions.

2.3.2.2 The 1970s to 80s

In the 1970s, Freudenberger was working with volunteers in clinics and noted that the volunteers were 'burning out.' During the same period, Maslach was researching in North America and came in contact with respondents who described their conditions as 'burnt out.' During this phase, the focus was on the helping professions alone. There was a limited emphasis on empirical research but just descriptions of observations. The 'burnout' metaphor was used as popular psychology, but there was limited research to explore the nature of burnout, causes, and antecedents. According to Maslach and Leiter (2016), research during this period was exploratory and qualitative in nature as well as from the clinical and social psychological perspectives. The social psychological perspective can be seen from the emphasis on concepts involving interpersonal relations like detachment and dehumanization. The clinical psychology perspective can be inferred from concepts of coping and emotion as well as the link between emotional exhaustion and depression.

2.3.2.3 The 1980s - The Empirical Phase

The period after 1980 saw growing emphasis on burnout in helping professions. Led by Maslach and Jackson (1986), there was an increased popularization of the concept. A crucial development in this era was the development of instruments to measure burnout, with the most popular being the Maslach Burnout Inventory (MBI). This era has been described as the empirical phase. There was a deliberate departure from using the term burnout in day-to-day language to an attempt to make burnout research more scientific through measurement.

During the empirical period, there was a marked movement from a concept developed from 'pop' psychology to real empiricism. It is however interesting to note that during this phase, the initial conceptualisation was focused on people-oriented human service with expansion into police, correctional officers, and librarians among other occupations.

According to Maslach and Jackson (1984), the focus was mainly on job factors, rather than on other types of variables. This focus should not be surprising, as this is the time when scholars became interested in positive psychology, and its concepts of job satisfaction, job stress, relationships with co-workers and peers; concepts designed to bring focus to the imperative to giving meaning to work. Schaufeli and Enzmann (1998) also noted that personal factors considered were limited to demographic variables like sex, age, marital status, and so on. There was also some focus on personality factors, but limited to the locus of control, tardiness, health, relations, social support, values and so forth.

2.3.2.4 The 1990s - The Expansion Phase

Whereas the 1980s saw a deepening of the understanding of burnout and the exclusive focus on helping professions, the 1990s saw continued research and inclusion of other professions and occupations. From this phase came a growing understanding that burnout cannot be confined to helping professions but is at stake in a wider range of professions. However, researchers maintained the categorical definition of these as people professions. Another exciting development was the expansion of research outside North America to Western Europe, with key developments in Netherlands and Finland (Maslach & Leiter, 2016). At the tail end of the decade, there was expansion in Eastern Europe, the Middle East, Australia, and Latin America. What is interesting is that in the expansion of research, focus progressed from human services initially to other occupations, and across continents. The phase also saw the increased influence of occupational and organisational psychology, with its emphasis on influencing work attitudes and behaviour (Maslach & Leiter, 2016). Burnout was also conceptualised as a form of job stress given the increased focus on the organisational context and decreased focus on psychological characteristics of stress.

2.3.2.5 2000s and Beyond

A significant development during this period was the increased focus and inclusion of other professions as well as the renewed interest in burnout in the light of the growth of positive psychology in America. Regarding geographical expansion, the research spread to Africa,

China, and India. According to Maslach and Leiter (2016), the years after 2000 saw a rise in positive psychology as an antithesis of burnout, with emphasis on job satisfaction and engagement. Exciting developments saw the conceptualisation of engagement following the exact opposite of burnout, including the measurement thereof. As burnout included three factors, engagement was also conceptualised as having three factors which were directly opposite to those of burnout (Bakker, Blanc, & Schaufeli, 2005)

The increased interest in worker rights and the initiatives to win the global war on talent drive the current period. Staff wellness is one of the key components and drivers of retention programmes in various organisations (Bakker et al., 2005). With the increased interest in engagement as a driver of performance, scholars are now interested in the other side of engagement which is widely believed to be burnout.

In Maslach's conceptualisation of burnout, there are clear indications that burnout is on one extreme pole and engagement is on the other. Both burnout and engagement have three key factors each, with engagement factors being direct opposites of the burnout factors. Maslach and Leiter (1997) contrasted burnout and engagement with burnout being seen as the erosion of engagement, which was conceptualised to include energy, involvement, and efficacy. Demerouti et al., (2001) even went further in this new conceptualisation of burnout to include disengagement as a component of burnout.

Important to note is the fact that most studies on burnout were correlational studies which used subjective self-report data (Schaufeli & Enzmann, 1998). Schaufeli and Enzman (1998) accused most of the early burnout researchers of using non-representative samples as well as not backing their data by reliable scientific models.

It should also be noted that the majority of studies emanated from North America and in human services occupations. There was also a tremendous move in Europe, resulting in burnout becoming formally classified as a disease in Finland, Netherlands, and Switzerland (Schaufeli & Enzmann, 1998). The interest in burnout resulted in the expansion of burnout into other occupations and in new measures of burnout including the Copenhagen Burnout Inventory (CBI) as an alternative to the MBI. Despite many years of research and its widespread coverage, the DSM-5 does not recognise burnout as a distinct disorder in the DSM-5 (Schaufeli & Enzmann, 1998). Its close association with other depressive disorders are

understood to be responsible for making distinction difficult for diagnostic purposes. There was a claim that its symptoms are alike to those of clinical depression.

The connection between burnout and economic development is apparent. Maslach and Jackson (1984) once contended that interest in burnout tended to follow the economic developments of countries. On the one hand, increased economic development has been associated with high interest in burnout due to increased pressure. On the other hand, the decrease in economic activities would be associated with an increase in humanitarian activities. So, in this case, burnout would be expected to shift from non-helping to helping or service professions.

The interest in burnout spread to Asia, especially to China and India. It is worth noting that in Africa, burnout research was limited to South Africa where most researchers looked at burnout as an extreme opposite of engagement. In this case, the interest was more on engagement than burnout. There is, therefore, an apparent void in research on burnout in Africa outside South Africa. It is also clear in this review that even where burnout was studied in Africa, the focus was on professions other than humanitarian professions. This is the gap this research seeks to close in Africa in general and in Zimbabwe, in particular.

2.3.3 Burnout across Occupations

As burnout was initially seen as primarily present in human professions alone, initial research focused exclusively on human services professions like the police, correctional services, and social work. The MBI was the instrument used to measure burnout in this sector. Researchers found consistent results on burnout from North America to other areas across the globe. Higher burnout prevalence rate was seen in the US than in the Netherlands, using the MBI (Lee & Ashforth, 1993). Burnout research across occupations other than human services was carried out later. These included health care workers, police officers and humanitarian workers.

2.3.4 Burnout across Regions

Most of the early research on burnout was confined to North America and mainly focused on the social services workers (Maslach & Jackson, 1986). Thus, regarding prevalence, it was high in social services professions like teaching, nursing, and counselling (Schaueli & Enzmann, 1998). Regarding the measure, it was mainly the MBI-Human Services Survey, which focused more on the burnout from relationships. When research moved to Western Europe, focus was on other non-human services professions, and there was movement from

the traditional human services MBI to the MBI-General Survey. Findings indicated that other professions experienced burnout in much the same way as human services professionals do (Maslach & Leiter, 1997). The only difference was that instead of burnout being linked to relations at work, it was burnout from the job itself. Research then moved to Eastern Europe and Asia, but with a concentration mainly on human services. High prevalence was reported in nurses, teachers, and other health professionals. It seems it was the same trend as in America when the concept of burnout was popularised.

There is, however, limited research in Africa with available research focusing on human services professions including teachers and nurses. In most of the reported researches, prevalence tended to be mixed, but high on emotional exhaustion. Most of this reported research is from South Africa. It can be predicted that the trend set in North America starting with human services to other professions would follow in Africa.

2.3.5 Causes, Symptoms, and Process of Burnout

2.3.5.1 Causes of Burnout

From available research, two significant factors are said to be responsible for burnout. These are environmental and personal factors. Maslach and Jackson (1986) focused more on the environmental factors at work as necessary in burnout. They identified six areas that they said could result in burnout. These are:

- work overload;
- lack of control over work;
- workplace community problems which include incivility and lack of support among colleagues;
- lack of fairness in pay, promotion, and workload;
- conflict between one's values and the requirements of the job; and,
- insufficient reward.

To Maslach and Leiter (1997), these are areas to watch for or burnout would creep in. To them, the solution to the problem would be civility, respect, and engagement with work. In humanitarian work, it was found that most aid workers leave their organisations due to issues associated with workplace adversity, and other unfair reward practices especially between national staff and expatriates (Comoreto, 2008).

While Maslach and Leiter (1997) saw burnout in the work environment, some researchers looked for burnout in personal characteristics. According to Grosch and Olsen (2000), burnout is a result of interpersonal factors such as high idealism, Type A personality, narcissism, and perfectionism. They argued that studies focusing on burnout and work-related factors in a long-stay care setting, the correlation between burnout and independent variables be more often significant at the individual level. It would, however, seem that burnout is a result of a complex interplay between environmental and individual factors.

There is also debate as to whether we should talk about the causes of burnout or just correlations of burnout, given the correlative nature of most studies on the subject. Though most so-called causes and outcomes are individual and situational factors, the causal assumption has rarely been tested (Maslach & Leiter, 2016). This lack of testing is because most of the studies are of a cross-sectional nature and do not use causal models. Though the researchers have supported links between burnout and its sources, the causal assumption is still elusive.

2.3.5.2 Symptoms of Burnout

It should be remembered that burnout is a chronic affective response syndrome, a type of stress that develops in response to stressful working conditions (Cordes & Dougherty, 1993). It does not develop overnight, but over an extended period. The symptoms of burnout include disengagement, loss of energy, limited commitment, sense of ineffectiveness, and reduced personal accomplishment (Maslach & Leiter, 1997).

Schaufeli and Enzmann (1998) outlined several burnout symptoms as gathered from observations from clinical settings and in-depth interviews. They classified these as psychological symptoms occurring at personal, interpersonal and organisational levels. These symptoms were also categorised as affective, cognitive, physical, behavioural and motivational. Some of these symptoms are outlined in Table 2.1 in their broad categories.

Table 2.1**Symptoms of Burnout**

Symptoms	Individual	Interpersonal	Organisational
1. Affective	Depressed mood, gloomy, tearfulness, oversensitivity, irritability, increased tension, anxiety, low spirits	Irritability, oversensitivity, coolness and lack of emotion, lessened empathy with clients, increased anger	Job dissatisfaction
2. Cognitive	Impaired cognitive skills, helplessness, loss of meaning, forgetfulness, low self-esteem, rigid thinking, guilt, suicidal thinking, indecisiveness	Cynicism, dehumanising perception of recipients, negativism, suspicion, projection, paranoia, stereotyping recipients, labelling recipients in derogatory ways	Cynicism about role, feelings of not being appreciated at work, mistrust of management, peers and colleagues
3. Physical	Headaches, restlessness, insomnia, chronic fatigue, psycho-somatic complaints, dizziness, dry throat, sexual dysfunction, gastrointestinal disorders, coronary disease.		
4. Behavioural	Hyperactivity, inability to concentrate, acting impulsively, procrastination, high-risk behaviour, drug use	Aggressiveness towards recipients, marital and social conflicts, social isolation, withdrawal, jealousy, compartmentalisation	Reduced effectiveness, poor work performance, decline in productivity, Resistance to change, turnover, increased sick leave, absenteeism
5. Motivational	Decreased intrinsic motivation, loss of zeal and interest, disillusionment, resignation, boredom, demoralisation	Loss of interest, discouragement, overinvolvement, indifference	Loss of motivation to work, poor work attitude, low morale, over-involvement, discouragement, Strong resistance

Such a classification seems comprehensive given that it was drawn from in-depth interviews and clinical observations as well other researches. It is important to note that these symptoms do not occur in isolation or in a static fashion. It seems that these symptoms differ by individuals. The work by Schaufeli and Enzmann (1998) on the symptoms put paid to Maslach and Jackson's (1981) conceptualisation of burnout as a syndrome.

2.3.5.3 Process of Burnout

Burnout has also been looked at as a process of distinct phases of emotional exhaustion, depersonalisation and lastly reduced personal accomplishment (Bakker et al., 2005). Emotional exhaustion is the first response which is characterised by emotional fatigue, sense of tiredness. If this is not checked, it will then result in depersonalisation, which is some form of a coping strategy in response to stress. The response is meant to protect the individual from further emotional depletion. One becomes less involved with and less responsive to customers. Reduced Personal Accomplishment (RPA) becomes the final phase and is characterised by a sense of incompetence, lack of achievement, and lower productivity (Maslach & Leiter, 1997). Basically, in the process of burnout, there is an imbalance between job demands and job resources (Bakker et al., 2005)

Using the person-within context model, Maslach and Jackson (1981) asserted that the burnout process focuses on the person and their context. They argued that if too many demands exist, they exhaust a person's energy to the extent that recovery becomes impossible (Maslach & Leiter, 2016). In other words, work mismatch is an antecedent of job burnout. When the individual has exceeded their ability to manage their work tasks effectively, they become overwhelmed, over-extended and exhausted. As such, burnout occurs from the excessive workload and resultant stress. According to Maslach and Leiter (1997), burnout occurs when an employee experiences the chronic imbalance between job demands and job resources.

2.3.6 Antecedents of Burnout

Research has pointed to two primary antecedents of burnout, which are job role characteristics and the role of interpersonal relations. According to Maslach and Jackson (1984), client interactions that have more direct, frequent, or more extended duration or client problems that

are chronic are associated with high level of burnout. In line with this, then, role ambiguity, role conflict, and role overload have also been associated with burnout to varying degrees.

Since most research on burnout focused on the helping professions, there are numerous conclusions following findings of Maslach and Leiter (1997) that the potential for the emotional strain is most significant for workers in the helping professions, because they are always dealing with other people and their problems. Specific demographic characteristics have been shown to contribute to high burnout experience. These include social support, age, marital status, and work experience (Maslach & Jackson, 1984)

Antecedents of burnout include job demands, job resources, and job strains. Other antecedents identified included intrinsic motivation, role ambiguity, and role conflict. Peiró, González-Romá, Tordera, and Mañas (2001) in a longitudinal research found that role conflict, role ambiguity, and role overload predict changes in emotional exhaustion whereas role overload and role conflict predict depersonalisation and role ambiguity predicts decreased personal accomplishment. It seems that by reducing the emotional demands on service workers, burnout ought to be considerably reduced. They also found that stressors led to increased emotional exhaustion and depersonalisation.

Maslach, Schaufeli, and Leiter (2001) came up with a framework to integrate individual and situational factors. To them, burnout is experienced when there is a mismatch within any of the domains of workload, control, rewards, community, fairness, and value. These factors are directly linked to job stress and satisfaction. Work overload, lack of career opportunities, skill variety, and emotional labour were the most important predictors of burnout. Burnout was also found to have a direct effect on turnover intentions (Lee & Ashforth, 1993; Maslach et al., 2001; Maslach & Leiter, 2016).

There has been much debate regarding the relationship between stress and burnout. While consensus holds that these are two separate concepts, there is not a great deal of clarity regarding the boundaries between the two, or the progression of stress into burnout. This study takes the view that stress is an essential antecedent of burnout.

2.3.7 Correlates of Burnout

Burnout has been associated with stress, depression, and compassion fatigue, among other adverse mental health conditions. It is essential to differentiate between burnout and stress; burnout and depression; as well as burnout and compassion fatigue. The following section strives to differentiate these.

2.3.7.1 Stress and Burnout

In everyday usage, occupational stress and burnout are often confused or used interchangeably. While there is a close relationship between the two concepts, they do differ regarding antecedents, symptoms, and consequences. Stress and burnout seem to occur at different positions on the stress-burnout continuum. Stress is on the first end, and burnout is on the other extreme end. It stems from prolonged or chronic stress (Schaufeli & Enzmann, 1998; Maslach & Jackson, 1981). Occupational stress tends to result from unexpected responsibilities which do not align with a one's knowledge, skills, abilities as well as expectations thereby affecting one's ability to cope (Lazarus & Folkman, 1984) effectively. Stress also comes when one feels unsupported in the role or when one feels they lack control of their work. In other words, occupational stress occurs when there is an imbalance between job resources available at one's disposal and the job demands placed upon an individual at work. It is interesting to note that according to Maslach's conceptualisation of burnout, stress occurs to everyone at any given point in one's life, whereas burnout is only experienced by those employees that have a high commitment to their work and have huge expectations from it too. When prolonged, stress graduates to burnout which constitutes a depletion of emotional resources as seen in emotional exhaustion, depersonalisation and reduced personal accomplishment (Maslach & Jackson, 1981). Therefore, in summary, stress constitutes the one end, and burnout the other end of one continuum.

2.3.7.2 Depression and Burnout

Literature equating depression to burnout is common in many circles. There are some who even believe burnout to be a particular type of depression (Iacovides, Fountoulakis, Kaprinis, Kaprinis, 2003). Depression is a mental condition associated with depressed moods and aversion to activity. Depression can occur to anyone in any domain of one's life leading to decreased effectiveness and deterioration of productivity at work (Maslach & Jackson, 1981; Schaufeli & Enzmann, 1998). The symptoms of depression are different from the symptoms of burnout. While depression has found a home in DSM classification, burnout has not yet

found that home. Some of the symptoms of depression typically include weight loss or gain, sleep problems, fatigue, indecisiveness, or suicidal ideation. This contrasts with burnout symptoms which may be limited to feelings of mental or physical exhaustion, cynicism and so forth. So even though depression and burnout may have related consequences, they are different concepts.

2.3.7.3 Burnout and Compassion Fatigue

In the human professions and humanitarian aid, burnout has often been confused with compassion fatigue. Compassion fatigue is experienced in helping roles when circumstances are challenging. This form of fatigue is also felt when resources are inadequate to assist those in need of help and when the helpers feel incapable of rendering any help (Figley, 2002). It may be associated with working in terrible conditions as those aid workers find themselves in. Compassion fatigue is sometimes referred to as secondary traumatic stress, secondary victimisation, or vicarious trauma as the helpers experience the traumatic conditions experienced by their clients or patients (Figley, 2002). Therapists, psychologists, police, nurses or even counsellors dealing with traumatised victims in most cases mainly experienced compassion fatigue. Symptoms can even include hopelessness, insomnia, constant stress, and anxiety. As can be seen from this description of compassion fatigue and its symptoms, there is a relationship with burnout, but the two concepts are different. It seems that compassion fatigue can even be seen as a consequence of burnout (Figley, 2002; Maslach & Jackson, 1981).

2.3.7.4 Burnout and Engagement

Job burnout has been linked to engagement, albeit on the opposite end of the spectrum. Demerouti et al., (2005) saw burnout as the antithesis of engagement. In other words, the two were said to be negatively correlated. The negative relationship was also said to be true for job satisfaction and burnout (Maslach & Jackson, 1981). Regarding mental health and wellness, burnout has been positively associated with the increase in mental health problems and related physiological complaint (Maslach & Leiter, 2016).

From the above review, burnout, though related to stress, depression, compassion fatigue and disengagement, is different from these concepts. The next section deals with the consequences of burnout.

2.3.8 Consequences of Burnout

Consequences of burnout have been classified in research as individual or organisational, respectively. Most of these outcomes or consequences are negative and have been cited at the individual, family, and organisational levels. Individual effects included physical, emotional, interpersonal, attitudinal and behavioural effects. Organisational consequences included performance, turnover, and relationships with co-workers (Shirom, 2003; Maslach et al., 2001).

The effects of burnout are substantial for the individuals affected as well as organisations and families of the affected. According to Cordes and Dougherty (1993), burnout is potentially costly in most helping professions such as nursing, education, and social work. Dysfunctional ramifications were also seen in the organisations including an increase in turnover, decrease in performance, an increase in absenteeism and reduced productivity, among other human considerations (Maslach & Jackson, 1986; Leiter & Maslach, 1988; Shirom, 2003). According to Bakker et al., (2004), employees who experience high burnout lack interest in their jobs and are often disengaged.

At a personal level, burnout has been associated with health problems, increase in substance abuse, depression, low self-esteem, and other personal problems (Maslach & Jackson, 1986; Shirom, 2003). Burnout has been associated with physical and emotional consequences. These include mental and physical health problems (Maslach & Jackson, 1986); deterioration of mental health often characterised with decreases in self-esteem, depression, irritability, helplessness, and anxiety (Maslach & Jackson, 1982; Kahill, 1988). It has also been associated with fatigue, insomnia, headaches, gastrointestinal disturbances (Kahill, 1988), and psychological and physiological strain, poor appetite, and chest pains (Maslach & Jackson, 1986).

Interpersonal consequences included the deterioration of social and family relationships; social withdrawal; impatience; moodiness; absenteeism; and poor work relationships (Maslach & Leiter, 1997). Other consequences of an attitudinal nature included negative attitudes towards clients or the organisation itself (Kahill, 1988); higher levels of dissatisfaction, and low organisation commitment (Jackson, Schwab & Schuler, 1986; Maslach & Leiter, 1997). Behavioural consequences observed in research include turnover,

absenteeism, a decrease in quality of work as well as substance abuse (Maslach & Leiter, 2016).

Regarding social effects, burnout has been linked to the reduction in effectiveness in home domain roles like childcare and mental estrangement (Maslach & Leiter, 1997). It has also been associated with a deteriorated relationship with family members (Maslach & Jackson, 1986). Bakker et al., (2005) found that married couples tend to transfer their burnout to each other. Hakanen, Schaufeli, and Ahola (2008) also found that increase in burnout negatively affected harmony in families.

Career consequences on the individual included quitting turnover intention and actual turnover. Mental or psychological health effects include anxiety, distress depression, trauma and so forth. (Maslach & Jackson, 1981). Personal effects included psycho-somatic complains (Maslach et al., 2001), low level of satisfaction (Cordes & Dougherty, 1993) and reduced job satisfaction (Maslach & Lieter, 2016).

Schaufeli and Greenglass (2001) found that when it comes to organisational consequences, chief among these included turnover, that is, actual turnover or turnover intention. Bakker, Demerouti, and Verbeke (2004) indicated burnout often results in reduced organisational citizenship behaviour (OCB) and increased counterproductive work behaviour. Other consequences included low performance; absenteeism (Maslach & Jackson, 1986; Maslach & Leiter, 1997; Demerouti et al., 2001). Burnout has been found to affect organisational commitment negatively (Hakanen et al., 2008). Maslach et al., (2001) also confirmed most of the findings on consequences of burnout listed above. In a research on sales staff, burnout was found to have resulted in reduced sales performance. The majority of burnout research concerns counterproductive work behaviour and health (Maslach et al., 2001).

Burnout has been found to be related to many conditions. These included: future depression in teachers in Canada (Greenglass & Burke, 2002); depressive symptoms and increased risk of myocardial infarction in blue-collar workers; type 2 diabetes (Melamed, Shirom, Toker & Shapira, 2006); and musculoskeletal pain and common infections (Shirom, 2003). It has also been linked to absenteeism, insomnia, or sickness absence (Bakker et al., 2004). Burnout has also been found with be positively correlated to chronic fatigue, cynicism about work and physical problems (Maslach & Jackson, 1986; Kahill, 1988)

2.3.9 Theories and Models of Burnout

The next section will explore the dominant theories of burnout and how they explain burnout in aid workers.

2.3.9.1 The Transactional Model Burnout

Cherniss (1980) came up with the Transactional model of burnout based on observations made on professionals in mental health, poverty reduction, public health and high school teaching - some of the primary helping professions. From interviews of some members of these professions over a period of two years from the time they joined, Cherniss (1980) came up with eight work settings which transact with the individual professional to bring about burnout. The work settings proposed are orientation, workload, stimulation, scope of the client contact, autonomy, agreement with institutional goals, leadership and supervision as well as social isolation. According to this model, the work setting is at the centre of burnout as it sets the stage for the transaction relationship between the individual professional and their response to the work demands.

Following the transactional model, Cherniss (1980) defined burnout as a process in which a previously committed professional disengages from his or her work in response to the job stress and the individual strain experienced in the job. In other words, burnout is simply regarded as a psychological withdrawal or disengagement from work in a measured response to the chronic stress and dissatisfaction experienced. To Cherniss (1980), burnout is where what was previously a 'calling' ceases and becomes a 'mere job' where one loses a sense of mission and purpose in the work.

The model has three stages, namely job stress, individual strain and defensive coping. These are outlined below.

1. Job stress: This is where there is an imbalance between work demands and individual resources. The job stress stems from the nature of the work setting as it becomes the source of stress. According to Cherniss (1980), the work setting result in doubts about competence, problems with clients, bureaucratic interference, lack of stimulation and fulfilment as well as lack of collegiality – all which result in job stress.

2. Individual strain – The strain is an emotional response to exhaustion and anxiety caused by job stress. The result of that strain is changes in work goals, personal responsibilities for outcomes, idealism and realism as well as emotional detachment and work alienation. The

strain tends to be a short-term response to the imbalance experienced and is normally characterised by emotional exhaustion, irritability and tension (Cherniss, 1980).

3. *Defensive coping*: The changes in attitude and behaviour following the individual strain result in cynicism. It seems that burnout is a form of psychological response to chronic job stress, that is, a form of defensive coping that provides a psychological escape.

The model served as a conceptual bridge to sequential stages and imbalances in the conceptualisation of burnout (Maslach & Leiter, 2016). It also provides a framework for conceptualising the causes of burnout and also the solutions thereof. Research amongst the police that examined the model's validity found some considerable support to the transactional model of burnout with revelations of a close association between work settings and stress antecedents with negative attitudes (Burke, 1994).

2.3.9.2 *The Conservation of Resources Model (COR)*

Hobfoll (1988) propounded this model. It posits that stress and burnout occur when individuals perceive a threat to that which they value, that is, resources. Such a threat is believed to come from work-related demands, the loss of work-related resources or the low return of investments on resources. Hobfoll (1988) believed that work-related resources could extend to employment, where a primary threat to resources is seen as a stressor. He argued that a continued loss or threat to resources leads to burnout, especially following a great deal of resources investment. In other words, Hobfoll (1998) asserts that unchecked stress develops into burnout.

It is important to note that job demands and job resources can differentially predict burnout and its components, as postulated by Leiter (1993). Hobfoll (1998) argued that job demands are more likely to lead to burnout than resources are to protect from burnout. According to Maslach and Leiter (2016), the model follows a basic motivational theory arguing that burnout arises as a result of the persistent threat to available resources. An individual, therefore, strives to maintain resources while actual loss or impending loss of resources may aggravate burnout according to this model.

2.3.9.3 *The Job Demands-Resources Model (JD-R)*

Demerouti, Bakker, Nachreiner, and Schaufeli (2001) developed the JD-R model. They proposed that burnout is a result of two forms of work characteristics, namely job demands

and job resources. According to Demerouti et al., (2001), job demands (JDs) are those aspects of the job that require effort and are linked to psychological costs like burnout. They noted that Job Resources (JRs) are job characteristics that assist in achieving work goals, diminish the job demands or lead to personal growth on the part of the individual employee. They argue that JDs predict emotional exhaustion component of burnout while JRs predict the depersonalization component. The JD-R model focuses on the notion that burnout occurs when one experiences incessant job demands and has inadequate resources to address and reduce those demands (Maslach & Leiter, 2016). The model also acknowledges main effects of demands and resources in predicting burnout rather than relying on the interaction of factors (Bakker et al., 2005).

Shaufeli and Bakker (2004) asserted that there is initial support for the JD-R model. They found that disengagement was related to job resources with a sample of 17 000 workers in different occupational groups. In their research, they also found that job demands and job resources are unlikely to be independent but related. This is because job demands tap into job resources and job resources are typical tools to address job demands. It may, however, be difficult to find empirical support for a model that ultimately differentiates JDs and JRs in predicting outcomes. The two concepts seem to be interlinked.

2.3.9.4 Person-within-Context Theory of Burnout

Maslach and Leiter (1997) propounded the person-within context theory as one of the prominent theories of burnout. The model is also known as the areas of worklife (AW) model. The fundamental aspect of the theory is the interaction between the person and his or her environment. It is a variation of the imbalance model, which frames job stressors concerning person-job imbalances, and identifies the areas of these imbalances. They argued that burnout occurs when there is a mismatch between the person and his or her environment. According to their theory, the person interacts with six domains of the job, which include workload, control, reward, community, fairness, and values. They argue that stress and burnout can occur in any domains starting with stress first, and then burnout. To them, mismatches in the six areas affect the individual's level of experienced burnout, which determines various outcomes like performance on the job, behaviour, and well-being. It follows then that, the higher the mismatch, the greater the burnout experienced and vice versa. The six domains by Maslach and Leiter are described in Table 2.2 below:

Table 2.2*Domains of Burnout*

Dimension	Description
1. Workload	Contributes to burnout by depleting capacity of individuals to meet the job demands.
2. Control	Lack of control when employees fail to influence decisions that affect their work or access resources to produce effective job outcomes.
3. Reward.	Power of reinforcement to shape behaviour with insufficient recognition and rewards increasing the risk of burnout through feelings of inefficacy.
4. Community	Concerns ongoing relationships with other people on the job.
5. Fairness	The concept refers to the extent to which decisions at the workplace are judged by employees to be equitable and fair.
6. Values	Refers to ideals and motivations that initially attracted people to their jobs and therefore connects the employee and the workplace.

Examining the domains would support the argument that burnout occurs in these dimensions or contexts. The model seems acceptable in a variety of settings. The theory also acknowledges the individual differences in the relationship between the person and the context. In other words, the individual differences moderate on the mismatch. There also seems to be empirical support for the model in both cross-sectional and longitudinal studies (Schaufeli, Taris & Rhenen, 2008).

It can be hypothesized that burnout in aid workers can be structured along Maslach and Leiter's (2016) six dimensions with the aid work context giving rise to burnout:

- 1. Workload** – workload of aid workers, is substantial owing to the demands on the ground and the nature of most emergencies (Salama, 2010).
- 2. Control** – The nature of limited control of work and the environment is likely to impact on the stress susceptibility of the aid worker (Eriksson et al., 2013).
- 3. Reward** – disparities in reward systems between expatriate and local aid workers are often cited as a reason for stress and burnout in aid workers (Ager et al., 2012).

4. Community – the context of the humanitarian aid can be stressful enough for the aid worker. The surrounding community and the demands from various stakeholders may be a stressing factor (Lopes Cardozo et al., 2005).

5. Fairness – unequal treatment in reward structures and working conditions is often a cause for concern among humanitarian employees (Taylor et al., 2012).

6. Values – most of the humanitarian values may result in burnout of aid workers. The aid workers may go beyond their call of duty due to a belief in their own invincibility and non-concomitant with the need to change the world (Pigni, 2014; Taylor et al., 2012).

2.3.9.5 Integration of the Models

While different models focus on different aspects of burnout, there is need to focus on increased convergence to get the best of both worlds. There is work focusing on the dialectical approach to try and synthesise the models (Maslach & Leiter, 2016). Though the models propose a number of definitions of burnout, all of them tend to include the following elements:

- That burnout has theoretical roots in general stress theories.
- They emphasize the interaction between the individual and his or her work environment as the root cause of burnout.
- They emphasize the importance of emotional exhaustion.
- They acknowledge that most symptoms of burnout are work-related.
- They tend to acknowledge that burnout is linked to impaired work performance.
- Burnout is linked to negative work experience.

The key models of burnout tend to converge on the general stress theories for their origins and explanation of burnout. For the transactional model, burnout is a process in which people move from commitment to disengagement due to job stress and job strain. It seems that in this process, there is a lot of cognitive processes that are involved in assessing the transaction between the person and the work settings or work environment. It should follow that if one perceives himself or herself to be inadequately resourced to tackle the demands in the work environment, the process takes the person to job stress and job strain. This issue of resources is reinforced in Hobfoll's (1988) model where a threatened or actual loss of resources in the face of job demands results in stress and burnout. It is important to take note of this cognitive aspect of the model in terms of the perceived loss. It seems therefore that in exactly a same work situation, one perceives a threat and another one does not perceive a threat, hence difference experiences of burnout due to different responses to the perceived threat.

Table 2.3 below is an attempt to summarize the burnout theories. For Demerouti et al., (2001), one's perception of his or her job resources in the face of job demands result in stress and then burnout. In Maslach and Jackson's (1981) model of burnout, the process of burnout moves from appraisal of the imbalance between the individual and the environment. A closer analysis will portray that the imbalance is an issue of perceived mismatch not actual as shown by individual differences in burnout irrespective of the similar work environment. It does not have to be about objective work setting or environment, or job resources but perceived job resources and perceived work settings for burnout to occur. All this reinforces the cognitive aspect of the burnout as espoused in Lazarus's (1997) appraisal model of stress where there is a cognitive process to assess the situation on the part of the individual. Therefore, these models converge on stress and cognitive aspects.

In all the models, the interaction of the individual professional and the environment is well emphasized. In the Transactional model, the interaction between what the individual brings from outside the work environment and the work setting brings about job stress and job strain then burnout as a defensive coping. In the Conservation of Resources and the Job Demands - Resources model, the resources are with an individual and these interact with the job demands outside the individual. Though the former model emphasizes the resources part with the focus being one of conservation in the face of a threat from job demands, the later emphasize the assessment of both the job demands and the job resources for matching. On the other hand, the person-within context model emphasizes the mismatch between the person and their environment, with a mismatch resulting in burnout. Therefore, on the theme of the link between the person and the environment, the above models of burnout converge at attempting to explain the interaction between the individual professional and his or her work environment.

Emotional exhaustion is a key threat in all the models of burnout. It seems core in all the conceptualisations of burnout. In the Transactional model, emotional exhaustion occurs as a result of job stress and strain. Cherniss (1980) asserted that burnout is a defensive coping mechanism that is characterised by emotional detachment, withdrawal, cynicism, and rigidity. In other words, at the centre of the psychological escape from job strain is emotional exhaustion. In the Conservation of Resources model, the loss of resources often results in emotional exhaustion as the resources to cope with job demands are usually mental resources and others like social support. In the JD-R model, emotional exhaustion is a result of the imbalance between job resources and the job demands. To Demerouti et al., (2001), emotional

exhaustion is at the core of burnout. They did not include personal accomplishment in their conceptualisation of burnout unlike Maslach and Jackson (1986). Maslach and Jackson (1986) put forward emotional exhaustion as the core component of burnout together with depersonalisation and reduced personal accomplishment. To them, emotional exhaustion is the first response in the burnout process before depersonalisation. Such a place of prominence given to emotional exhaustion indicate its indispensability in burnout conceptualisation.

The models of burnout acknowledge that burnout is mainly work-related. For Cherniss (1980), it is the conditions from the work settings that bring about job stress and job strain. For Hobfoll (1988), resources are mainly threatened by job demands more than anything. Demerouti et al., (2001) emphasize on the job demands and job resources to show that burnout is mainly about the job more than anything else. Maslach and Jackson (1986) emphasize on the work environment being core in the development of burnout, with any mismatch with the person resulting in burnout. There is, therefore, convergence in these burnout model that burnout is about the job. However, it should be noted that there are new developments in the conceptualisations of burnout away from the traditional conceptualisation around ‘jobs’ to ‘outside job burnout’, for example marriage, family and sports burnout (Demerouti, et al., 2001). This marks a departure from the traditional models’ conceptualisation of burnout though job burnout remains at the core of burnout. Recent developments in the conceptualisation of burnout resulted in the need to be specific about ‘job burnout’ with new terms like ‘professional burnout’ and ‘occupational burnout’ coming into the fray (Maslach & Leiter, 2016).

Although burnout is conceptualised differently in the models of burnout, there is consensus that burnout is in itself a negative experience which result in impaired job performance. Cherniss (1980) asserted that burnout results in withdrawal, cynicism and loss of enthusiasm. His reference of burnout driving someone from a sense of ‘calling’ to doing a ‘mere job’ summarises the impact of burnout on work performance according to the transactional model of burnout. In the other Conservation of resources model of burnout, a threat on resources results in preserving of resources, which in a way results in impaired performance as one choses to preserve threatened resources instead of using all of them on a job task. Demerouti et al., (2001) argued that a mismatch between job demands and job resources results in poor performance, staff turnover and loss of motivation. To Maslach and Jackson (1986), burnout results in treating of recipients of professional help in an inhuman manner and as objects. This

ultimately affects the professional helper's job performance. Therefore, all models agree burnout affects performance of the individual professional.

The convergence of the main models of burnout discussed in this section can be illustrated in a summary table of the models, their definitions and causes among major features. Table 2.3 below provides the summary.

Table 2.3

Summary of Burnout Models

Model	Transactional Model (Cherniss,1980)	Conservation of Resources (Hobfoll, 1998)	JDR Model (Demerouti et al., 2001)	Person-within Context (Maslach & Jackson, 1981)
Definition of Burnout	Burnout is a process in which a previously committed professional disengages from work in response to stress and strain from the job	Burnout is response to a loss or threatened loss of resources, and it signifies insufficient resources to deal with the job demands.	Burnout is a response that comes when job resources cannot match the job demands.	Burnout is a psychological syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that occur among individuals who work with other people in some capacity.
Causes/ Influences on burnout development	Job stress and individual strain from work settings and individual factors	Threat of loss or loss of resources and job demands	Job demands when job resources are perceived to be inadequately matched.	Person-job imbalances or mismatches.
Core Constructs/ Elements	Job Stress Individual Strain Defensive Coping	Job demands Threat of loss or loss of resources	Job demands Job resources	Emotional Exhaustion Depersonalisation Decreased Personal Accomplishment
Measurement	Nil	Nil	Olden Burnout Inventory (OBI)	Maslach Burnout Inventory (MBI)
Application in work environment	When a previously committed professional experiences job stress and strain, they disengage from their job.	The more one is threatened by actual or potential loss of resources, the more they are likely to develop burnout.	The more the job resources are perceived to be inadequate to match job demands, the more burnout occurs.	The more there is a mismatch between the individual and his or her environment, the more burnout is likely to occur.

From Table 2.3 above, it can be seen that though the models of burnout appear to emphasize different aspects of burnout, they converge on work environment, job resources, job demands and the negative aspects of burnout and its roots from stress theory.

The models described above emphasize how burnout is conceptualised. It has been noted in the preceding comparison that the models have their different emphasis but broadly converge in terms of the antecedents of burnout and process. How burnout is conceptualised affects how it is measured. The next section focuses on the measurement of burnout.

2.4 MEASUREMENT OF BURNOUT

Burnout has been measured in various ways with the primary measurement instrument, the Maslach Burnout Inventory stemming from her conceptualisation of burnout. Most of these measurement instruments are self-report tools. Table 2.4 below shows a list of the primary assessment measures of burnout. A detailed description will be limited to the major ones as they are widely used in research and practice.

Table 2.4

Burnout Inventories

Measure (Instrument/Tool)	Dimensions Measured
1. Maslach Burnout Inventory (MBI) - Has variations of MBI-HSS, MBI-GS; & MBI-E	1. Emotional Exhaustion 2. Depersonalization 3. Reduced Personal Accomplishment
2. Copenhagen Burnout Inventory (CBI)	1. Physical Exhaustion 2. Psychological Exhaustion
3. Oldenburg Burnout Inventory (OBI)	1. Exhaustion 2. Disengagement from work
4. Shirom-Melamed Burnout Inventory (SMBI)	1. Physical Fatigue 2. Emotional Exhaustion 3. Cognitive weariness
5. Spanish Burnout Inventory	1. Enthusiasm towards work 2. Psychological Exhaustion 3. Indolence 4. Guilt
6. Bergen Burnout Inventory (BBI)	7. Exhaustion 8. Cynicism 9. Inadequacy

Of the burnout inventories in Table 2.4 above, all of them have at least two factors or dimensions. Exhaustion is the most common dimension in all the measures, though it may

occur in the physical or psychological realm or both. These inventories have been applied in different settings to measure burnout. The top three inventories are the most widely used, with the Maslach Burnout Inventory (MBI) most widely used in research (Schaufeli & Enzmann, 1998). These three will be discussed in detail in the following sections.

2.4.1 Maslach Burnout Inventory (MBI)

According to Schaufeli et al., (2008), the MBI is the most widely used measurement tool for burnout. Stemming from Maslach's conceptualisation of burnout, it has three sub-scales which are emotional exhaustion, depersonalisation, and personal accomplishment. It was developed by Maslach and Jackson (1981) to measure burnout in human services. With the developments in burnout research and its expansion to other occupations, the MBI now comes in three variations, namely the human services survey one (MBI-HSS), the General Survey, (MBI-GS) and the Educational Survey (MBI-ES). These will be respectively assessed below.

The Human Services Survey (MBI-HSS) is based on the original MBI instrument. This had three sub-scales, viz.: emotional exhaustion, depersonalisation and decreased personal accomplishment. Whereas the first two subscales were in the negative, the last one was in the positive. The MBI-GS was an attempt to measure burnout across other occupations and outside the core human services. According to Maslach and Jackson, (1986), the MBI could not be indiscriminately applied outside the human services where it was initially designed. There was an attempt to consider the context outside human services. The MBI-GS by Schaufeli, Leiter, Maslach, and Jackson (1996) comprises three sub-scales that are in line with the original MBI. These are exhaustion (Ex), cynicism (Cy) and professional efficacy (PE). In the MBI-GS, exhaustion is generic and not limited to people as a source of emotions. Cynicism reflects the indifference or a distant attitude towards work in general according to Schutte et al., (2000). The last factor, professional efficacy, includes social and non-social aspects of professional accomplishments. The MBI-E seeks to measure burnout in the educational sector.

The MBI in its various forms has been applied in various occupations and geographical settings. It is a reliable tool in as far as the theory is concerned. According to Schaufeli and Enzmann (1998), the MBI was used in over 90% of the empirical publications on burnout since the mid-eighties. They put the MBI Human Services Survey's internal consistency scale at Cronbach's Alphas above .70 consistently and across various samples. Maslach et al., (1997) put subscale reliability coefficients at .90 for emotional exhaustion, .79 for

depersonalisation and .71 for personal accomplishment. In terms of test-retest reliability, the MBI-HSS scales' stability overtime was confirmed with coefficients of .82 for emotional exhaustion, .60 for depersonalisation and .80 for personal accomplishment after two to four weeks among graduate students of health (Maslach et al., 1997). On the other hand, Jackson, Schwab and Schuler, (1986) obtained coefficients of .60 for emotional exhaustion, .54 for depersonalisation and .57 for personal accomplishment after one year for a study of teachers. Generally, ranges of .50 to .82 were obtained after a period to three to 12 months of testing (Leiter Maslach & Jackson, 1996). Leiter et al., (1996) also argued that cross-cultural validation studies have been done on the MBI with varying results, though in confidence in the use of the MBI is high. Like any other similar instrument, the criticisms of self-report instruments apply to the MBI in its variations. The MBI was also criticised for circularity. Kristensen et al., (2005) argued that burnout, as measured by the MBI, is by definition restricted to the human services. According to Schaufeli, Leiter, Maslach and Jackson, (1996), the development of the MBI-General Survey in 1996 addressed the previous concerns to apply to other occupational settings.

Initially, the MBI's inclusion of three different measures without a combined burnout score cast doubt on its efficacy. However, the development of clinically validated cut-off scores of MBI developed in the Netherlands allowed for the use of the MBI-GS as a tool for diagnosing work-related mental problems (Schaufeli & Taris, 2005). Kristensen et al., (2005) also criticised the MBI for having three distinct aspects – an individual state, a coping strategy, and a consequence, that is, emotional exhaustion, depersonalisation, and reduced personal accomplishment, respectively. They recommended against lumping these together. Schaufeli and Taris (2005) are in agreement the extent that personal accomplishment by its relationship to the other MBI factors might not be part of the burnout syndrome. The unavailability of the MBI in the public domain and its distribution by a commercial publisher was also raised as a matter of concern by critics (Schaufeli & Taris, 2005). There is a feeling that this limits scientific enquiry onto the psychometric properties as well as validation in other areas owing to the cost of research unlike where the instrument was available for free for research purposes.

2.4.2 Copenhagen Burnout Inventory (CBI)

Owing to the criticism of the MBI, Kristensen, et al., (2005) presented an alternative which is a more general instrument, measuring burnout by exclusively focusing on psychological and physical exhaustion (Schaufeli & Taris, 2005). It is a burnout measurement instrument which

has three sub-scales. It focused on personal burnout, work-related burnout, and client-burnout. Personal burnout has been defined as a state of prolonged physical and psychological exhaustion. Work-related burnout as a state of prolonged physical and psychological exhaustion, which is perceived to be related to the person's work. Client-related burnout refers to the state of prolonged physical and psychological exhaustion that is usually perceived as linked to a person's work with clients. Clients can include clients, patients, social service recipients, elderly citizens, or inmates.

The CBI demonstrates high levels of internal consistency, test-retest reliability, and concurrent validity, and seems to be a reliable and valid measure of burnout in a number of countries where validation studies were carried out (Kristensen, et al., 2005). In one sample, the three scales were found to have an inter-item correlation average between 0.42 and 0.60 and a corrected item-total correlation between 0.49 and 0.83 internal consistency of the three scales having Cronbach's α values above 0.82 for personal burnout, work burnout and client burnout subscales (Schaufeli & Taris, 2005). The CBI has been found to be related to the MBI (Schaufeli & Taris, 2005).

The availability of the CBI in the public domain was hailed for the promotion of research, unlike the MBI which is protected by copyright laws and distributed by a commercial publisher. However, the measurement tool was criticised for equating burnout with fatigue (Schaufeli et al., 2008).

2.4.3 Olden Burnout Inventory (OLBI)

The OLBI was constructed to be an alternative to the MBI given its shortcomings on positive and negatively worded items and associated biases (Bakker et al., 2004). The instrument is constructed to assess exhaustion and disengagement with positively and negatively framed items. According to Bakker et al., exhaustion is defined as a consequence of intense physical, affective, and cognitive strain over a period whereas in the MBI exhaustion covers only affective aspects not physical and cognitive aspects. They also argued that disengagement has to do with distancing oneself from one's job in general, that is, the relationship between employees and their jobs. It should also be noted that professional efficacy is not included, as it was felt that it is not part of the core dimensions of burnout but may be a consequence of it

(Bakker et al., 2004). Support was found on the OLBI in the Netherlands and other countries (Schaufeli & Bakker, 2004; Bakker et al., 2005).

2.4.4 Other Burnout Inventories

The Shirom-Melamed Burnout Measures (SMBM) includes three subscales of physical fatigue, emotional exhaustion, and cognitive weariness. It is based on Melamed et al., (2006)'s conceptualization of burnout as a multidimensional construct which include emotional exhaustion, physical fatigue, and cognitive weariness. The scale was not meant for use in diagnosis or clinical practice. On the other hand, the Spanish Burnout Inventory consists of 20 items under four main dimensions of enthusiasm towards the job, psychological exhaustion, indolence and guilty and it has a global score for burnout. It was meant to be an answer to the MBI's lack of a global score. Lastly, the Bergen Burnout Inventory (BBI) is comprised of three core dimensions of exhaustion at work, cynicism toward the meaning of work, sense of inadequacy at work. It has a behavioural, cognitive and an emotional component. It is meant to measure burnout in all occupations and was built on the same theoretical three-dimensional conceptualization of burnout.

All these instruments are in a way related to the MBI though they have their own emphasis in line with their proponents' three-dimensional conceptualization of burnout.

2.4.5 Burnout Inventories Summary

The burnout inventories described above have been used in different context to measure burnout. Of interest is the fact that these measures are aligned to different conceptualisation of the burnout construct. According to Schaufeli and Enzmann (1998), the MBI has been successfully applied in different occupations and across nations. However, they also noted that its weaknesses in failing to have a unidimensional burnout score and its lack of statistical guidelines resulted in the emergence of new measures like the Copenhagen and the Olden burnout inventories.

2.5 CHAPTER SUMMARY

This chapter explored the literature on humanitarian aid workers, their work, their organisations, their context and how this relates to the burnout they experience. The concept of burnout among aid workers has been explored with regards to its conceptualisation, components, history, correlates, and consequences. The chapter fulfilled the first two research

aims of exploring aid worker burnout, and also explored how literature conceptualises the burnout construct. Key findings are that the work configuration of aid workers, humanitarian aid context, as well as the nature of the worker's motivation, make aid workers prone to stress and burnout. The limited nature of research in burnout, was also emphasised together with the implications regarding humanitarian employee wellbeing initiatives. The next chapter will explore the role of spiritual intelligence, emotional intelligence, coping ability, and biographical characteristics in predicting burnout among aid workers.

CHAPTER 3: SPIRITUAL INTELLIGENCE, EMOTIONAL INTELLIGENCE, COPING ABILITY, BIOGRAPHICAL CHARACTERISTICS, AND BURNOUT

This chapter focuses on the constructs of spiritual intelligence (SI), emotional intelligence (EI) and coping ability (CA), and biographical characteristics and how these relate to burnout in general but more specifically to burnout in Humanitarian Aid Workers (HAW). It seeks to answer Research Questions 3 to 6, which relate to literature review. By answering these research questions in this chapter, the research aims will be achieved. The chapter seeks to explore how the constructs of SI, EI, and CA are conceptualised in literature, how they relate to burnout, and whether a conceptual model can be proposed for their relationship, and what biographical characteristics are essential to burnout. These three constructs of SI, EI and CA relate to various social competences, essential for success in humanitarian aid roles. Besides academic qualifications and experience, aid workers must show a high level of social competences of which these three are part.

Not only are these competences necessary in the discharge of duties, but they are also likely to be important in the prevention of psychological, or general mental health challenges of which burnout is one. The conceptualisation of these variables in literature will be explored together with how these constructs are related to burnout in aid workers. The researcher will explore definitions, models, and measures of SI, EI, and CA. Implications of such conceptualisation in the Humanitarian Aid industry will be discussed, together with critical conclusions from the literature on Humanitarian Aid Worker burnout. This section shall consider SI, EI, and CA as individual constructs, their sub-dimensions, and their relationship with burnout, and how they independently relate to each other.

3.1 SPIRITUAL INTELLIGENCE

3.1.1 Introduction

This section shall explore the concept of Spiritual Intelligence, its definition, models, history, and measurement, as well as how the concept is related to other forms of intelligence. The section would also focus on how the concept relates to burnout in general, and specifically how it relates to burnout in humanitarian aid workers.

Spiritual intelligence is a branch of intelligence advanced as crucial to adaptation, just like cognitive and emotional intelligence. In the same vein, it is now referred to as spiritual quotient

(SQ), in the hopes that it can be taken into consideration alongside intelligence quotient (IQ), and emotional quotient (EQ). Regarding origin and use, the term ‘spiritual intelligence’ (SI) was coined by Danah Zohar in her 1997 book “*ReWiring the Corporate Brain*’ (1997). Before Zohar wrote about Spiritual Intelligence, Howard Gardner (1993) considered the idea of spiritual intelligence when he came up with his theory of multiple intelligences, but chose not to include Spiritual Intelligence (Gardner, 1993). His reason for not including SI in his list of intelligences was mainly due to its inability to lend itself to the strict scientific criteria for intelligence. As a compromise, he proposed the replacement of spiritual intelligence with "existential intelligence" (Gardner, 1999). Such an acknowledgement by Gardner points to the possibility of the concept of SI ‘graduating’ into what is considered a fully-fledged ‘intelligence’ if researchers advance the concept, to lend it to quantifiability. As such, researchers then took on the challenge of exploring this possibility by refining the concept as well as creating possible tools for scientifically measuring the concept (D. King, 2008; King & DeCicco, 2009).

Despite the interest in the concept of spiritual intelligence (SI) and its utility in health and well-being, few measurement tools have been developed. However, the fact that most of these measures are of a self-reported nature has also not helped the situation. Also, the fact that some researchers have tried to make the self-assessment associated with Spiritual Intelligence less susceptible to false reporting is quite encouraging (D. King, 2008). Regarding application, spiritual intelligence has been applied in organisations to address issues of well-being, motivation, values, diversity, and meaning in a non-religious way (D. King, 2008). Some contemporary researchers on values and meaning regard spiritual intelligence as the ultimate form of intelligence (Wigglesworth, 2012). In this research on burnout among aid workers, SI seems to be a fundamental concept as it plays into the motivation to join aid work, and resilience in the face of numerous occupational challenges associated with it, as well as support mechanisms for dealing with burnout in the aid context.

3.1.1.1 Definitions and Conceptualisation

There have been many definitions of spiritual intelligence (SI). Of interest in these definitions is the acknowledgement that spiritual intelligence is distinct from religion, religiosity, or spirituality. These definitions will be considered below.

Zohar (1997) defined spiritual intelligence as that form of intelligence with which we address and solve problems of meaning and value. This SI also allows people to assess and choose the best course of action or the more meaningful one than others. The definition attempts to link SI with choice in life decisions. Zohar (2012) asserted that various principles underlie Spiritual Intelligence, which is very distinct from religion.

To Wigglesworth (2012) spiritual intelligence (SI) describes one's ability to act with wisdom and compassion, while at the same time maintaining inner and outer peace irrespective of the circumstances. This definition is unusual in that it refers to compassion or selflessness and wisdom as well as a sense of holistic peace irrespective of the conditions in the environment. It may point to issues of living a life of meaning to oneself and others. In other words, it has connotations of 'outliving' oneself and circumstances. The definition speaks to personal calling to a vocation. Its connotation also portrays the ability to cope with environmental stress in the discharge of one's mission. The definition can easily relate to the unwritten expectation that aid workers must be compassionate and maintain their inner peace despite circumstances under which they operate. (Stoddard & Harmer, 2010; Pigni, 2014).

Emmons (2000) defines spiritual intelligence as the adaptive use of spiritual information to facilitate everyday problem solving and goal attainment. To him, it refers to the way in which spiritual information is utilised as a means of dealing with day-to-day problems and reaching intended goals. The definition implies that SI has a part to play in dealing with problems and achievement of goals. It therefore relates to coping and motivation. What constitutes spiritual information is problematically, not clear.

Amram (2007) defined SI as the ability to embody spiritual resources and qualities to enhance daily functioning and wellbeing. The definition tends to give credence to SI in everyday functioning as well as maintenance of wellbeing. In other words, it tries to provide a link between high SI and positive wellbeing. It can, therefore, follow that in aid work, those who have a high SI are expected to show qualities that enhance their daily functioning and wellbeing. They ought to be expected to cope well with stress and burnout because of such spiritual resources.

Vaughan (2002) defines spiritual intelligence as concerned with the inner life of mind and spirit and its relationship to being in the world. The focus of this definition can be said to be

on inner peace and its effect on how one relates to the environment. There seems to be a distinction between the 'inner' and the 'outer' spheres of life. What is not clear however is the direction of the relationship, that is, whether the 'inner' influences the 'outer' or vice versa, or the reason for it.

Kumar and Mehta (2011a) define spiritual intelligence as the capacity of an individual to possess a socially relevant purpose in life by understanding 'self' and to have a high degree of conscience, compassion, and commitment to human values. According to this definition, it seems the individual is bound by the compulsion to be socially relevant. Societal norms and values having an influence on the development of the socially relevant purpose and in giving guidance on conscience and human values. It seems that the theme of compassion and purpose is of paramount importance in this conceptualisation of SI. Humanitarian work is driven by humane values on the part of the donors and the workers themselves. As such that commitment to human values and work can be a driver of burnout (Maslach & Jackson, 1986). It is therefore not surprising to find burnout in aid workers because the kind of work they do requires high levels of commitment and sacrifice (Pigni, 2014).

David King (2008) defines spiritual intelligence (SI) as a set of adaptive mental capacities based on non-material and transcendent aspects of reality. To David King (2008), these capacities contribute to the awareness, integration, and adaptive application of the nonmaterial and transcendent aspects of one's existence. They also lead to outcomes like deep existential reflection, enhancement of meaning, recognition of a transcendent self, and mastery of spiritual states (D.King, 2008). There seems to be an acknowledgement that SI is not unitary but a collection of mental abilities. This definition focuses on abilities, that is, it points to the existence of an ability model of SI just as the other definitions seem to point to the existence of a trait model of SI, given their focus on traits.

A quick consideration of the above definitions will point to the following aspects of the definition and conceptualisation of spiritual intelligence:

- compassion
- meaning/purpose
- inner peace/tranquility
- transcendence
- spiritual states

- conscience/value-driven
- commitment
- motivation/focus/goal-orientation
- relationship with self and others
- consciousness/awareness
- non-materialism

What can also be gleaned from these various definitions of SI is that the concept of SI is apparently a mixture of both traits and abilities shaped by the way the individual interacts with his environment.

Spiritual intelligence is therefore operationally defined in this study as the ability to pursue personal life meaning and transcendent goals with humane values, wisdom, compassion, and commitment, while solving existential problems at the same time maintaining inner and outer peace, regardless of the circumstances.

3.1.1.2 Spirituality and Religion

Researchers have found it difficult to distinguish between spirituality and religion. It has been agreed that the two concepts are related but different, where in many cases, it was found that the two concepts share some characteristics making it difficult to delineate between them. According to Zimmer, Jagger, Chiu, Ofstedal, Rojo, and Saito (2016), religious activity takes places within formal institutions, but spiritual activity takes a more personal focus and can even exist outside formal institutions. As such, religion is associated with a set of specific fundamental principles organised around systems of beliefs, practices, and rituals (Zimmer et al., 2016). On the other hand, spirituality relates to a personal search of things sacred and transcendent. To Amram (2007), spirituality refers to the search for and the experience of the sacred, ultimate meaning and higher consciousness, or transcendences that emphasise abilities that predict functioning and adaptation.

Spirituality is a broad concept inclusive of religions and religious beliefs. This broad focus extends to having SI without religious boundaries. It has however been found that there is more evidence of spirituality within religion than outside religion leading to the conclusion that religion is part of the broad spiritual focus (Zimmer et al., 2016).

The confusion between religion and spirituality has resulted in a conceptual conflagration. Spirituality has been linked to health, reduced stress, mental relaxation and internal harmony, findings which have also been reported when dealing with religion (Zimmer et al., 2016). This may be due to the close relationship between the two concepts. Their link is often seen in pursuing meaning and values as well as existential goals. Spirituality has been linked to concepts like non-denominational meditation, and more recently, to mindfulness (Zimmer et al., 2016).

Spirituality has also been linked to improved health and general well-being (Emmons, 2000; Amram, 2007). It predicts functioning ability and adaptation including better health, problem-solving and goal attainment with spiritually oriented people responding better to remedial intervention or trauma than their opposites (Emmons, 2000). It is therefore expected that SI, which is an ability associated with spirituality, also be associated with health and well-being in general, as well as reduced burnout.

3.1.1.3 Conceptual Issues in the study of Spiritual Intelligence

There are several conceptual issues that ought to be considered in the study of SI. What SI is and what it is not has affected how it is studied, measured, or applied. Debate rages on over the actual definition of the concept and its boundaries. However, it seems that there is consensus on some components or elements of SI which include the meaning of life and transcendence.

Though some researchers like Gardner (2000) cast doubt on whether SI is an intelligence or not, the consensus is that it is an intelligence outside and separate from IQ and EQ. Though there are intersections between EI and SI, the two are separate and can have their separate existence. It is the acknowledgement of the concept as independent that research can lead to further understanding of the concept as well as its utility in life.

Regarding to the issues of whether it is an intelligence in the same manner as IQ or EQ, SI suffers from the old distinction between the trait or ability just as with EQ. There are various schools of thought which have their justifications. The issue of ability and trait persists in the conceptualisation of SI. What may be interesting is the consideration of most of the definitions or components where there is a reference to the 'ability to...' in SI. This may point to SI conceptualised as an ability that is important in adaptation and everyday functioning.

Other issues pertain to measurement where there is not yet an independent measure of SI apart from self-reports. Even the most promising models or theories of SI are plagued with the self-reporting nature of instruments. While independent measures are critical for theory development, it seems that the nature of spiritual intelligence (SI) requires self-reports backed by robust scientific rigour.

3.1.1.4 Criticism of Spiritual Intelligence

Those who are against the recognition of SI as a form of intelligence argue that it involves the challenge of codifying quantifiable scientific criteria (Gardner, 2000). It seems that Gardner's (2000) discomfort was influenced by the use of the term spiritual, as he tended to warm up to existential intelligence. This discomfort may have been due to the confusion between spiritual and religion in Gardner's world. According to Gardner (1999), "existential intelligence" was viable, as it was better to "put aside the term spiritual, with its obvious and problematic connotations, and to speak instead of an intelligence that explores the nature of existence in its multifarious guises. Thus, an explicit concern with spiritual or religious matters would be one variety—often the most important variety—of an existential intelligence." (p.53). It seems that to Gardner, 'existential' was a more acceptable term than the term 'spiritual', because it could be separated from religion the same way 'spiritual' could not. It is therefore important to define 'spirituality' in order to differentiate it from religion. Some researchers who also fall into that trap of confusing spirituality with religion. Spirituality is not limited to religion. It is broader than religion. While religion has to do with the worship of a deity, spirituality seems to be more than just worship.

3.1.2 Theoretical models of SI

Various theoretical models of SI have been advanced which differ in the way they treat the concept and measurement of SI. These shall be considered in turn.

3.1.2.1 Danah Zohar

Zohar (1997) defined spiritual intelligence as the intelligence with which we address and solve problems of meaning and value. She identified 12 principles underlying spiritual intelligence. These are:

- *self-awareness* – knowing what I believe in and value, and what deeply motivates me.
- *spontaneity* – living in and being responsive to the moment.

- *being vision-led and value-led* - acting from principles and deep beliefs and living accordingly.
- *holism* – seeing larger patterns, relationships, and connections; having a sense of belonging.
- *compassion* – having the quality of "feeling-with" and deep empathy.
- *celebration of diversity* – valuing other people for their differences, not despise them.
- *field independence* – standing against the crowd and having one's convictions.
- *humility* – having the sense of being a player in a more significant drama of one's real place in the world.
- *the tendency to ask fundamental "Why?" questions* - needing to understand things and get to the bottom of them.
- *ability to reframe* – standing back from a situation or problem and seeing the bigger picture or broader context.
- *positive use of adversity* – learning and growing from mistakes, setbacks, and suffering.
- *sense of vocation* – feeling called upon to serve, to give something back.

The critical question posed on this model is as to whether these characteristics are inborn or are acquired. In other words, can one be trained in these qualities and how can they be measured? These are traits, values, or attributes if not personality characteristics. What is not clear is how these come about, and whether they can be developed or not. One may even ask whether the principles are components, or just the basis of SI and the extent to which the principles influence SI. Are they also the only principles that influence or underlie SI? If this is the case, then the question is as to the nature of SI and its components, if any.

3.1.2.2 Robert Emmons

Emmons (2000) defines spiritual intelligence as the adaptive use of spiritual information to facilitate everyday problem solving and goal attainment. In his initial conceptualisation of SI, Emmons posited that SI had five components:

- the capacity to transcend the physical and material;
- the ability to experience heightened states of consciousness;
- the ability to sanctify everyday experience;
- the ability to utilise spiritual resources to solve problems; and,

- the capacity to be virtuous.

The first four components are ability-based; however, the last is behaviour-based. From the criticism of this mixture of behaviour and ability, Emmons (2000) later dropped the fifth component from the list. The ‘capacity to be virtuous’ was also criticised for not meeting the scientific criteria for ‘ability’ (Gardner, 2000). Emmons’ ability emphasis may point to his model being an ability model of SI. What is however not clear is whether someone is born with the ability or develops the ability from birth. Other vital questions pertain to the measurement of SI using this model.

3.1.2.3 Yosi Amram

Amram (2007) defined SI as the ability to embody spiritual resources and qualities to enhance daily functioning and wellbeing. He came up with seven universal themes across major spiritual traditions including Buddhism, Christianity, Islam, Judaism, and other religions. These are as follows:

- *consciousness* – developed refined awareness and self-knowledge
- *grace* – living in alignment with the sacred manifesting love for and trust in life
- *meaning* – experiencing significance in daily activities through a sense of purpose and call to service including in the face of pain or suffering.
- *transcendence* – going beyond the separate egoist self into an interconnected wholeness.
- *truth* – living in open acceptance, curiosity, and love for all creation.
- *peaceful surrender to self* – truth, God, Absolute, etc.; and,
- *inner directedness* – inner freedom aligned with responsible action.

Interesting in the seven themes is the way they apply to all major religions. SI, therefore, elevated beyond the limits of religion or religiosity. Meaning, awareness, and transcendence also feature prominently in Amram’s conceptualisation of SI. The aspect of ‘calling’ or vocation and the sense of purpose are also emphasised. Calling relates very well to the way humanitarian employees work. They have a sense of calling to serve humanity. It is this sense of calling and the commitment that can be a great source of burnout in this group of employees (Pigni, 2014). However, Amram’s (2007) model seems to be a list of relevant SI themes more than it is a model for use in research on SI.

3.1.2.4 Cindy Wigglesworth

Wigglesworth (2012) defines spiritual intelligence (SI) as that ability to act with wisdom and compassion, while at the same time maintaining both inner and outer peace, regardless of the circumstances. She identified 21 competences or skills that make up SI. These can be arranged into a four-quadrant format represented in Table 3.1 below:

Table 3.1

*The Four Quadrant Model of Spiritual Intelligence Skills**

<p>Higher self/Ego self-awareness</p> <p>Awareness of own worldview</p> <p>Awareness of life purpose (mission)</p> <p>Awareness of value hierarchy</p> <p>Complexity of inner thought</p> <p>Awareness of ego self/Higher self</p>	<p>Universal awareness</p> <p>Awareness of interconnectedness of life</p> <p>Awareness of own worldview of others</p> <p>Breadth of time/space perception</p> <p>Awareness of limitations/power of human perception</p> <p>Awareness of spiritual laws</p> <p>Experience of transcendent oneness</p>
<p>Higher self/Ego self-mastery</p> <p>Commitment to spiritual growth</p> <p>Keeping higher self in charge</p> <p>Living your purpose and values</p> <p>Sustaining your faith</p> <p>Seeking guidance from spirit</p>	<p>Social Mastery/Spiritual presence</p> <p>A wise and effective spiritual teacher/mentor</p> <p>A wise and effective change agent</p> <p>Makes compassionate and wise decisions</p> <p>A calming, healing presence</p> <p>Being aligned with the ebb and flow of life</p>

*Adapted from Why Spiritual Intelligence is Essential to Mature Leadership by C.Wigglesworth (2006)

Wigglesworth (2012) followed on Goleman's (1995) emotional intelligence four-quadrant model for spiritual intelligence.

- Higher self /Ego self-awareness
- Universal awareness
- Higher self /Ego self-mastery
- Spiritual presence /Social-mastery

It seems the model just consist of a collection of 21 skills divided into four quadrants. This model seems to be an ability model of SI though it may suit very well in the mixed model of

SI in line with Goleman's EI model. The model has not influenced much research on SI though it has gained acceptance. Critical issues remain as to whether SI is inborn or develops with training or experience. If it develops how does it develop, and can someone learn it?

3.1.2.5 Kumar and Mehta

Kumar and Mehta (2011a) defined spiritual intelligence as the capacity of an individual to possess a socially relevant purpose in life by understanding "self" and to have a high degree of conscience, compassion, and commitment to human values. They emphasised the capacity to define one's meaning and purpose in life as SI.

Mehta and Kumar (2011a) came up with six factors in their SI model. They identified the following factors after research with adolescent boys aged between 13 and 17:

- purpose in life
- human values
- compassion
- commitment towards humanity
- understanding self
- conscience

These factors were all identified through a process of factor analysis. Since they aimed to develop a tool for measuring adolescent SI, the applicability of their tool for adults must be considered. What is of the essence, however, is the fact that the factors they identified resonate well with other models. These include a sense of meaning or purpose and compassion. This is well applicable in humanitarian work, where the two factors are evident. Also applicable is the commitment to humanity in aid work.

3.1.2.6 David King

King (2008) defined spiritual intelligence (SI) as a set of adaptive mental capacities based on non-material and transcendent aspects of reality and proposed four core abilities or capacities of spiritual intelligence:

- *Critical existential thinking (CET)* – the capacity to critically contemplate the nature of existence, reality, the universe, space, time and other existential/metaphysical issues

and the capacity to contemplate non-existential issues to one's existence (i.e. from an existential perspective).

- *Personal meaning production (PMP)* – That ability to derive personal meaning and purpose from all physical and mental experiences. This ability includes the capacity to create and master a life purpose.
- *Transcendental awareness (TA)* – the capacity to identify transcendent dimensions or patterns of the self, of others and the physical world during ordinary states of consciousness, accompanied by the capacity to identify their relationship to one's self and the physical.
- *Conscious State Expansion (CSE)* – the ability to enter and exit higher states of consciousness (e.g., pure consciousness, cosmic consciousness, unity, oneness) and other states of trance at one's discretion (as in deep contemplation, meditation, prayer, and so forth.).

King's Model is a four-factor model, which has been supported by research also has a tool stemming from the model, which has been validated in several settings (King & DeCicco, 2009). This is the main reason the model was adopted in this study. The model resonates well with other SI models even though the arrangement of factors or themes may differ slightly. Elements of Zohar (2007)'s self-awareness, vision, why question and sense of vocation are related to personal meaning production whereas spontaneity and spiritual resources are related to conscious states expansion under King's (2008) model. Emmon's (2000) and King's (2008) models converge on transcendence, conscious state expansion and existential thinking. King's (2008) model also seem related to Amram's (2007) model on consciousness, meaning, transcendence and inner directedness.

3.1.3 Measurement of Spiritual Intelligence

One major criticism of SI as a concept is that it relies on self-assessment for measurement. There have been a few self-report measures of SI developed to assess the construct. These will be discussed below:

3.1.3.1 Wigglesworth's SQ21

Wigglesworth (2012) developed the SQ21, a self-assessment inventory based on the SQ21 four quadrant model of SI. The self-report inventory tested positively for criterion validity and construct validity in statistically significant samples (Wigglesworth, 2012). This measure has

been promoted in corporate settings, and she claims success in the use of the measure. One concern with this measure is the fact that the SQ21 are SI skills, not SI. It can, therefore, be a measure of skills in just the same way a measure purporting to measure EQ measures emotions. There is also need for significant independent validation of SQ21 apart from the author's claims.

3.1.3.2 Scale for Spiritual Intelligence (Kumar & Mehta, 2011b)

The scale for spiritual intelligence (SSI) is a 20-item, self-report measure of spiritual intelligence which has been used in adolescents by Kumar & Mehta (2011b) to assess SI. It is rated on the Likert-type scale. Their focus was mainly to assess SI in an Eastern collectivist culture setting. The SSI measures six factors of SI but was developed to measure adolescent SI. All the data was obtained from boys only. Questions, therefore, arise regarding its applicability to both boys and girls, let alone adults. Many studies that have used the SSI in the Eastern settings where the influence of traditional religion cannot be underestimated. The application of the tool in Western settings may help to confirm the validities.

3.1.3.3 Amram and Dryer (2008) – Integrated Spiritual Intelligence Scale (ISIS)

Amram and Dryer developed an integrated framework for measuring spiritual intelligence called the Integrated Spiritual Intelligence Scale (ISIS) – with 83 item self-report inventory with 22 capability scale and five significant domains. These include:

- meaning
- consciousness
- grace
- transcendence
- truth

The instrument has been used in some settings and would still need more use in different settings for validation across cultures.

3.1.3.4 David King and Teresa DeCicco (2009)

King and DeCicco (2009) developed a self-report measure, the Spiritual Intelligence Self-Report Inventory (SISRI-24), with psychometric and statistical support across two large university samples. The instrument is based on King's (2008) four factor model of spiritual intelligence.

3.1.4 Summary of Key Models of SI and the Measurement Instruments

Table 3.2 below is a summary of critical models of SI considered in the literature together with instruments aligned to the models.

Table 3.2

Summary of Key Models of SI and the Measurement Instruments

Model	Definition	Key Factors	Distinctive Position	Measurement
Amram (2007)	SI is the ability to embody spiritual resources and qualities to enhance daily functioning and wellbeing	Consciousness, grace, transcendence, truth, peaceful surrender to self & inner directedness	Identified five factors which are universal and can operate across religions	Integrated Spiritual Intelligence Scale (ISIS)
Zohar & Marshall (2000)	SI is the intelligence used to address and solve problems of meaning and values.	Defined 12 principles underlying SI including self-awareness, spontaneity, vision, compassion, etc.	12 Principles of SQ	None
Emmons (2000)	SI is the adaptive use of spiritual information to facilitate everyday problem-solving and goal-attainment.	Defined five components of SI, four of which are ability-based, and one is behaviour based.	Four ability-based components of SI. Dropped the 5th in his revision	No Measure
King (2008)	SI is a set of mental capacities based on non-material and transcendent aspects of reality.	Personal Meaning Production (PMP), Conscious States Expansion (CSE), Transcendence Awareness (TA) & Conscious State Expansion (CSE)	4 Factor Theory of SI	SISRI-24 – A 24-item self-report inventory
Kumar & Mehta (2011)	SI is the capacity to possess a socially relevant purpose in life by understanding self and having a degree of conscience, compassion, and commitment to human values.	Purpose in life, Human Values, Compassion, Commitment towards humanity, Understanding self & Conscience	Identified six factors from Factor Analysis based on the Eastern Collectivist culture	Scale for Spiritual Intelligence (SSI) – 20 item self-report measure of SI.
Wigglesworth (2012)	SI is the ability to act with wisdom and compassion while maintaining peace regardless of the circumstances.	SQ21 Four Quadrant Model: Higher Self/Ego self-awareness, Universal Awareness, Higher self/Ego self-mastery & Spiritual Presence/Social Presence	Came up with 21 competences or skills making up SI	SQ21 – a self-assessment inventory based on the SQ21 Four Quadrant Model

The models explained above converge in their conceptualisation of SI as can be seen below:

Table 3.3*Summary of Key Themes from the Models of SI*

Factor/Model	Amram	Zohar	Emmons	King	Kumar & Mehta	Wigglesworth
Meaning/Purpose	X	X		X	X	X
Transcendence	X		X	X	X	X
Compassion/Values		X	X		X	X
Inner Peace/Tranquility	X			X		
Conscience/Value driven	X	X			X	X
Spiritual States			X	X		X
Commitment/Dedication	X	X		X	X	X
Motivation/Focus/Goal-orientation		X			X	X
Relationship with self & others	X	X	X	X	X	
Consciousness/Awareness	X	X	X	X		X
Non-materialism			X	X		

The SI factors tend to be useful in the life of the aid worker. The factors' utility in understanding the life of the aid workers varies with the stage of the aid worker in Aidland with some factors more defined on entry, others in tenure, and yet others on exit. The following discussion is an attempt to link the general SI factors with aid work.

3.1.4.1 Meaning/Purpose

The entry of many into Aidland is characterised by meaning, calling and purpose. The main reason for joining aid work usually is in search of meaning (Roth, 2014; Eriksson et al., 2013). Meaning and purpose have been associated with the ability to cope with difficulties in life (Eriksson et al., 2013). As such, it is expected that where there are meaning and purpose, one can easily cope with burnout and its effects. It is therefore expected that the decreased personal accomplishment is associated with loss of meaning.

3.1.4.2 Transcendence

The aid worker is interested in the work that transcends self (Eriksson et al., 2014). Transcendence seems to be associated with depersonalisation. Where it is high, there seems to be increased personalisation, as one tends to focus on others and not oneself. However, once burnout creeps in, the sense of self tends to dominate, and they begin to view people as objects. In aid work, this can manifest in the relationship with stakeholders and beneficiaries, sometimes resulting in adverse effects on the aid organisation.

3.1.4.3 Compassion/Values

Though compassion or values are not in King's (2008) model of Spiritual Intelligence, it is important to explore compassionate values as an important aspect of aid work. Aid work is based on the intrinsic values of compassion and human values (Eriksson et al., 2014). The fact that aid work aims at alleviating human suffering points to the importance of compassion and humane values in people who are part of the aid equation. Compassion by its very nature focuses on others. It is driven by values of life, conscience, and related concepts. Compassion fatigue is itself a form of burnout on the part of people who used to be compassionate (Figley, 2002). It may be related to emotional exhaustion.

3.1.4.4 Inner Peace/Tranquility

The ability to maintain internal peace when the outside circumstances are challenging is one of the significant aspects thought to be associated with aid workers. This belief is the reason most NGOs neglect aid workers because they can deal with their issues despite challenges in the environment. Such ability is vital in the face of burnout. Burnout tries to strike at the very essence of tranquility and inner peace. It is when the inner peace is disturbed that burnout affects people. Inner peace comes from the inner fortress that builds in people through circumstances and personal crucibles. Burnout occurs when the centre cannot hold any more (Pigni, 2014). It should, therefore, follow that where one has high SI, inner peace is in abundance. Burnout takes over where this is disturbed.

3.1.4.5 Conscience/Value Driven

The aspect of conscience is described in this section as a way of exploring the context of aid work. Most donors and aid workers are well driven by conscience to take care of the underprivileged and the less fortunate (Taylor et al., 2012; Pigni, 2014). Guilt cannot be ruled out entirely in their motivation (Roth, 2014). The principle of voluntarism in aid work as can

be confirmed by a high number of volunteers is a testimony to the value motive as opposed to other motives (Eriksson et al., 2014). Aid work is value-driven. However, at times environmental and organisational factors tend to hinder the expression of those humane values and conscience. When the bureaucracy stands in the way of the assistance of the underprivileged, then the dynamics may change resulting in burnout (Roth, 2014; Alexander, 2013). In her book, Jessica Alexander was frustrated when she could not understand why a local beneficiary in Sudan could not be allowed to use the aid plane for emergency (Alexander, 2013). This benefit was reserved only for expatriates. When there are conflicting values in the field, aid workers become affected, and they can experience emotional exhaustion. When aid organisations push for increased security of aid workers especially expatriates and put them in ‘bunkerised’ team houses, this has an effect of separating aid workers from their beneficiaries. This alienation can also result in decreased personal accomplishment and burnout (Roth, 2014).

3.1.4.6 Spiritual States

When one is in conditions found in aid work, one tends to get in touch with inner thoughts and feelings. Meditation has been linked to reduced stress, increased focus, and calmness (Eriksson et al., 2014). The ability to meditate helps one to move from one spiritual state to another. In so doing, they can easily cope with stressful situations and prevent burnout.

3.1.4.7 Commitment/Dedication

The commitment of aid workers even in the wake of dangers of most aid work contexts, the threat of kidnappings and related challenges is a testimony of the dedication to the work (Stoddard et al., 2009; Pigni, 2014). Such commitment tends to be a double-edged sword, given its negative effects on the employees in some instances. Burnout itself was first regarded as a condition affecting committed employees who reach a breaking point because their internal resources fail to cope with external demands from the job or the environment. (Maslach & Jackson, 1986). According to Pigni (2014), some organisational cultures and policies affect aid workers’ ability to cope with burnout. They may have structural issues that affect the aid workers’ resilience in the face of challenges.

3.1.4.8 Motivation/Focus/Goal-orientation

Although this aspect is not directly drawn from King’s (2008) model of Spiritual Intelligence, its understanding is important in as far as the context of aid work is concerned. In relief

contexts or emergencies, aid workers are mainly driven to save lives and make the human condition better (Lopes Cardozo et al., 2013). It seems that the focus is what encourages the aid worker to persevere even in the face of unbearable living conditions or threat to the environment (Eriksson et al., 2013; Roth, 2011). Aid work has also been seen as ‘edgework’, because of the thrill that one gets from it (Roth, 2014). It is possible that the initial motivators pulling aid workers into aid work may dissipate, due to changes in the environment. When this happens, the aid workers are prone to become burnt out. Those who can be more focused and goal-oriented are therefore expected to be more resilient than their opposites. Using Fielding’s (1994) classification, it seems ‘missionaries’ can have more staying power than ‘mercenaries’ in the face of challenges. This is mainly because of the strength of that which drives them to be aid workers.

3.1.4.9 Relationship with self and others

Aid workers often learn to relate to self and others when they work in the field. They live in team-houses, eat together and experience challenges together. One would appreciate and reflect on their true self and their real motives (Roth, 2011). That experience in and on itself helps individual aid workers to mature. Conditions in the field including housing and presence of social support are critical in the experience of burnout in the field (McFarlane, 2004). People who may find it difficult to relate to others have issues with social support given their limited social network. Social support becomes a vital safety net in the field, where there is no family, as in the case for most expatriates (Ager et al., 2012). Self-awareness and self-management are therefore crucial to managing stress and burnout in the field.

3.1.4.10 Consciousness/Awareness

There tends to be increased consciousness through practices such as meditation and other interventions recommended for aid workers to deal with challenges in the field. These can be obtained in various guidelines like People in Aid, Headington Institute, and the Antares Foundation. Training in meditation and mindfulness is universal in NGOs to aid workers in stressful environments (Antares Foundation, 2006). This seems to be an attempt to enhance consciousness and expanded states of consciousness in aid workers.

3.1.4.11 Non-materialism

Non-materialism is primarily the rejection of materialism or non-concern with material possessions. Religious or spiritual beliefs may drive this, and materialism can be a hindrance

to meaningful life. Simple living can be an expression of non-materialism. It is often seen in aid workers who live in below average houses or even tents in the field (Ager et al., 2012). Where materialism dominates, aid workers will be interested in the 'Pajero or Prado' lifestyles of five-star hotels at the expense of the beneficiaries (Roth, 2014). In this case, if budgets are limited, such individuals can quickly be stressed and can easily fail to cope efficiently with burnout

3.1.5 Importance of Spiritual Intelligence in Aid Work

Spiritual intelligence in the humanitarian industry is a subject has not been fully explored despite its relevance. There is, however, consensus on the relevance of spirituality and spiritual intelligence in aid workers' motivation to join Aidland and the way they cope with trauma and other challenges (Ager et al., 2012; Erikson et al., 2014). By its very nature, humanitarian aid work is deeply buttressed by compassion, selflessness, values, and moral responsibility as well as service to the less privileged or suffering fellow human beings. This concern is the reason most humanitarian efforts carry the connotations of donations, helping, or serving. There is also a massive influence of religious beliefs, values, and moral persuasion to help fellow human beings and alleviate suffering. The humanitarian act is profoundly spiritual and is often associated with selflessness, self-actualisation, and commitment to a cause higher than self.

Players in the humanitarian industry seem motivated by values and compassion more than any other motivators (Pigni, 2014). This motivation includes both aid workers and donors. It is, therefore, the transcendent call that drives the humanitarian imperative. The section below explores the motives behind humanitarian work by both employees and donors.

The aid workers choose to join Aidland due to a sense of calling or mission to contribute to the transcendent values in one way or another (Dik, Duff & Tix, 2012; Eriksson et al., 2014). Among the big five of the humanitarian NGOs, there are faith-based organisations such as World Vision, Tearfund, and Catholic Relief Services, which are based in religious tenets.

The role of spirituality in aid workers, though under-researched, is essential in the motivation to join the aid industry, the wellbeing of the aid worker in the field as well as coping with difficulties in the different contexts of work (Eriksson et al., 2003; Eriksson et al., 2014). According to Eriksson et al., (2014), spiritual orientation to the work may create a context of resilience and support in the face of burnout and other challenges. This has been found to be

true for both expatriates and national staff in different contexts (Eriksson et al., 2003; Lopes Cardozo et al., 2013). Regarding coping, spiritual intelligence can be expected to be able to influence the way aid workers to cope with burnout and the way they appraise various situations in the field.

3.1.6 Spiritual Intelligence and Burnout

Few studies have looked at the relationship between SI and Burnout. Of those that looked at the relationship, they found a negative correlation between SI and Burnout (Oswald, 1991, Piedmont, 2004; Kaur et al., 2013; Cat et al., 2014; Tarbasa et al., 2014). All of these studies examined occupations other than aid workers. This situation points to the limited effort made in studying the relationship between SI and burnout in general and in aid workers in particular.

Bulka (1984) found self-transcendence to be a component of SI related negatively to burnout. The factor acted by way of becoming a buffer to the adverse effects of burnout. On the relationship between spirituality and burnout among pastors, Oswald (1991) found a negative relationship. He then concluded that burnout is a religious issue which touches on the pastor's commitment to the calling. As such, it was found that SI is negatively associated with burnout amongst clergy or pastors. The work pastors do is not very different from what most aid workers do so it is possible to find commonalities in the relationship between SI and BO across these groups. This is when one considers the element of 'calling' in aid workers.

Piedmont (2004) found that spirituality predicted burnout among United Methodist clergy even when controlling for personality and work environment. However, it should be noted that the incremental significance of spirituality in burnout was small. That amongst the clergy or pastors, there is a negative relationship between SI and burnout puts paid to the claim that SI in aid workers is negatively associated with burnout. This is such given the parallels between aid work and clergy work. All the work involves a sense of calling, commitment, transcendence as well as compassion and human values. The working conditions of most pastors, missionaries, and aid workers share various characteristics, such as serving others, commitment, long hours and so forth.

Maslach and Leiter (1997) postulated that burnout represents an erosion of values, dignity, spirit and will, shows that burnout touches at the core of humanity, and therefore, of spirituality. As such, an increase in SI would be associated with a decrease in burnout and vice

versa. MacDonald and Friedman (2002) found that higher levels of spirituality have been linked with low levels of burnout among individuals. Spirituality was found to create a buffer on the adverse effects of burnout in various settings (King & DeCicco, 2009). Kaur et al., (2013), in their research on Malaysian nurses found that SI influences burnout among nurses.

Tarbasa et al., (2014) found a significant negative relationship between SI as measured by the SISRI-24 and burnout as measured by the MBI among the nurses in Iran. They argued that SI is a new capability of perceiving the world which is essential for health and well-being of employees, by decreasing the inner conflicts and concerns. SI explained 34% of the variance in burnout. Such findings support Captari's (2010) findings on the relationship between SI and burnout where the higher the SI, the more one can cope with a hard situation, or one becomes resilient towards burnout. It is apparent that SI can also enhance organisational performance through reducing the negative effects of burnout.

Heravi-Karimooi, Rejeh, and Nia (2014) found a negative relationship between SI and burnout among student nurses in Iran. They also found a significant positive association between SI and both psychological and physical health in the student nurses. Higher SI was associated with the general health of nursing students. It is, therefore, possible that the positive health associated with high SI in nurses can be shared with patients in excellent patient care (Kaur et al., 2013; Hervai-Karimooi et al., 2014).

In some settings, a higher level of spirituality and SI have been linked with lower burnout levels among employees (MacDonald & Friedman, 2002; Kaur et al., 2013). It is believed that SI is negatively related to burnout as SI acts to buffer the adverse effects of burnout in people especially those working in helping professions like nurses (King & DeCicco, 2009; Kaur et al., 2013).

Besides nurses and other health workers, SI was also found to be related negatively to burnout in non-health workers like Information Technology (ICT) workers. Cat et al., (2014) found a negative relationship between SI and burnout among Turkish Information Technology workers. A breakdown of individual dimensions of burnout were all negatively and significantly related to burnout. Of note is the fact that SI was measured by a combination of tools, that is, the Multifactor Leadership Questionnaire (MLQ) and the Rahm Organizational Conflict Inventory (ROCI II). The combination of the tools may not adequately measure SI

though, given the trends in the relationship between SI and burnout. However, the measure points to the negative relationship between the two constructs.

The above review has managed to establish the basis of the concept of SI as a core ability combining spirituality and intelligence (Tarbasa et al., 2014). While there are various conceptualisations of SI, it is generally regarded as an ability to apply spiritual information for adaptation and creation of valuable products and services. SI has been linked to reduced burnout among health personnel, clergy, and even on-health personnel like those in ICT. It is therefore expected that though there are no explicit and specific studies on SI and aid workers, the same dynamics are at play, as in the clergy and health workers who have some sense of calling in their work, which parallels aid work. SI has also been positively associated with EI and CA in other settings, and therefore it is to be expected to maintain the same relationship among aid workers.

3.1.7 Spiritual Intelligence and Aid Worker Burnout

There has been limited research on aid worker burnout and spiritual intelligence. However, from the above review, there seems to be a negative relationship between SI and burnout in aid workers. This stems from related findings from health, and other workers operating in a similar environment with aid workers.

In a study of the spiritual intelligence and general health of nurses in Tehran, Heravi-Karimooi et al., (2014) found that there was a positive correlation in general with the demographic characteristics of age, gender, marital status, and educational year, showing a significant relationship with SI. They used the General Health Questionnaire, which also considers mental health, or screens for psychiatric disorders. According to Graham et al., (2001), individuals strive to understand the meaning and purpose of their lives, and hence search for guidance from the spiritual realm. We should, therefore, expect the relationship between SI and BO to be negative in various occupations, given the fundamental aspects of SI.

In another related study of the relationship between spirituality and burnout and coping among Norwegian missionaries, Bergaas (2003) found that those who scored higher on spiritual maturity and spiritual support, reported significantly lower burnout than their opposites. He also found that those who reported high spiritual maturity used positive coping strategies. This relationship between spirituality and burnout points to the utility of spiritual intelligence in

reducing the impact of burnout in general. It should, therefore, be expected in this study that SI will be negatively related to burnout in aid workers.

Like aid workers, pastors and missionaries also risk burnout because of pastoral and ministerial demands of their work. Such work can be draining physically and emotionally resulting in impaired effectiveness. In a study of pastoral burnout and impact on spiritual renewal, Chandler (2009) found that spiritual dryness in pastors is the primary predictor of emotional exhaustion, a dimension of burnout. This finding points to a link between spirituality and burnout among pastors in line with Bergaas' (2003) findings. It is also related to findings by Newmeyer, Keyes, Palmer, Kent, Spong, Stephen and Trory (2016) that spirituality and religion act as mitigating factors against compassion fatigue and trauma in therapists. Though religion and spirituality are different from spiritual intelligence, the concepts are positively correlated, and they usually have a similar impact on variables (Zimmerman et al., 2016).

The above review points to gaps in the literature on the relationship between burnout and SI in aid workers. However, the rich findings from helping professions and other related ones such as religious occupations, point to a negative relationship between SI and burnout. Spiritual intelligence seems to have an effect of negating the effects of burnout, by offering hope to the professionals working in challenging environments.

The next section considers at emotional intelligence, another critical social competence that together with spiritual intelligence, seems to be an essential variable in burnout among aid workers.

3.2 EMOTIONAL INTELLIGENCE

3.2.1 Introduction

The concept of EI will be discussed in general with a focus on the conceptualisation, historical development, and models in general and specifically in aid workers. The researcher shall also emphasise literature on the relationship between EI and burnout in aid workers

3.2.1.1 Definitions and Conceptualisation

Emotional intelligence has been defined differently for practical and theoretical reasons. EI is a branch of intelligence which has its roots in the general intelligence, but which was only

popularised in the past three or so decades. With interest in the concept of EI, research has linked the concept of mental health, job performance, leadership skills and more recently increased life satisfaction. On the other hand, some researchers questioned whether EI has incremental validity over IQ or even the Big Five traits (Côté, Miners, & Moon, 2006). Mayer and Salovey (1997) defined emotional intelligence (EI) as the ability to perceive accurately, appraise and express emotions. According to them, EI constitutes an “ability,” and they went further to say this ability includes generating feelings to facilitate thoughts, understand emotions and regulate thoughts. The Psychology Dictionary defines EI as that ability to monitor one's own and other people's emotions, to discriminate between different emotions, as well as label them appropriately and to use emotional information to guide thinking and behaviour (<https://psychologydictionary.org/>).

Petrides and Furnham (2003) defined EI as an individual's self-perceptions of their emotional abilities. In other words, EI is composed of behavioural dispositions and self-perceived abilities which can only be assessed through self-report. This assertion is in direct conflict with ability-based intelligence where EI is an objective measure of ability, that is, referring to actual abilities.

For this study, EI is defined as the ability to accurately perceive one's own and others' emotions, to express, regulate and control them in a manner that does not negatively affect self and or others. It also includes the use of emotions in thinking or making right judgements on issues, as well as behaving. The next section considers the historical development of Emotional Intelligence.

3.2.1.2 Historical development

EI has been traced to Thorndike's (1920) concept of social intelligence, which he defined as the ability to understand and manage people and to act with wisdom in human relations (Pérez, Petrides & Furnham, 2005). After a period of scientific quietness on the concept, it was Gardner (1999) who renewed the interest in the concept with his work on multiple intelligences where he wrote about intrapersonal and interpersonal intelligence.

Gardner (1999) asserted that interpersonal intelligence has to do with one's capacity to understand the intentions, motivates, and desires of other people as well as to work effectively with others. On the other hand, he defined intrapersonal intelligence as the capacity to

understand oneself, have a practical working model of oneself and to use such information in regulating one's life. It seems whatever was to come later did not vary much from this previous conceptualisation of emotional intelligence.

According to Pérez et al., (2005), the first use of the term “emotional intelligence” is usually attributed to Wayne Payne's doctoral thesis, “A Study of Emotion: Developing Emotional Intelligence from 1985”. They also attributed it to the use of ‘EQ’ as an abbreviation (Emotional Quotient) to Keith Beasley's 1987 magazine article on the subject. The initial use did not focus on the distinction between trait emotional intelligence and ability emotional intelligence until 2000. It should be noted that all this time, the term ‘Emotional Intelligence’ was not formally used, though there were isolated mentions here and there. It is Salovey and Mayer (1990) who formally used the term ‘Emotional Intelligence’ (EI) in empirical research (Pérez et al., 2005).

Daniel Goleman (1995) has been credited with popularising the concept of EI in both scientific and commercial settings with his best-selling book - *‘Emotional Intelligence: Why it matters more than IQ’* (Pérez et al., 2005). This book seemed to have been a turning point given the substantial impact and response that followed the publication of this book. It is, however, Salovey and Mayer (1990) who introduced the first formal model of EI and carried out empirical studies (Pérez et al., 2005).

From the preceding, emotional intelligence's conceptualisation was born from shortcomings of the traditional conceptualisation of intelligence as IQ alone could not explain all aspects of performance and success. The title of Goleman's (1995) book itself betrays frustration with the inadequacy of IQ in explaining individual differences adapting to their environments. The concept of EI may be regarded as an attempt to find answers to the shortcomings of IQ in fully explaining the broader concept of intelligence. It is also because of the inclusion of the social and intrapersonal side of intelligence which would not typically qualify to be part of traditional intelligence, with its emphasis on logical and mathematical ability.

It is not surprising that the development of the concept easily became entangled with the commercialisation that was not witnessed with traditional IQ conceptualisation. According to Pérez et al., (2005), the researchers and theorists of EI overlooked fundamental differences between typical and maximal performance in a rush to create measures for the popular concept.

In other words, the demand for measures overtook the researchers' ability to research the concept. It then led to conceptual inconsistencies and conflicting findings (Pérez et al., 2005).

The criticism levelled against the concept of Emotional Intelligence is discussed in the next section.

3.2.1.3 Criticism of the EI Concept

EI as a form of intelligence has been criticised because of its theoretical foundations. For example, Eysenck (2000) contends that Goleman's description of EI contains unsubstantiated assumptions about intelligence in general especially the tendency to label every behaviour as intelligence. To Eysenck, there is no scientific basis for the emotional intelligence theory as it is not built on falsifiable assumptions. He asserted that the concept is a misinterpretation of the intelligence construct, and the best way to deal with it is to label and refer to EI as a skill. The criticisms come from the fact that the way EI has been conceptualised and dealt with did not follow the typical scientific inquiry route, as there still exists confusion as to the abilities and achievements, skills and habits, attitudes and values, and personality traits and emotional states. So, if the confusion of concepts is not clarified, there will continue to be issues for EI.

Researchers should guard against confusing skills and moral qualities asserting them as skills. Landy (2005) argued that EI has little predictive value especially when it comes to academic and work success. However, it may be that the low predictive validity was a result of methodological shortcomings in the confusion of conceptualisation of skills and moral qualities. Petrides and Furnham (2006) noted that when self-report measures are used, there are high correlations. Explanations given include that they both purport to measure personality traits (Petrides & Furnham, 2006). There was also a concern that EI tests measured personality and general intelligence, thereby confounding relationships between personality and intelligence. These researchers then call for the inclusion of personality and general intelligence in the study of EI to separate the confounding effects of the inclusion of such variables.

Despite the criticism, EI is here to stay given the popularity of research in management and neuropsychology research (Goleman, 1998). It cannot be ignored entirely given the trends in selection, training and leadership development. EI had also been associated with burnout and

stress in research. The next section considers the significant models of EI and how they conceptualise EI.

3.2.2 Theoretical models

There are three groups of models of emotional intelligence namely ability, trait and mixed. The classification is based on the emphasis of the models whether they emphasise ability as in IQ or whether they emphasise traits as in personality and whether they try to combine both ability and traits. These will be discussed below:

3.2.2.1 *The Ability Model (Salovey and Mayer)*

Salovey and Mayer's (1990) Ability Model of emotional intelligence focuses on one's ability to process emotional information and practically use it to navigate the social environment. They defined EI as that ability to perceive emotion, integrate emotion to facilitate thought, understand emotions as well as to regulate emotions to promote personal growth, a definition which they further reviewed in line with their new research on the concept (Salovey & Mayer, 1990). They also redefined it as the capacity to reason about emotions and use of emotions to enhance thinking. To them, the concept encompassed the abilities to accurately perceive emotions, to access and generate emotions to support thinking, to understand emotions and emotional knowledge, as well as to reflectively regulate emotions to promote emotional and intellectual growth.

The model posits that emotions are a useful source of information that helps one to make sense of and navigate the social environment. According to Salovey and Mayer (1990), individuals vary in their ability to process information of an emotional nature and also in their ability to relate emotional processing to a broader cognition. They argued that EI consist of the following four different types of abilities:

- *Perceiving emotions* – refers to the ability to detect and decipher emotions in faces, pictures, voices, and cultural artifacts. This type also includes the ability to identify one's own emotions.
- *Using emotions* – the ability to harness emotions to facilitate various cognitive activities including thinking and problem-solving.
- *Understanding emotions* – the ability to comprehend emotional language as well as to appreciate complicated relationships among emotions. This factor includes the ability

to be sensitive to small variations between emotions and the ability to recognise and describe how emotions evolve.

- *Managing emotions* – refers to the ability to regulate emotions in both oneself and in others.

While the model sought to advance the cause of EI as an ability in much the same way as IQ, it has been criticised in the research for lacking face and predictive validity in the workplace. This led to the exploration of trait models of EI which are going to be explored next.

3.2.2.2 Trait Model (Petrides)

Petrides and Furnham (2003) proposed a trait model of emotional intelligence that is broad enough to encompass behavioural dispositions and self-perceived abilities. Since these abilities are self-perceived, they can only be measured through self-assessment methods.

According to Petrides & Furnham (2003), Trait EI is a constellation of emotional self-perceptions located at the lower levels of personality. Given that trait is made up of individual perceptions of their abilities, they believed that the best way to assess EI is not some external object measure or test, but it has to be a personality framework. Therefore, trait EI is often referred to as trait emotional self-efficacy because it is about the perception of efficacy rather than actual ability. Further analysis of the concept of EI as a personality trait would automatically differentiate it from cognitive ability.

There are researchers who felt the need to draw from both ability and trait models of EI in order to avoid the limitations of any of the models (Goleman, 1998). The next section considers the mixed models of EI.

3.2.2.3 The Mixed Model (Goleman, 1998)

Daniel Goleman (1998) proposed the mixed model of EI to differentiate EI from personality and also from IQ. The model is a combination of both ability and trait EI. Goleman's model regards EI as an array of skills and characteristics that drive leadership performance (Goleman, 1998). The model has five main EI components:

- *Self-awareness* - is the ability to know one's emotions, strengths, weaknesses, drives, values, and goals, as well as to recognise their impact on other people while using gut feelings to guide decisions.

- *Self-regulation* - involves controlling or redirecting one's disruptive emotions and impulses and adapting to changing circumstances.
- *Social skill* - managing relationships to move people in the desired direction.
- *Empathy* - considering other people's feelings especially when making decisions.
- *Motivation* - refers to being driven to achieve something for the sake of achievement.

To Goleman (1998), each construct of EI has a set of emotional competences, which he asserted are not innate talents, but instead learned capabilities that must be worked on and can be developed to achieve outstanding performance. Goleman (1998) asserted that individuals are born with a general emotional intelligence that determines their potential for learning emotional competences.

Mayer, Roberts, & Barsade, (2008) criticised Goleman's (1998) conceptualisation of EI as mere 'pop psychology' devoid of scientific substance. To them, such a conceptualisation fell short of the strict requirement of science, and therefore rendered EI unfit to be considered as an intelligence. Their criticism may have been driven by the commercial flair in Goleman's theory, where he seems to have been driven by the need to appeal to organisations to develop EI in their managers or leaders.

All the models of EI, resulted in the formulation of measures of EI. The next section explores the measurement tools propounded by proponents of the different models.

3.2.3 Measurement of Emotional Intelligence

3.2.3.1 Ability Models Measurement Tools

The ability model resulted in the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) as the measure of Ability EI. This measure consists of a series of emotion-based problem-solving items based on the four factors of EI identified by Salovey and Mayer (1990). The ultimate measure of EI would be the total score though individual scores for the four factors are also generated.

The test is scored in a consensus fashion, with higher scores indicating higher overlap between an individual's answers and those provided by a worldwide sample of respondents. It can also be expert-scored to determine the extent of agreement between one's answers and those of a

group of emotion researchers (Salovey & Mayer, 1990). This way of scoring has been the dominant criticism of the test as one can only be emotionally intelligent if most experts say one is hence the test suffered from face validity challenges. Mayer, Salovey and Caruso (2012) reported good internal consistency at the full scale, area and branch levels with Cronbach Alphas ranging from .64 to .88. In terms of split-half reliabilities, ranges of $r = .93$ to $r = .91$ were recorded for full scale, from $r = .90$ to $r = .86$ for area level and ranges from $r = .91$ to $r = .76$ for branch levels. They also reported association between MSCEIT scores and other psychological variables and positive outcomes.

Roberts, Zeidner, and Matthews (2001) suggest that the EI, as measured by the MSCEIT, may only be measuring conformity given the importance of consensus rating. In the same vein, Brody (2004) argues that the test assesses knowledge of emotions, but not the ability to perform tasks or assignments related to the assessed knowledge. This is because there is an assumption by Salovey and Mayer (1990) that knowledge results in performance, which may not necessarily be the case with emotions.

3.2.3.2 Trait Models Measurement Tools

Since trait EI focuses on individual perceptions of the emotional ability, there are a lot of self-report measures that sought to measure EI. These include the EQ-i, the Schutte EI Test, and, the Trait Emotional Intelligence Questionnaire (TEIQue). Their psychometric properties are summarised in the Table 3.4 below.

Table 3.4

Psychometric properties of Trait EI measurement tools.

Test	Author	Reliability (α)/ Test-Retest Reliability	Validity
1.EQi	Bar-On (1997)	α = about 0.85 Test-retest reliability = 0.60 to 0.83 over a month	Predicted mental health, coping, work and marital satisfaction. Moderate and high correlations with Big five.
2.Schutte EI Test	Schutte et al., (1998)	α = 0.70-0.85 Test-retest reliability = 0.78 over 2 weeks	Moderate and high correlations with Big five
3.TEIQue	Petrides (2001)	α = about 0.85 Test-retest reliability = 0.50 to 0.82 over 1 year	Correlated to mental health, coping styles, job performance, organisational commitment, and satisfaction.

Adapted from Petrides (1998)

The EQ-i consists of 133 items with fifteen different subscales, one for each of the competencies and abilities. The scale result in a total EI score and fifteen separate subscale scores which will then be converted into standard scores similar to those of IQ (Bar-On, 2006). The scores of the EQ-i are normed against over four thousand individuals and is adjusted for social reliability bias (Bar-On, 2006). Criticism levelled against the EQ-i include its high correlations with traits of personality and its vulnerability to faking.

The Schutte Self Report Emotional Intelligence Test (SSEIT) is a 33 item self-report measure of Emotional intelligence developed by Schutte et al., (1998) to map onto the Salovey and Mayer (1990) model of EI. The test seeks to measure EI from a trait perspective and on a five-point Likert type scale. The test measures appraisal and expression of emotion, regulation of emotion and utilization of emotion. The test was also found to possess good psychometric properties, with Cronbach Alphas ranging from .70 to .85 and test-retest reliability averaging .78 after two weeks (Schutte, et al., 1998).

The TEIQue is a measure of Emotional Intelligence that operationalize Petrides et al., (2001) model of EI that views it in terms of personality. The measure consists of 15 subscales organized under four factors of well-being, self-control, emotionality and sociability. TEIQue psychometric properties were found sound. The TEIQue scores were found to be unrelated to non-verbal reasoning but positively related to the Big Five personality traits (Petrides 2001).

All the trait-based measures of EI have been criticised for claiming to measure intelligence, abilities, or skills when in fact they do measure self-perceptions of the abilities (Brackett & Mayer, 2003). It should, however, be noted that as measures of EI, there has been reasonable attention as can be seen from validation studies across the globe with promising results (Schutte, et al., 1998).

3.2.3.3 Mixed Models Measurement Tools

The mixed model resulted in two measurement tools developed by Boyatzis, Goleman, & Rhee (2000) and the other one by Bradberry and Greaves (2005) which mainly focus on the provision of a behavioural measure of emotional and social competences. These are the Emotional Competency Inventory (ECI) which upgraded to the Emotional and Social

Competency Inventory (ESCI) and the Emotional Intelligence Appraisal. The tests' psychometric properties are indicated in Table 3.5 below.

Table 3.5

Psychometric properties of Mixed Model EI measurement tools.

Test	Author	Reliability (α)/ Test-Retest Reliability	Validity
1. Emotional & Social Competency Inventory (ESCI)	Boyatzis et al., (2000)	$\alpha = 0.70-0.85$ for global score & $\alpha = >0.85$ for social skills	Moderate correlations with managerial styles and organisational success.
2. Emotional Intelligence Appraisal	Bradberry & Greaves (2005)	$\alpha = \text{about } 0.83$	Positive but non-significant correlation with MSCEIT scores.

The Emotional Competency Inventory (ECI) was created by Boyatzis, et al., (2000) and upgraded into the Emotional and Social Competency Inventory (ESCI) in 2007 to provide a behavioral measure of the Emotional and Social competencies in line with Goleman's mixed model of EI. Internal consistency ranged from a Cronbach's Alpha of .70 to .85 for global the global score and greater than .85 for social skills (Boyatzis, et al., 2000).

On the other hand, the Emotional Intelligence Appraisal is a skill-based self-report and 360-degree measure of emotional intelligence (EQ) developed by Bradberry and Greaves (2005). The test consists of 28 items, four sub-scales and total EQ score. It is based the four main skills of Daniel Goleman's model of emotional intelligence. Scores from this test were found to be positively correlated to the MSCEIT scores though not significant.

3.2.4 Summary of EI Models (Pérez et al., 2005)

Table 3.6 is a summary of significant EI models as presented by Pérez et al., (2005) together with the principal tenets. Important to note from the table is the convergence of key EI models in terms of their key tenets and components. It can also be noted from the summary that the models emphasize either ability or traits or both traits and ability, hence the classification of ability models, trait models and mixed models of Emotional Intelligence.

Table 3.6

Summary of EI Models

Salovey & Mayer (1990)	Goleman (1995)	Mayer & Salovey (1997)	Bar-On (1997)	Cooper & Sawaf (1997)	Goleman (1998)	Weisinger (1998)	Higgs & Dulewicz (1999)	Petrides & Furnham (2001)
<ul style="list-style-type: none"> - Appraisal -Utilisation of emotions -Regulation of emotion 	<ul style="list-style-type: none"> -Self-awareness -Self-regulation -Self-motivation -Empathy -Handling relationships 	<ul style="list-style-type: none"> -Perception appraisal & expression of emotions -Emotional facilitation of thinking - Understanding and analysing emotions, employing emotional knowledge -regulation of emotion to promote emotional & intellectual growth 	<ul style="list-style-type: none"> Intrapersonal -Self-awareness -Self-regard -Self-actualisation -Independence Interpersonal -Empathy -Interpersonal relationship -Social responsibility Adaptation -problem-solving -reality testing -flexibility Stress Management -stress tolerance -impulse control General Mood -Happiness -Optimism 	<ul style="list-style-type: none"> -Emotional literacy -Emotional depth -Emotional alchemy 	<ul style="list-style-type: none"> Self-awareness -Emotional self-awareness -Accurate self-assessment -Self-confidence Self-regulation Self-control - Trustworthiness Conscientiousness -Adaptability -Innovation Self-motivation -Achievement orientation -Commitment -Initiative -Optimism Empathy -Empathy Organisational awareness -Service orientation -Developing others -Leveraging diversity Social Skills - Leadership - Communication -Influence -Change catalyst -Conflict management -Building bonds -Collaboration and co-operation -Team capabilities 	<ul style="list-style-type: none"> -Self-awareness -Emotional management -self-motivation -Effective communication skills - Interpersonal expertise -Emotional coaching 	<ul style="list-style-type: none"> Drivers -motivation -Intuitiveness Constrainers - Conscientiousness -Emotional resilience Enablers -Self-awareness -interpersonal sensitivity -Influence -Trait 	<ul style="list-style-type: none"> -Adaptability -Assertiveness -Emotion appraisal (self& others) -Emotion expression -Emotion management (others) -Emotion regulation -Impulsiveness (low) -Relationship skills - Self-esteem -Self-motivation -Social competence -Stress management -Trait empathy -Trait happiness -Trait optimism

(Adapted from Pérez et al., 2005, pp. 138-139)

3.2.5 Importance of Emotional Intelligence in Aid Work

This section considers the importance of EI in aid work. Focus will be on key correlates of EI which are related to aid work like health, relationship, teamwork and work performance. The section aims at bringing in EI into the context of aid work in order to appreciate its utility in the dynamics of aid work.

3.2.5.1 Emotional Intelligence and Health

Research has established that EI is a positive and significant predictor of good health. EI has been found to be linked to health, both physical and mental. Schutte et al., (2001) in a meta-analysis found that trait EI had significant relationships with mental and physical health. Martins, Ramalho, and Morin (2010) replicated the findings from this meta-analysis and concluded that EI is a strong predictor of health. It is therefore expected that in the study of aid worker burnout, the same relationship will be established primarily on mental health with aid workers of high EI coping better with burnout than those with low EI. In other words, it is expected that high EI aid workers are less prone to suffering burnout than their counterparts with low EI.

EI has also been linked to better psychological well-being in various occupations (Martins et al., 2010). There has not been specific research done on aid workers and EQ. High EI has been linked to physical and psychological health with those individuals with high EI being predicted to be able to manage their emotional states and know when to express their emotions and to regulate their emotional states effectively (Tsaousis & Nikolau, 2005). In general, those with high EI have been found to have high emotional adjustment and therefore emotional well-being.

3.2.5.2 Emotional Intelligence and Relationships

EI has been linked to better social relations for adults and children as well. Such social relations are essential to success at work through team-work and supervisor-subordinate relationships. High EI employees have a better self-perception of social ability and more successful interpersonal relationships with less interpersonal aggression and problems (Mayer et al., 2008). Such qualities help them to relate their work colleagues and superiors thereby making them less prone to burnout from interpersonal relationships. This would support the hypothesis that high EI should be negatively related to burnout in aid workers as these workers

would have ready and strong social support to cope with burnout in the field in the form of team members, given their ability to establish good social relations.

Highly emotionally intelligent individuals are perceived more positively than low emotionally intelligent people. They have also been found to relate better to their families and significant others like spouses, fiancés, and children (Mayer et al., 2008). Good relationships with significant others help regarding coping with burnout as significant others form a pool of social support where these workers run for refuge in times of emotional turmoil. It should, therefore, follow that if strong social support is vital in dealing with burnout in aid workers, then high EI helps build the social support and therefore the buffer with burnout. As such, EI is therefore expected to be negatively associated with burnout, due to its buffering role in social relationships. The importance of proper interpersonal relationships cannot be overemphasised in aid workers given that they work with both team members, beneficiaries, and donors.

3.2.5.3 Emotional Intelligence and Teamwork

EI has been linked to high level of teamwork among work colleagues. Lopes, Grewal, Kadis, Gall, and Salovey (2006) asserted that EI contributes to the development of positive relationships with core workers and efficient team performance. The other benefit of such team performance is team self-efficacy and emotional support which would go a long way in buffering against stress and burnout. In aid work settings, emphasis on teams is very high given the nature of work. There is an emphasis on the team as can be seen in team houses, team vehicles for travelling and so forth. This emphasis helps to build emotional support in highly stressful environments. It tends to help reduce the effect of burnout. It can, therefore, be argued that individuals from high EI teams experience lower levels of burnout than their counterparts coming from low EI teams. Aid workers cannot work in isolation from each other or without beneficiaries or donors. The relationship between EI and teamwork is expected to be crucial in reducing burnout.

3.2.5.4 EI and Work Performance, Career Success, and Leadership

EI has been linked to working performance with high EI being strongly associated with high job performance and career success (Van Rooy & Viswesvaran, 2004). In the same vein, researchers found associations between EI and career move success than even IQ and other related constructs as measured by self-reports and works performance indicators like wages, upward mobility and salary increases (Goleman, 1995). What is not clear is whether the career

success is not limited to particular occupations or job levels. It, however, seems the success stems from the ability to manage team dynamics and interpersonal relations with supervisors and subordinates. This link may probably extend to aid workers as interpersonal dynamics seem to be common to all occupations from Goleman's perspective.

EI has been found to be related to excellent leadership and managerial success (Goleman,1998). As management and leadership roles demand people skills, it seems natural that such a relationship has been found in research though there are mixed findings. Goleman argued that the most effective leaders have high EI. This is mainly because trait EI measures tap into self-efficacy and self-rated performance by leaders (Joseph & Newman, 2010). It is therefore expected that aid workers who have high EI are likely to be successful in their roles.

This section portrayed that EI as a concept is related to aspects like personal health of workers, their relationships, relationships as well as work performance and leadership ability. Such a relationship assists in understanding the work setting as a strong determinant of burnout in aid work. The next section seeks to explore the actual relationship between EI and burnout.

3.2.6 Emotional Intelligence and Burnout

EI has been linked with burnout in some settings and occupations. This section will consider research associating EI and burnout as well as the effect on health-related outcomes and emotional adjustment; both in general, and specifically in aid workers.

Various studies have confirmed the significant but negative association between EI and burnout in teachers, students, nurses, and other occupations. This association is notwithstanding the fact that no specific associations have been made on aid workers (Saiari, Moslehi, & Valizadeh, 2011; Santos, Mustafa & Gwi, 2015; Vaezi & Fallah, 2011, Mendez, 2002; Iqbal & Abbasi, 2013). EI has been found to relate negatively to burnout in various contexts and with different professions (Brackett & Mayer, 2003). It was found that employees with high EI are more aware of their emotions and others' emotions leading to positive outcomes including profitability than their opposites (Mendes, 2002). Santos et al., (2014) found that trait EI predicted burnout in Malaysian human resources professionals. They found that it predicted work-related burnout but not client-related burnout. In their findings, they were using the Copenhagen Burnout Inventory to measure burnout. In other words, the

relationship between EI and Burnout is not limited to the type of measurements used for Burnout or occupation.

Chan (2006), in his study of Chinese teachers in Hong Kong found that individual teachers with enhanced EI might be less vulnerable to burnout because they have better access to information transmitted by emotions and therefore appropriate action tendency for given emotions than their counterparts with low EI. He even went as far as to break down components of EI and argued that these directly and negatively affect components of burnout. In summary, Chan postulated that people with high EI use information conveyed by emotions to make sense of their reactions to stressors as well as guide their adaptive responses better than their counterparts. So EI seems essential in adapting to circumstances. Such findings may be extended to aid workers given the social role played by teachers who may be similar to that of aid workers.

Saiari et al., (2011) found a negative correlation between EI and burnout among sports teachers in secondary schools in Iran. They found that those teachers who are high in EI are socially more active, have less excitement, and also suffer less sleeplessness and body pains and disorders than those with low EI scores. In this research, the relationship between components of burnout and those of EI, especially social skills, and social consciousness was clear. Vaezi and Fallah (2011) obtained similar results in Iran with English as a Foreign Language (EFL) teachers. Though they found a significant negative correlation between EI and burnout, they did not find any significant gender differences in the EFL teachers. It seems from the above findings that EI predicts burnout with high EI predicting low burnout and vice versa. The findings are in line with findings from Mendes (2002) that those individuals with high EI are likely to cope more effectively with the environmental demands and occupational stress than those with low EI. Vaezi and Fallah (2011) did not obtain any significant differences in teachers' EI and Burnout concerning gender although some positive correlation was found between teachers' EI, teaching experience, and their ages.

EI and burnout were found to have a negative correlation, even in university professors using the MBI-ES and Schutte's Emotional Intelligence test. (Iqbal & Abbasi, 2013). In the same vein, Mohammadyfar et al., (2009) found that EI and burnout explained were correlated, albeit negatively. They argued that EI and Burnout were significantly associated with physical and mental health.

EI has been found to be essential for expatriate managers who deal with mixed emotions and feelings while adapting to a different culture of posting (Van Rooy & Viswesvaran, 2004). This also tends to be the case in aid work where there is high expatriation of skills and direct involvement with local communities and employees in the implementation of projects. High EI will, therefore, reduce susceptibility to burnout due to cultural challenges for expatriates.

It seems that high EI employees have also been found to have more confidence in their roles thereby being able to face their demanding tasks positively unlike their opposites who drift into burnout. There seems to be a universal trait across occupations. Mikolajczak et al., (2007) linked EI and burnout and argued that when confronted with emotional labour, participants who perceived themselves to be high in EI experienced lower levels of burnout and somatic complaints. This goes to support the premise that EI is negatively related to burnout and its symptoms.

Moon and Hur (2011) found that the emotional exhaustion dimension of burnout influences the job performance-EI relationship with emotional exhaustion showing a negative association with two components of EI (optimism and social skills). Such a relationship affects job performance negatively. In other words, job performance-EI relationship is stronger in contexts of high emotional exhaustion or burnout. Aidland or humanitarian aid work is an example where employees with high levels of EI especially optimism and social skills have better resources to outperform their counterparts with low EI.

In a study of the relationship between emotional intelligence to burnout and satisfaction among nurses in early nursing practice, Farmer (2004) found that overall EI has a negative relationship with burnout among nurses. In this group, participants reported significantly higher levels of perceived stress. In the study, Farmer used the MBI-HSS to measure burnout. From this research, it can be said that EI has an effect of preventing and ameliorating burnout.

The next section deals with the relationship between Emotional Intelligence and aid worker burnout.

3.2.7 Emotional Intelligence and Aid Worker Burnout

This section attempts to explore available research linking the two variables of EI and BO in aid work. There are limited studies that particularly focused on the relationship between EI and aid worker burnout.

Howe (2008) wrote that, for social work and social services jobs, they require social competences, which are present in emotionally intelligent people. Given that aid workers work with people in a helping role, they also require a high level of emotional intelligence. The absence of such EI creates emotional labour that usually results in burnout (Mohammadyfar et al., 2009). Pigni (2015) attributed most of the burnout suffered by aid workers to low levels of EI on the part of the employees, hence the recommendation of training of EI on aid workers before deployment. She referred to those with low EI, as lacking in social skills essential for survival as aid workers.

In a study of EI and burnout in special school teachers in Greece, Platsidou (2010) found a negative correlation between EI and burnout. The teachers were some form of aid workers in that, they were dealing with special kind of children who had learning challenges. Platsidou found that the teacher's emotional intelligence could predict whether they would experience burnout. Higher EI was related to lower levels of emotional exhaustion and depersonalisation, as well as high levels of personal accomplishment. Dealing with special class pupils is a challenging feat, making the teachers experience burnout. So EI was found to negatively predict the chances of burnout. In the same vein, Zeynep (2014) also found similar results among health care professionals. He concluded that the more emotionally intelligent a health worker is, the less likely they were to experience burnout. He attributed this to the fact that EI helps to reduce feelings of depersonalisation and reduced personal accomplishment. Interesting on demographic factors, is the fact that he found that only marital status was linked to differences between respondents on EI and BO.

Miller-Clarkson (2013) found a significant correlation between EI and personal accomplishment among pastors. Increase in EI was associated with feelings of personal accomplishment. Pastors though they are not aid workers, are related to aid workers, regarding the sense of calling to their role, as well as the nature of their work with congregants. This

work can be equated to the role aid workers play with beneficiaries. Such findings may point to how those committed to their calling respond to situations that eventually cause burnout.

In a related study, Kwon & Kim (2016) found that EI was negatively related to burnout in nurses. In a study to determine the relationship between emotional intelligence, emotional labour, and burnout in psychological nurses, they found that burnout was negatively related to emotional intelligence, but positively related to emotional labour. They also found age and job satisfaction to be essential moderators of burnout among these psychological nurses. The relationship is likely to have been influenced by the therapeutic methods used by the nurses which affected the interaction between the nurses and the patients. It is possible that for aid workers, they deal with different types of beneficiaries thereby affecting their interaction with the beneficiaries.

It can be suggested that EI is associated with burnout in a number of occupations. The relationship is significant, but negative. Although these studies are limited to health workers, teachers, and other professions, it is not surprising to find similar relationships between EI and burnout in aid workers given the apparent similarities of the helping professions and aid work.

The conclusion from the literature on EI and Burnout in most occupations is that, it is significantly and negatively related to burnout. It should, however, be noted that the research has been carried out on teachers, nurses, and other helping professions, but there are limited studies on aid worker burnout and EI. Though there are limited studies available, this section has examined the available research linking the two variables in aid work.

The next section introduces Coping Ability as one of the third variable of interest in the study of aid worker burnout.

3.3 COPING ABILITY

3.3.1 Introduction

This section shall consider literature on Coping Ability (CA), its definitions, and its conceptualisation, its theoretical models as well as the relationship between coping ability and burnout in general and in humanitarian aid workers. CA is the third variable that seems to be

important in burnout among humanitarian aid workers, together with spiritual intelligence and emotional intelligence.

3.3.1.1 Definition and Conceptualisation

The concept of coping was written about extensively by Lazarus and Folkman (1984). There has been a tremendous debate on the definition of coping given the complexity of the concept and measuring issues associated with it. Coping is regarded as the ability to manage or deal with stress or something else successfully. There are, however, conceptual issues associated with the construct of coping, discussed below.

The term coping refers to adaptive or constructive coping strategies, that is, the strategies to reduce stress levels (Lazarus & Folkman, 1984). In the conceptualisation of coping, there has always been an attempt to exclude maladaptive coping strategies which increase stress levels or increase the adverse effects of stress. Much has been written on coping strategies, coping skills, ways of coping and so forth.

Lazarus (1991) defines coping as the changing cognitive and behavioural effort to manage specific demands which are appraised as taxing or exceeding one's resources. Lazarus' definition is process-based, and transactional. He differentiated between problem-focused and emotion-focused coping. According to Dewe, O'Driscoll, and Cooper (2010), Lazarus' definition was criticised for limiting coping to intentional strategies initiated in the face of stress as a trigger to the reaction.

Lazarus and Folkman (1984) define coping as expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimise or tolerate stress or conflict. How well one does, this becomes coping ability. This coping may be perceived or actual ability. Coping is firmly rooted in stress theory. According to Lazarus (1991), coping is related closely to the concept of cognitive appraisal and the stress-relevant person-environment transaction. As a result of this, most coping research follows closely on Lazarus and Folkman's definition.

The definition of coping is influenced by the insider or outsider approach to judging the effectiveness of coping. According to Dewe et al., (2010), the judgement of the success of coping depends on the person judging. In research terms, measurement, and research design, therefore, influence how different coping strategies are utilised.

The other issue with coping is the distinction between coping and adaptation or their relationship. It is accepted that adaptation is broad and encompasses even coping and other everyday skills for getting along in life like habits and general routines (Dewe et al., 2010; Cooper et al., 2010). They argue that the current measurement regime of checklists blurs the distinction between coping and adaptation. To them, it is also important to consider aspects like anticipatory coping, where issues are tackled pre-emptively. Related to this aspect is the idea of ‘consciousness’ of the process of coping. Is coping only when one is aware, or it can happen unconsciously? Dewe et al., (2010) argue that there are cases where through repeated action, coping can happen without conscious awareness when it precedes real cognitive activity.

It is agreed that coping is complicated regarding both the process and research on it. As such, its complexity may not be reduced by simple causal relationships in variables (Lazarus, 1991; Dewe et al., 2010). The boundaries of coping and adaptation remain an issue with questions arising as to whether coping encompasses adaptation. Lastly, the measurement limitations of current research influence the conceptual debate on coping.

One’s coping ability has been linked to the type of stress and conflict, the individual, and the circumstances (Carver, 2011). In other words, one’s personality and their environment have been said to control the coping responses partly. According to Lazarus and Folkman (1984), coping actions are not classified according to their effects but according to specific characteristics of the coping process. It is also clear from their definitions that coping has cognitive, behavioural and affective elements associated with it. It may also be apparent that coping actions can be distinguished by their focus on different elements of the stressful encounter.

There is often confusion between coping, coping style, and coping strategy. Coping style is the response of a person to a problematic or traumatic life event. Such style may be cognitive, affective, or behavioural. On the other hand, coping strategies refer to the efforts employed by people to deal with or reduce the effects of stressful events.

For this study, Coping Ability (CA) refers to the individual’s perception of his or her ability to use adaptive and constructive coping strategies to reduce stressful or threatening situations.

It is the perception of stress levels associated with a specific task, event, or activity which determines how one is affected and how they eventually cope. These and other conceptual issues are explored in detail in the following section.

3.3.1.2 Conceptual Issues in Coping Research

Regarding coping research, there are conceptual issues that arise. The first one that comes to mind is coping style and coping behaviour. Researchers have also questioned the specificity of coping response (Dewe et al., 2010). For example, they have asked whether a coping response is generic, or just specific to an event.

Questions have also been raised regarding the measurement of coping whether one should use deductive or inductive approaches for measurement. The various ways of measuring coping differ when it comes to boundaries and focus. Some focus on the coping process while others focus on the coping response or strategy and yet others on coping effectiveness. In reviewing the literature on coping, it is therefore essential to consider the angle from which researchers would be examining coping before the results can be generalised.

Predetermined versus elicited stressors were also raised as an issue warranting attention in the study of stress and coping (Dewe et al., 2010; Cooper et al., 2001). Researchers have asked whether we are dealing with general stress, or specific stress. One may seem to be capable of handling a particular type of stress, but not another type. As such, in considering one's coping ability, is it particular to specific forms of stress, or does it extend to all types? In other words, what are the boundaries of coping ability?

Researchers of coping have also questioned the distinction between chronic and acute stress episodes (Lazarus, 1991). It seems that responses to chronic and acute stress episodes differ. It is possible to experience a situation where one copes well with a chronic stress episode but may fail to cope with an acute episode. This conceptual area is not yet adequately addressed.

Lastly, researchers have asked whether coping is an antecedent or a mediating process. One view is that coping plays a mediational role between personality factors and health outcomes such as maladjustment. Another considers coping as an antecedent playing an additive role with other factors to affect health outcomes. The last view considers coping and other variables as interactive in affecting health outcomes. Whatever model is taken would have effects

regarding research focus. In this research, the additive role has been taken where coping ability is seen as an independent variable that plays an additive role in burnout.

From the preceding discussion, it is therefore essential to consider approaches to coping research, as these would influence the way coping ability is viewed in research. The approaches are considered briefly below.

3.3.2 Approaches to Coping Research

Dewe, O’Driscoll, and Cooper (2010) argued that coping research has proliferated in the past 40 years, but measurement remains at the heart of coping research. Critical to the coping debate is the understanding of the three approaches to its research. The approaches have been linked to different periods in the development of coping research as identified by these writers. These are psychodynamic, personality and transactional approaches, which will be dealt with in the following paragraphs.

3.3.2.1 The Psychodynamic Approach (Late 19th Century to Mid-20th Century)

The psychodynamic tradition was the basis of this approach to understanding coping. Coping was viewed as a defence mechanism, where individuals used several techniques to adjust the meaning of the stressful situation or event to deal with the stress it caused. The approach is said to be characterised by an attempt to distinguish between maladaptive and adaptive defences as well as immature and mature defences (Dewe et al., 2010; Lazarus, 1991). In this approach, adaptive or mature defences predict better health and wellbeing, and vice versa.

3.3.2.2 The Personality Approach

The second approach to coping was one that tried to link personality with coping. The approach seeks answers to coping style, strategy, and ability from individual personality characteristics. Some personality characteristics are associated with specific styles, strategies, or coping ability levels. According to Dewe et al., (2010), the focus was on individual traits or predispositions, which were associated with coping or which may influence coping strategies. The link between personality and coping led to the exploration of how competent individuals are in executing the coping strategies they use that is, coping ability. What is essential in this approach is the way the role of the situation and the individual is acknowledged as necessary in coping.

3.3.2.3 The Transactional Approach (the 1970s and beyond)

This approach heralded the inclusion of both cognitive and behavioural responses of individuals in managing stress (Dewe et al., 2010). The primary focus of the approach was not on the ‘what’ of coping but on the ‘how’ of coping. The coping process is viewed as a transaction between the individual and the environment. Lazarus (1991) attempted to link the individual and his environment by exploring the cognitive process guiding the transaction between the two. To Lazarus, the cognitive appraisal is at the heart of the coping process where once one appraises an encounter as stressful, the coping strategies are initiated to deal with the disturbed transaction between the environment and the individual. He identified two types of appraisals, the primary and the secondary appraisals, which also act as two stages in the coping process. The primary appraisal initiates the coping process by way of giving meaning to an encounter while the secondary process focuses on the assessment of alternative actions to deal with the situations (Dewe et al., 2010). It is the secondary appraisal and the cognitive processes associated with it that underpins Lazarus’ theory of coping.

The approaches to the study of coping have been influential in the models and theories that were developed to understand the nature and process of coping in general. These are considered below.

3.3.3 Coping Models

Various stress and coping models exist in trying to understand the elusive nature of stress and coping. Table 3.7 below summarises the models.

Table 3.7*Stress and Coping Theories and Themes*

#	Theory	Proponent	Key components
1	Transactional Theory of Stress	Lazarus (1991)	Imbalance between job demands and job resources Environmental stimuli Primary appraisal – individual interprets stimuli from environment as dangerous, neutral, or positive Secondary appraisal – individual analyses available resources as sufficient or not Coping – one uses problem or emotion-focused coping to deal with the situation
2	Job-Demand Control Theory	Karasek & Theorell (1990)	Low levels of work-related decision latitude (Autonomy & Control over job) High level of workload Job strain – caused by low autonomy and high workload Skills discretion and decision constraints removal enhances coping
3	Conservation of Resources	Hobfoll (1998)	The individual seeks to acquire and maintain resources, conditions, and energies. Stress occurs when there is a loss of resources or threat of loss Individual differences are resources that help individuals to cope with stress
4	Self-Efficacy Theory	Bandura (1992)	Self-efficacy is a type of cognitive evaluation Perceived self-efficacy is an evaluation of one's own competence to accomplish results Self-efficacy is a resource to cope with stress Self-judgements are based on one's experience of success or failure
5	Salutogenic Health Theory	Antonovsky (1993)	Generalised resistance resources (GRR) help a person to cope with stress Generalised resource deficits (GRD) cause coping mechanisms to fail Sense of Coherence – when high, stressor is not harmful Comprehensibility, Manageability & Meaningfulness essential in coping

The theories mentioned above generally attempt to identify causal variables, mediating processes and consequences of stress and coping (Dewe et al., 2010). When it comes to the

critical causal variables of stress, there are organisational demands, personality, and social resources. When it comes to mediating processes, there are the appraisal and coping processes. Finally, when it comes to the consequences there are immediate and long-term effects which include psychological distress, positive and negative affect, well-being, quality of life, health outcomes, burnout, and job-related outcomes. The literature has tended to focus on these critical variables when it comes to stress and coping in general.

When it comes to causal variables, organisational demands have been well-researched in so far as they are a critical factor in stress. Key variables usually researched pertain to work-load, role-ambiguity, supervision, and so forth. Personality resources studied included personality factors like in the Big Five. Social resources included social support and social networks, in so far as they helped to prevent stress.

When it comes to mediating processes, the emphasis has been on appraisal, that is, primary and secondary appraisals. This appraisal concerns whether a situation or event is threatening and whether one judges their internal resources as able to cope with the event, respectively (Lazarus & Folkman, 1984). There have been numerous studies focusing on the coping processes as like coping, coping strategies, and coping styles or behaviours. Emphasis has been placed on adaptive and maladaptive coping, proactive and reactive coping, emotion-focused and problem-focused as well as support seeking.

Regarding consequences of stress and coping, the critical focus has been on factors like psychological distress with depression, psychosomatic symptoms, anxiety, PTSD being critical variables researched on. Some researchers focused on positive and negative effects of stress while others focused on the wellbeing of employees in the short-term. For long-term consequences of stress, the emphasis of research has been on quality of life, health outcomes, looking at mental, physical and behavioural factors, as well as burnout (Lazarus, 1991). In the workplace, the emphasis was on long-term consequences and job-related outcomes of stress like job satisfaction, absenteeism, performance, staff turnover and so forth.

The Stress and Coping Transactional Theory of Lazarus and Folkman (1984) and Bandura's (1992) Social Learning Theory guided this study. These relate more to the research in question than other models. These will be discussed in the next section.

3.3.3.1 The Transactional Model of Stress and Coping

In this model, stress is viewed as a relationship between the person and the environment. Core to the relationship is how the person appraises an event as surpassing his internal resources to be able to cope with it, thereby negatively affecting his wellbeing. In this case, coping occurs at cognitive and behavioural levels with efforts to manage the stressful encounters appraised by the person as taxing on their internal resources (Lazarus & Folkman, 1984).

The cognitive process of appraisal takes place at two levels, the primary and the secondary appraisal. According to Lazarus and Folkman (1984), in primary appraisal, the person evaluates particular events concerning one's well-being, that is, whether the event is neutral, harmful, or non-threatening. The authors argued that the secondary appraisal happens when the individual assesses the adequacy of their resources to prevent danger or harm to themselves or otherwise turn the event into positive outcomes. In other words, the secondary appraisal is all about evaluating coping ability (CA) by the strength of internal resources.

Coping is seen by Lazarus and Folkman (1984) as moderating the impact of stress. Depending on one's coping ability, one can reduce the emotional stress associated with a particular event or they may deal effectively with the stress-causing problem, that is, emotion-focused and problem-focused coping strategies. Emotion-focused coping focuses on managing the emotional responses to the stressful events, whereas problem-focused coping focuses on changing the problematic aspects of the stressful events. According to the authors, the choice of the coping strategy is influenced by the appraisal of the available options for coping as established through secondary appraisal.

It can be inferred that coping ability is based on the primary and secondary appraisal processes. In other words, coping ability is of a cognitive nature as one person may perceive an event to be threatening, while another perceives it to be non-threatening to their wellbeing. In the same vein, one's evaluation of his internal coping resources may result in adaptive coping while another person's evaluation of his internal resources may result in maladaptive coping. It seems coping ability is a subjective cognitive process, which varies from one person to another. People react to similar events according to their coping ability. Whether or not one can cope effectively with a stressful event or situation seems, therefore, to depend to an extent on their level of coping ability.

3.3.3.2 The Self-Efficacy Theory (Albert Bandura)

Self-efficacy theory places emphasis on a person's confidence in his or her ability to cope effectively. According to Bandura (1992), self-efficacy is a personal judgement on how well one can execute courses of action to deal with prospective situations. To him, self-efficacy incorporates an ability and a motivation component, that is, a willingness to expend effort consistent with one's ability. In other words, those who perceive themselves as efficacious would make sufficient effort to complete the task to produce successful outcomes, provided that this effort is well executed (Bandura, 1992). In other words, self-efficacy is a cognitive judgement or self-evaluation. It is mainly based on one's experience of success or failure in coping with similar or related situations in the past. The reverse to this is also true. It, therefore, means that those who perceive low self-efficacy cease their efforts prematurely affecting their ability to accomplish positive outcomes.

Self-efficacy is an essential pre-requisite to changing coping behaviour (Chesney et al., 2006). It is linked to coping ability, where high self-efficacy result in perceived high coping ability to deal or cope with stress, and perceived low coping ability results in personal doubts in coping with stress, resulting in maladaptive responses to stress. Self-efficacy beliefs were found to be critical personal resources in circumstances of stress and burnout (Pettita & Vecchione, 2011).

Coping ability in this study is taken as self-efficacious for two main reasons. First, it is subjective, as the person is required to believe in their ability to cope with the stressful situation or event. This ability tends to be at the cognitive appraisal level. Secondly, coping ability plays a self-fulfilling prophecy role in most cases. This is when one's ability to cope with a stressful situation is influenced by one's belief in one's ability to cope. The observation becomes evident when the two theories of self-efficacy and transactional processes are combined in trying to understand coping ability.

3.3.3.3 The Self-Efficacy and Transactional Theories of Stress and Coping

Both theories are social cognitive theories. While the transactional theory emphasises secondary appraisal in establishing what the person can do with the stressful event, self-efficacy tends to contribute to the judgement of options in secondary appraisal, which ultimately determines coping. In other words, at the heart of secondary appraisal is self-efficacy and therefore coping ability. Maladaptive coping occurs when one judges oneself

through secondary appraisal, incapable of handling the situation. It means one would have judged one's self-efficacy inadequate to deal with the situation. They would have evaluated their coping ability to be falling short of meeting the demand for the event or situation.

It is also possible that when there is a fit between stressful event or situation with a coping strategy, then there is adaptive coping. In other words, there is a high coping ability and hence fewer psychological adjustment issues than where there is low coping ability and maladaptive coping.

The next section explores coping ability and coping effectiveness in general and how the two concepts are linked. This is meant to give context to coping ability in general and coping ability in aid workers in particular.

3.3.4 Coping Ability and Coping Effectiveness

The link between coping and positive coping outcomes of effective coping speaks to coping ability. It is essential to draw a line dealing with the goodness of fit between contextual characteristics of an encounter and the coping process itself (Dewe et al., 2010). People usually use a variety of coping styles according to the stressor and the context of stress. Coping ability is the ability to adopt an appropriate coping style for a specific situation. Lack of the ability to cope, which is the other extreme, would be seen determinable from one's inability to implement adaptive measures like cognitive restructuring and positive re-evaluation of perceived stressors.

Coping ability will be seen from choosing appropriate coping strategies or styles to given stressors. For instance, if one chooses problem-focused strategies on uncontrollable situations or emotion-focused strategies on situations that call for acquisitions of new skills, then there is limited coping ability. Coping ability is marked by choosing the right coping strategies for the right stressors, otherwise there would be maladaptive issues.

While individuals may employ various coping strategies and coping styles, the effectiveness of the strategies of alleviating stress or burnout differs according to individuals and contexts. The concept of coping ability speaks to perceived or objective ability to deal with the stressor. Perceived, because it depends on the individual's feelings or perceptions of confidence in dealing with stressors.

Coping has been classified in various ways in line with emphasis from different researchers for easy distinction. In this study coping ability is taken to be a continuum running from low to high coping ability. Low coping ability tends to result in maladjustment given its destructive nature. On the other end, there is high coping ability, which tends to be adaptive and positive. Table 3.8 below portrays a broad classification of positive and negative coping and their essential characteristics and some examples.

Table 3.8

Classification of Coping

Broad Type	Positive	Negative
Characteristics	Positive Adaptive Constructive Proactive	Negative Maladaptive Non-constructive Reactive
Examples	Proactive coping Social coping Meaning-focused coping Adequate nutrition Exercise Sleep Progressive muscle relaxation Humour	Dissociation Sensitisation Safety behaviours Anxiety avoidance Escape (self-medication) Self-blame Low effect syndrome
Effects	Do not interfere with ability to learn Are sustainable Gives long-term positive results	Normally interfere with one's ability to learn or break apart Gives temporary relief Long-term negative effects

From the above classification, the dichotomous nature tends to be apparent. Some of the classifications are detailed below.

3.3.4.1 Positive and Negative

Positive coping can be constructive, adaptive, and beneficial to the individual both in the short term and the long term. Negative coping can be non-constructive, detrimental, and maladaptive. It can result in negative consequences for the individual in the short-term and long-term. In cases where there are temporary reprieves, there would be long-term effects. Examples which come to mind include drugs and alcohol abuse. There is a short-term relief though associated with long-term effects of addiction and other adverse effects.

3.3.4.2 Reactive and Proactive

Proactive coping has to do with coping to prevent the effect of a stressor before it becomes a problem, whereas reactive coping happens after the event. It has been argued that all coping is reactive, that is, all the efforts take place after an event (Cooper et al., 2001). On the contrary, proactive coping seeks to deal with events that have not occurred.

3.3.4.3 Adaptive and Maladaptive

Coping can be adaptive or maladaptive. Adaptive coping assists one in reducing the levels and effects of stress on him or her. On the other hand, maladaptive coping tends to magnify or increase the level and effects of stress on the individual.

3.3.4.4 Constructive and Non-constructive

Coping can be classified as constructive or non-constructive. Ordinarily, effective coping is adaptive and results in the reduction of the levels and effects of stress on the individual. On the other hand, non-constructive coping can be maladaptive and destructive on the individual. It is often regarded as failure or inability to cope effectively with stress or burnout.

3.3.4.5 Conscious, sub-conscious and unconscious

Coping mechanisms can be conscious, sub-conscious and unconscious. Usually, when researchers refer to coping, sub-conscious and non-conscious strategies are excluded. This is mainly because sub-conscious and non-conscious strategies are termed 'defense-mechanisms,' and these happen outside of one's consciousness. There is, therefore, no control or effort on the part of the person who 'uses' that strategy. As such, coping can only refer to conscious aspects where one can intentionally control or regulate effort - be it cognitive, behavioural or affective.

The following section focuses on coping strategies used in the coping process by individuals to deal with stress or burnout.

3.3.5 Coping Strategies

Coping strategies or behaviour focus on specific stressors. There are various strategies individuals employ to cope with stress or burnout. Coping strategies refer to the ways or strategies used by individuals to reduce the adverse effects of stress or burnout. There is no

general agreement on the classification of the strategies. However, there is a general agreement on the broad strategies to be included.

Researchers have tried to look at various coping strategies used by people in coping with stress. Stress and burnout research has thrived on classifying coping strategies (Dewe et al., 2010). Usually, the classification follows from the analysis of structure. Lazarus and Folkman (1984) provided a broad classification which other researchers later on built upon, which is problem-focused and emotion-focused coping. The strategies were identified by Lazarus and Folkman (1984), Carver (2011), and Billings and Moos (1998) and these are outlined in Table 3.9 below.

Table 3.9
Coping Strategy Classifications

Author (s)	Classification
Lazarus & Folkman (1984)	Problem-focused Emotion-focused
Billings & Moos (1998)	Active cognitive Active behavioural Avoidance
Carver (2011)	Active coping Avoidance Support Positive cognitive restructuring

The most dominant coping strategy classification has been the problem-focused and the emotion-focused coping strategies by Lazarus and Folkman (1984). These are briefly reviewed below.

3.3.5.1 Problem-based coping

According to Lazarus and Folkman (1984), an individual can cope with any problems associated with burnout and stress through focusing on the causes of their stress. People using problem-focused coping styles aim to deal with the source of the problem by way of changing or tackling it. This may be looking for extra information and learning ways or skills to manage it. Lazarus and Folkman (1984) identified three problem-focused coping strategies, namely

taking control, information seeking, and evaluating the pros and cons. It has been argued that therapies such as neurofeedback therapy help to assist in cases of burnout. Problem-based coping has successfully been linked to reductions in personal stress. (Lazarus, 1991). There have been some claims that those individuals who use problem-based coping strategies adjust better to life (Lazarus & Folkman, 1984). It is mainly because the strategies allow an individual greater perceived control over the problem.

3.3.5.2 Emotion-based Coping

The emotion-focused coping strategies are directed towards changing one's emotional reaction to the stressful or threatening situation. Unlike problem-focused strategies, which try to deal with the problem, the focus of emotion-based strategies is on the persons experiencing the stress, regarding how to change their emotional response to stressors. The prominent emotion-based strategies include releasing pent-up emotions, distracting oneself, managing hostile feelings, mediating, or using systematic relaxation procedures (Lazarus & Folkman, 1984). The aim is to try as much as possible to manage the emotions associated with the perception of stress. At the heart of the emotion-focused strategies is an acknowledgement that the situation is unchangeable or uncontrollable, and that one should as a result focus on what one can control, that is, the reaction to the stressor. Such a focus will alleviate or at least minimise the stressful emotions linked to the stressor or event. Emotion-focused coping has been associated with a reduction in perceived control, that is, maladaptive coping (Lazarus & Folkman, 1984). They identified five-emotion coping strategies:

- disclaiming;
- escape-avoidance;
- responsibility or blame;
- exercising self-control; and
- positive reappraisal.

Emotion-focused coping is usually applied to stressors that seem uncontrollable like dealing with terminal illness or death of a loved one. According to Carver, (2011), while some of the emotion-based coping mechanisms assist in dealing with problems in the short-term, they may be unsustainable in the long run. These include distancing or avoidance (Carver, 2011; Lazarus & Folkman, 1984).

3.3.5.2 Other Coping Styles

Lazarus (1991) classified coping into two broad categories namely problem-focused and emotion-focused. Billings and Moss (1998) classified coping into three categories namely active cognitive, active behavioural and avoidance. Carver (2011) classified coping into four categories, which led to the Carver coping instrument. These are:

- active coping
- avoidance
- support
- positive cognitive restructuring

It can be said that coping strategies and styles can be classified in different ways. However, broadly they fall into problem-focused or emotion-focused focused. The next section explores the measurement issues in coping in general and coping ability in particular.

3.3.6 Measurement Issues in Coping

Though there is a general agreement on the importance of coping as an explanatory variable, there is no consensus on how to measure the construct. The debate on measurement focuses on the utility of self-report measures and questionnaires, self-evident findings and item construction. According to Dewe et al., (2010), exploratory, convenient, and economic coping checklists offer economic ways of collecting data and allow multi-dimensional situation-specific coping thoughts and behaviour. However, these checklists suffer from shortcomings and design issues. As such, these may be good as initial measures, which ought to lead to a more robust measure of coping. There is a challenge of independent verification of the presence and level of the coping construct in most of these instruments (Cooper et al., 2001; Dewe et al., 2010). There is, therefore, a need to increase the reliability and validity of these checklists. The importance of a precise balance between measurement and substance should be underscored if research is effectively capture the richness and complexity of coping.

Checklist construction and instruction is another way that has negatively influenced the research and measurement of coping (Lazarus, 2006; Dewe et al., 2010). Clear and unambiguous checklist items and response options go a long way in enhancing validity and reliability. The instructions given play an essential role in influencing the response. One issue

is as to whether the respondents deal with a hypothetical situation or an experienced situation? Does it mean that how one responds to a hypothetical situation predicts how one will act in a real-life situation? Also, does it mean that when one responded in one way to a situation they will continue responding the same way in future, or that there will be changes? All these issues do not have clear-cut answers.

The scoring key is another important aspect when dealing with checklists. Usually, the appropriateness of the key varies with the question and the context. There are usually issues to do with how the scores are going to be interpreted regarding their meaning given the complexities of the personal nature of the items. Dewe et al., (2010) warn that researchers ought to rise above methodological constraints and take coping beyond its measurement.

Some of the various measures of coping are summarised in Table 3.10 below to capture the diversity and conceptual issues surrounding the concept and its measurement.

Table 3.10

Examples of Coping Measures

Measure	Proponent/Author(s)
Ways of Coping Checklist (WCCL)	Lazarus & Folkman (1984)
Multidimensional Coping Inventory (MCI)	Endler & Parker (1996)
Coping Strategy Indicator (CSI)	Amirkhan (1994)
The Brief Coping Scale	Carver (2011)
COPE Scale	Carver et al., (1989)
Ways of Coping Questionnaire (WoCQ)	Kahn & Cooper (1991)
Coping with Job Stress Scale (CJSS)	Latack (1986)
Coping with Involuntary Job Loss (CIJL)	Kinicki & Latack (1990)
Strategic Approaches to Coping (SACS)	Hobfoll (1998)
Proactive Coping Inventory (PCI)	Greenglass, Schwarzer, and Taibert (1998)
Coping Self-Efficacy Scale (GSE)	Chesney et al., (2006)

The next section explores the importance of coping ability in humanitarian aid workers for effectiveness and for general well-being.

3.3.7 Importance of Coping Ability in Humanitarian Aid Workers

Although there has been consensus on the high level of stress and burnout experienced in aid work, few if any of the studies looked directly at the ability of aid workers to cope with stress and burnout. The focus tends to move to what aid organisations have done or should do to minimise the damage of mental health issues experienced by aid workers. (Lopes Cardozo et al., 2005; Musa & Hamid, 2008; Eriksson et al., 2013). There is a gap regarding assessing the aid worker's coping ability, inborn, or acquired, to be able to deal effectively with stress and or burnout. There is a moral imperative for humanitarian aid organisations to promote further research on effective coping strategies for staff care and self-care. It is because stressors are intrinsic to humanitarian aid work and burnout can be avoided for sustained beneficiary support and organisational success (Lopes Cardozo et al., 2005).

Brooks, Dunn, Sage, Amlot, Greenberg, and Rubin (2015) found that factors important in relief workers coping include pre-deployment, deployment, and post-deployment factors. Deployment factors included traumatic exposure, emotional involvement, inter-agency cooperation, workload, support, emotional involvement and coping strategies among others. They found that much occupational stress associated with health hazards to relief workers is due to poor leadership and poor support for relief workers. In-as-much as external issues are essential in stress and burnout in aid workers, where there seems to be a gap in trying to combine aid workers' characteristics and the environment in explaining burnout in this group of people.

Vergara and Gardner (2011) sought to establish the relationship of stressors, appraisal and coping with psychological well-being in local humanitarian workers in Colombia. They found that well-being was related to adaptive patterns of appraisal. They also argued that humanitarian workers in the field and those in administrative roles do not necessarily experience higher stress and low well-being. Support from family members and work colleagues was found to be significant in coping. To them, national employees are unable to leave demanding and dangerous situations and may require different support and coping strategies from international workers.

Yeh, Ansoloos, Fort, Reyes, Wilkins, and Eriksson, (2011) also asserted that humanitarian aid workers encounter constant stress in their assignments, hence that they need to develop

excellent coping skills. For them, the main reasons for these workers developing good coping skills are for them to last longer in aid work and also to maintain psychological well-being. There is an acknowledgement here that coping is essential for aid worker retention and mental wellbeing. Yeh et al., (2011) attempted to build a coping measure in HAW picking from the CSI by Amirkhan (1994). They used a sample of expats. They added two more factors of Distracting Activities and Contemplation where they found that their scale replicates the CSI's three factors.

Coping ability in aid workers is critical to establish because these employees have to cope with the problems they face, which include critical incidents, long-term exposure to abnormal situations that may lead to PTSD, and chronic stressful experiences that hinder full integration after assignment (Erikson et al., 2001). It is applied even to both expatriates and local staff, who may also experience similar situations. Coping in aid workers ranges from adaptive methods (problem-solving, social support) to maladaptive methods that is, denial, abnormal eating, or sleeping, alcohol abuse, or drug use) (Eriksson et al., 2001, Eriksson, et al., 2003; Lopes Cardozo et al., 2005). All this leads to psychological adjustments that affect the service rendered to the communities by the aid workers.

The next section considers research in coping ability and burnout in different professions.

3.3.7 Coping Ability and Burnout

Research on coping with stress or burnout has primarily focused on professions like nursing, teachers, and police officers among few others. This may have been due to convenience, given the fact that these professions have arguably the highest number of members compared with other professions. The other reason may be because research on burnout has initially targeted helping professions under which these mainly fall. Understanding the nature of coping in these professions can shed light on the nature of coping in aid workers, a relatively recent profession.

The literature on nurses and coping has helped with some insights following some key findings. Ramkumar, Rakshita, Elizabeth, Matthews, Prakash, and Sharma (2011) found that medical and nursing students are subjected to a variety of stress, academic, social, and emotional, and other health-related stress associated with medical school. They also found that coping ability in the nurses influenced the student nurses' response to the stress at college with

academic work, provoking a more significant challenge to younger student nurses owing to possible limited coping ability.

Ceslowitz (1989) found that nurses who experienced increased levels of burnout used the coping strategies of the escape or avoidance, self-controlling and confronting. She found that those who experienced decreased levels of burnout used coping strategies of problem-solving, positive reappraisal, seeking social support, and self-controlling. It is also related to the findings by Alsoofi, Al-Heeti, and Alwashli (2000). They found that burnout and coping strategies seem to be significantly related. The use of withdrawal or avoidance coping strategies was also found to be associated with high burnout levels while low burnout levels were associated with constructive or active coping.

Van der Colff and Rothmann (2009) found that the experience of depletion of emotional resources and feelings of depersonalisation by registered nurses was associated with stress due to job demands and lack of organisational support, focus on and ventilation of emotions as a coping strategy, and a weak sense of coherence.

Findings on nurses are also related to what was found in teachers, another well-researched profession when it comes to coping and burnout. Antoniou, Ploumpi, and Ntalla (2013) found that primary education teachers experienced higher levels of stress than secondary education teachers. Also, female teachers experienced more stress and lower personal accomplishment than men. They also found that rational coping behaviours are an essential resource to help teachers cope with work-related stressors and burnout while avoidance coping predicted high stress and burnout level. Chwalisz, Altmaier, and Russel (1992) found that teachers who scored low in self-efficacy reported a higher degree of burnout than their counterparts who scored high in self-efficacy. In other words, self-efficacy is negatively related to burnout. Weaker self-efficacy beliefs were related to higher scores of emotional exhaustion and depersonalisation and lower scores on personal accomplishment (Pettita & Vecchione, 2011). The weaker self-efficacy beliefs are well associated with low coping ability and therefore high burnout.

The link between coping and burnout has also been found in the police. In a study how the police cope with stressful events, Anshel (2000) found that coping strategy may be necessary for increasing or decreasing burnout in the police force. In other words, coping strategy is also

a function of coping ability which then influences burnout either way. The influence depends on whether the coping ability is high or low as can be inferred from the strategy chosen.

From the preceding, there appears to be a relationship between nature of the environment and the coping strategy used by an employee. Also notable is the apparent gap regarding the coping ability of a person about the nature of burnout experienced. Though these helping professions may differ from aid work, there are some parallels given the underlying principles in the discharge of both professions in life.

The next section explores coping that is specific to aid workers given that they are a unique profession despite their similarities with other helping professions.

3.3.8 Coping Ability and Burnout in Aid Workers

Environmental and individual factors affect coping in aid workers. Environmental factors that affect coping ability include the external context of the organisation, the organisation, and the job. In aid work, the challenging context plays a crucial role in bringing about stress and eventually burnout (Eriksson et al., 2009). The external environmental conditions are exacerbated by internal organisational factors such as supervision, team dynamics as well as personal factors like one's social competences and mental health history. On the subject of burnout amongst medical professionals, Wojtyna, and Stawiarska (2009) found that severe psychosocial working conditions enhance occupational burnout symptoms with higher severity correlating with lower support from superiors, and with less frequent use of adaptive humour. In the same vein, social skills training would, therefore, enhance social support and coping. In that regard, McFarlane (2004) found that satisfaction of aid workers with available organisational and personal support has positive effects on both national and expat staff. The findings are in line with Salama's (1999) assertion that psychological well-being of locals is likely to be related to the level of stressors, appraisal, coping, social support and cognitive hardiness. Cardozo and Salama (2002) reported that dislocation from families and inappropriate organisational support contributes to higher levels of stress among humanitarian aid workers. It seems the environment plays a huge role in stress and burnout. However, coping ability of the aid worker is not fully explored in research.

Individual factors affecting coping ability (CA) are personal factors that either assist or hinder an individual's effectiveness in coping with stress and burnout. The following seem to be

essential factors in coping: age, gender, education, expat or national status and the nature of the job. However, limited research has been undertaken to explore their relationship with coping. In a study of the prevalence and predictors of posttraumatic stress disorder, anxiety, depression and burnout among Pakistani earthquake recovery workers, Ehring, Razik, and Emmelkamp (2011) found that women showed significantly higher levels of PTSD, mixed anxiety, depression and burnout than men. They also found higher levels of social support where associated with lower severity of symptoms in most of the outcomes they measured.

Regarding coping ability, gender has been pointed to as a factor that can explain the differences regarding coping. Pelissier and Jones (2006) found that women reported a greater recognition of substance use, less efficacy to remain abstinent in high-risk situations and greater reliance on coping strategies when seeking support and accepting responsibility and escaping, as compared to men. Related to that Jachens, Houdmont, and Thomas (2017) linked heavy alcohol consumption by aid workers to the way they are exposed to stress at work with the prevalence being higher in women than in men. They used the effort-reward imbalance between males and females to explain this. It can be inferred from this study that effort-reward imbalance can be prevalent between local and expatriate aid workers given the differential reward nature for similar jobs. This can be associated with stress and coping problems.

In a study of burnout strategies used by hospital nurses, Ceslowitz (1989) found that nurses who used escape-avoidance and confronting, experienced increased levels of burnout. He also found that those who used planful problem-solving, positive reappraisal and seeking social support, experienced decreased burnout. This is because the former, that is, escape-avoidance and confronting, point to low coping ability as coping strategies, and the latter points to high coping ability. Though hospital nurses may be different from aid workers, there are nurses who are employed by aid organisations, such as MSF, hence the likelihood of similar findings.

Doolittle et al., (2013) found that burnout is prevalent amongst physicians, with those employing coping strategies of acceptance, active coping, and positive reframing, experiencing low emotional exhaustion and depersonalisation. In other words, coping strategies associated with high coping ability are associated with low burnout and vice-versa. They also found that personal accomplishment was positively associated with coping ability and spiritual intelligence. They used the Spiritual Involvement and Beliefs Scale (SIBS) to measure spiritual intelligence.

In a study of burnout in expatriate staff, Eriksson et al., (2003) found that expatriates from faith-based NGOs indicated that supportive relationships with a divine figure was crucial in providing emotional support and was associated with lower levels of burnout in this group. In other words, their coping with their environment was assisted by divine support. So coping ability seems enhanced by working in a faith-based organisation or by beliefs in a deity of some sort. This is in line with findings in Sudan by Lopes Cardozo et al., (2005) of respondents who indicated that religion is an essential coping resource.

Eriksson et al., (2014) found that spiritual beliefs and values influenced many aid workers' appraisal of, and ability to cope with trauma during their deployment. This is mainly because religion and spirituality are closely connected in infusing aid workers' lives with meaning, relationship, motivation, and a sense of purpose.

While there is an appreciation that aid workers suffer from burnout and other mental health challenges, there has been limited research trying to link coping ability and burnout (Musa & Hamid, 2008; Eriksson et al., 2009; Lopes Cardozo et al., 2005). However, available research from other professions shows evidence of the relationship between coping ability and burnout (Celsowitz, 1989; Doolittle et al., 2013).

The next section explores the relationship between coping ability, emotional intelligence, and spiritual intelligence. The reason for such an exploration is to check the theoretical relationship between the three variable and burnout.

3.4 THE RELATIONSHIP BETWEEN SI, EI, AND CA.

The preceding chapters attempted to answer the Research Questions Three (3) and Four (4) about the theoretical explanations of the concepts of SI, EI, and CA, and how they relate to burnout in aid workers, respectively. This section seeks to consider a conceptual model of the relationships among the variables of coping ability, spiritual intelligence, and coping ability. The relationship in literature will be considered in pairs and then for the three variables together.

3.4.1 Coping Ability (CA) and Spiritual Intelligence (SI)

This sub-section explores the relationship between coping ability and spiritual intelligence to establish the relationship between these two concepts.

SI has been linked with coping with burnout in many settings and occupations (Captari, 2010; Tarbasa et al., 2014). The higher the SI, the higher the coping ability and vice versa. In as much as limited research has been carried out on SI and coping ability in aid workers, the available evidence indicates a positive association between the two constructs. Both CA and SI relate negatively to burnout but they relate positively to one another (Captari, 2010).

Pargament (1997) focused on spiritual coping and applied Lazarus and Folkman's transaction model of stress and coping with a religious coping. He looked at spiritual appraisal which has both primary and secondary appraisals, focusing on personal and spiritual connections. In this model, spiritual attachment to God is a critical factor in the religious coping process. The relationship between man and God plays a critical role in the spiritual coping processes, putting paid to the concept of the transcendent.

Important in spiritual coping is the ability to make meaning. According to Emmons (2000), successful coping is often underpinned by one's ability to make meaning when faced with a stressful event or situation. In other words, when one fails to make meaning, they will become stressed, and be unable to cope with the situation and vice versa. Thus spirituality seems to play an essential role in the meaning-making process which itself is vital in coping.

Pargament (2012) underlined the growing importance of spiritual resources for patients and their families in coping. Such resources were found to be accessed through the sacred nature of mental health work, attending to the sacred dimension of client's lives, and by attending to the experience of the sacred moments on the healing relationship. What Pargament found may be viewed to be true not only in the health profession, but in aid work, as well given that the nature of humanitarian work is centred on humanism and helping alleviate human suffering. It is driven by love and the meaning that comes from seeing changed lives.

Graham, Fur, Flowers, and Burker (2001) found that individuals strive to understand the meaning of and purpose of their struggles and look for guidance in spiritual or religious realms.

They also found that students with a religious affiliation had a more significant spiritual health and immunity to stressful situations than counselling students, who identified themselves as spiritual but not religious. In other words, there is a relationship between spirituality in general and coping. Spirituality is the domain under which spiritual intelligence come under. Religion is portrayed as providing resources for coping with situations perceived to be harmful or threatening by affecting how individuals assess their situation and their ability to cope (Pargament, 1999). They also found that prayer and faith in God have been cited as the most common coping resources in dealing with stressful situations. Gall, Charbonneau, Clarke, Grant, Joseph, and Shouldice (2005) found that religious and spiritual coping is associated with many social, personal, and situational factors and psychological and physical health.

In summary, the relationship between coping ability and spiritual intelligence is one of positive correlation. In other words, the higher the spiritual intelligence, the increase experienced in coping ability. Each one of these variables has been found to relate negatively to burnout in various occupations. There is limited literature on the relationship between these two variables and aid worker burnout. However, from the trend in other occupations, there are no strong reasons why the relationship would not be negative and strong.

The next subsection is going to deal with the relationship between coping ability and emotional intelligence to establish the relationship between these two concepts.

3.4.2 Coping Ability (CA) and Emotional Intelligence (EI)

The relationship between EI and coping resources like self-esteem and self-efficacy has also been established in one way or another by research. People with high self-esteem score higher on EI than those with low self-esteem (Mohammydfar et al., 2009). The latter would need to depend on drugs like marijuana to cope with everyday problems, whereas the former would have the self-efficacy to cope with the same. It should, therefore, follow that regarding coping ability, those individuals with high EI tend to have higher levels of self-efficacy to cope with burnout than those with low EI. As such, those employees with high EI will not be expected to resort to drug and substance abuse for coping with burnout as high EI enhances their coping ability. This position is supported by Lopes et al., (2006). They found that emotionally intelligent employees have better resources to cope with stressing situations and demanding tasks, which in turn enable them to outperform in those situations.

According to Joseph and Newman (2010), emotional perception and emotional regulation components of EI contribute to job performance in contexts with high emotional demand. This is mainly because, in such settings, there is the amplified need for adjustment, and hence, high emotional demands leading to the taxing of available coping resources. Once coping resources are taxed to the limit, then one is prone to burnout. As such, if one has high emotional intelligence, it is expected that one would have enough resources available to deal with job demands before the resources deplete levels of burnout. EI, therefore, becomes a crucial coping resource in jobs where employees must adjust to the work environment. Aid work is such an emotional adventure, which requires much adjustment, not only on the part of expatriates adjusting to a different environment from their own, but also and importantly, on the part of local aid workers. Local aid workers may need to adjust to working for a foreign organisation and team with different demands and cultural realities as well as balancing with local beneficiaries. This situation would be exacerbated by the fact that they must cope with the emergency with limited resources and higher demand for support on the part of beneficiaries. This study argues that emotional strain easily results from this situation.

The coping ability has been linked to EI in some professions including nursing, teaching, and other helping professions. Chan (2006), in a study of Chinese teachers in Hong Kong found that individuals with enhanced EI might be less vulnerable to burnout, because people with high EI have better access to emotionally transmitted information. To him, the teachers managed to convey emotions to make sense of their reactions to stress and to guide adaptive actions. Chan found that different components of EI predicted significant differences in efficacy beliefs for different groups of Hong Kong teachers. It was also found that high trait EI individuals exhibited greater self-efficacy to cope with stressful events.

EI has been found to enhance self-efficacy in many settings (Pettita & Vecchione, 2011). EI and self-efficacy are associated with more significant individual resources thereby making it easier for those with high self-efficacy and high EI to cope with stressful situations (Pettita & Vecchione, 2011).

In summary, there is a positive relationship between EI and CA. The relationship seems to be based on the fact that CA has a social support element that is strongly linked to EI. Coping based on social support tends to stem from appreciating others as important enough to lend adequate emotional support in times of need (Chesney et al., 2006). Social skills tend to be

important in emotional intelligence, as they manifest in relating with, and managing self and others.

The next sub-section explores the relationship between EI and SI.

3.4.3 Emotional Intelligence (EI) and Spiritual Intelligence (SI)

Research has also established a relationship between EI and spirituality, especially the link between EI and SI when measured as religious orientation or what has been termed as religious behaviour. It was found that the number of religious group activities of the Christian group was positively correlated to the perceived EI (Pargament, 1997).

In other studies, strong positive correlations were found between religious commitment and self-reported EI (Tischler, Biberman, & Mckeage, 2002). It was also found that Christian volunteers were more likely to consider themselves emotionally intelligent, if they spent more time in group activities, and had more commitment to their religious beliefs (Tischler et al., 2002). Regarding the relationship between EI and SI with burnout, the relationship has an added benefit of strong social support from group membership which may also help in buffering against stress and burnout. This relationship is also expected in aid workers between EI and spirituality or SI. These two variables of EI and SI may relate positively to each other though negatively correlated to burnout.

EI is also linked with SI in some settings. For example, Kaur et al., (2013) in their research on Malaysian nurses found that SI influences EI and psychological ownership among the nurses. Together with EI, psychological ownership and burnout, SI was found to play an essential role in effecting the caring behaviours of Malaysian nurses. Also, Zohar and Marshall (2000) and Hoseein et al., (2010) found links between SI and EI, with SI and internal locus of control. In all these studies, the running theme is that SI is a core capability, or guiding construct, which has a positive influence on both EI and psychological ownership among other variables.

In a study of burnout in nurses in Tehran hospitals, Lavasani, Afzali, Davoodi, and Sharestani (2017) found that three main factors were significant. These were SI, EI, and hardiness. They were all negatively related to burnout but positively related to each other. Their findings amongst nurses indicate that all variables EI, SI, and hardiness significantly predicted nurses burnout. Interestingly, they found that job burnout had the most correlation with hardiness,

then EI and lastly SI. From this study, it seems EI has more predictive value on burnout than SI. One can conclude that EI mitigates against burnout in nurses than SI. As such, it should be given more priority in the recruitment and training of nurses and related professionals to protect them from burnout.

Tischler et al., (2002) found that EI and spirituality appear to lead to similar or related attitudes, behaviours, and skills which they argue often confuses the boundaries between the two constructs. The two constructs may be related, but they are distinct. EI has no mention of transcendence or unconscious states, which are the core of SI.

The next section is focused on coping ability (CA) and how it is related to burnout in general and aid work in particular. An attempt will be made to try and connect EI and CA as well as CA and SI.

3.4.4 Coping Ability, Spiritual Intelligence, and Emotional Intelligence

The section seeks to explore the overall relationship between CA, SI, and EI as independent variables that influence burnout.

Research affirms the link between any two of the above variables as important in stress or burnout in general and in helping professions in particular. SI and EI have been linked as related when one looks at burnout and patient care in nurses (Kaur et al., 2013). Kaur et al. (2013), in a study of the caring behaviour of nurses, found that SI influenced EI, and EI influenced psychological ownership and burnout. They concluded that SI and EI played a significant role in the caring behaviour of nurses. Given the helping role of nurses and the sense of calling in nurses, the relationship can also be related to humanitarian aid workers.

SI and EI have also been linked in other areas with SI believed to influence EI (Zohar & Marshall, 2000). SI is also believed to be a core ability guiding other abilities (Kaur et al., 2013). Coping has been linked mainly to religion, EI, SI or spirituality in general (Zohar & Marshall, 2000). However, the three variables have not been fully linked to see their relationship when it comes to burnout in aid workers. The relationship could prove very interesting when one looks at their relationship with burnout from literature. Their combined relationship with burnout can present some new insights into the burnout of aid workers.

3.4.5 Theoretical Integration

From the preceding literature review, more of what we know about burnout in aid workers is limited to either expatriate working in host countries than to national employees in their own countries. Moreover, the focus of the research has been more on stress in general than in burnout specifically. In other cases, the focus has been on conflict countries like Sudan and Kosovo, but not contexts where there is absence of military conflict. These settings have no military conflicts but grapple with other stressful issues in their humanitarian space.

Where burnout has been studied in aid workers, it has been related to environmental, organisational and job factors-such factors as workload, role ambiguity, job satisfaction and other related factors, but not to personal factors. Research, however, takes note of personal factors like emotional intelligence, spiritual intelligence and coping ability in stress and burnout, but these factors have not been combined to check on the relationship with burnout in aid workers. Where personal factors were considered, these were limited to personality, hardiness, and social support.

The critical theory in burnout research is one by Maslach and Leiter, (1997) which focuses on three factors of burnout, namely emotional exhaustion, depersonalisation, and diminished personal accomplishment. These variables have been related to various factors across a broad spectrum of locations, but not specifically with emotional intelligence, spiritual intelligence and coping ability to aid workers. Regarding coping, Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping, and Bandura's (1992) self-efficacy theories are dominant. When it comes to EI, three dominant perspectives exist according to focus, that is, on ability, on trait or on both. For this research, the trait approach was taken because of its utility in the research in question. David King's (2008) theory of spiritual intelligence, a relatively newly identified intelligence, was taken because of the way it lends itself to the understanding of the broader concept of coping and meaning in burnout research.

While there is general agreement among researchers in aid worker burnout on the causes of stress, its symptoms, and remedies, different prescriptions are proffered due to different focus areas. One group of researchers tend to focus on expatriates and what they emphasise more is deployment, tenure, and post-deployment of aid workers from foreign locations. While this has been the mainstream focus, in reality, there are more aid workers in-country than the

expatriates up to a differential of 90%, due to obvious reasons of budgets, scale, skills and so forth. As such, the emphasis on just 10% of the aid worker population for understanding burnout is inadequate. A holistic approach is necessary. Another group of researchers focuses just on local aid workers. Again, recommendations coming from such research may be limited regarding applicability, as the two groups of aid workers experience stress from different points of view. A balanced view will draw from both worlds, and the interaction between the two groups as part of the burnout stems from the unequal treatment of the two groups.

Though previous research has tried to explore emotional intelligence on burnout in helping professions like nursing, teaching and the police, there have been limitations regarding SI, CA, and EI and how these relate to burnout in aid workers. An attempt has been made to link religion and spirituality with coping, but these were limited regarding subjects of burnout. Aid workers are unique in the sense that meaning plays an essential role in their coping with burnout.

Most burnout studies have been cross-sectional with a few longitudinal ones extending for just a year. This is due to the nature of the humanitarian industry, which is characterised by short assignments. The current research focuses on both expats and locals regarding burnout especially. It tries to relate personal factors of CA, EI, and SI which seem to have been neglected in focus on the environment, organisational and job factors as well as variables like personality. Moreover, the study looks at socio-demographic factors like age, nature of employment, gender, and length of service as essential variables in the aid worker burnout equation.

Insights from this research are likely to improve our understanding of burnout even amongst local humanitarian aid workers hence recommendations on handling stress and enhancing coping. In the same way, the study aids recruitment of aid workers for different environments in line with stress levels from pre-employment measures of EI, SI, and CA. The deployment will be useful as critical factors are taken into account before hiring and placement. At a theoretical level, the research study would add value with regards to shedding light on the relationship between EI, SI, CA, and burnout in general and in aid workers in particular.

Given that the key variables of spiritual intelligence, emotional intelligence and coping ability have been explored, the next section considers biographical characteristics that are important in burnout.

3.5 BIOGRAPHICAL CHARACTERISTICS AND BURNOUT

This section explores the biographical characteristics that are important in burnout in general and burnout in aid workers. It seeks to answer Research Question Six (6) about literature review.

Burnout has been linked with various biographical characteristics with mixed findings. In general, the relationship between sociodemographic characteristics and burnout appear to be weak to moderate for most variables but moderate to significant for variables like age and gender (Shirom, 2003; Cherniss, 1990; Schaufeli & Enzmann, 1998). The section below explores how burnout is related to age, gender, length of service as well as education and level of position in an organisation.

3.5.1 Burnout and Gender

Gender has been widely studied among the biographical variables linked to burnout. There have been mixed findings with some studies reporting no strong relationship between the two variables, whilst others reported that females have higher levels of burnout than males and yet others reported no significant differences (Maslach & Leiter, 1997; Schaufeli & Enzmann, 1998). It has reported that women were generally more susceptible to burnout than men (Schaufeli & Enzmann, 1998). At burnout components level, Maslach and Jackson (1986) found that women were higher on Emotional Exhaustion and lower on Personal Accomplishment than men. On the other hand, men experienced higher scores on Depersonalization than women (Greenglass, Burke, & Konarskiet, 1998; Schaufeli et al., 2008). In a study of the prevalence and predictors of posttraumatic stress disorder, anxiety, depression, and burnout among Pakistani earthquake recovery workers, Ehring, et al., (2011) found that women showed significantly higher levels of PTSD, mixed anxiety, depression and burnout than men. In much the same way, Ager et al., (2012) found that women reported significantly more symptoms of anxiety, depression, PTSD and emotional exhaustion than men. This could be an aspect of willingness to report as asserted by Eriksson et al., (2013) who found that in aid workers operating in Jordan and Iraq, women were 4.3 times more likely

to report clinical levels of anxiety than men. So the gender differences may be as a result of reporting.

A closer analysis of most findings on burnout will indicate that they targeted human services professions (Maslach & Jackson, 1986; Schaufeli & Enzmann, 1998). Most of these were teachers, nurses, and social workers and interestingly most of them were females. These are labelled female professions in many settings (Schaufeli & Enzmann, 1998). On the other hand, police officers and psychiatrists are usually male-dominated professions. There is, therefore, a confounding effect of gender and occupation. Greenglass (1991) asserted that such association of occupations with specific genders result in masculine and feminine gender roles emphasising strength, independence and invincibility in men and the opposite in females. Thus, the finding that men have higher depersonalisation scores than females could be well explained by the masculine gender role. Knowing the role of gender in burnout can be useful in recruitment and selection of aid workers.

3.5.2 Burnout and Age

There have been exciting and sometimes mixed findings with regards to the relationship between burnout and age. Ahola, Kivimäki, Honkonen, Virtanen, Koskinen, Vahtera, and Lonnqvist (2008) reported that age was differently related to burnout in the young, middle-aged and aging men and women of Finland. They found a negative relationship between age and burnout in early years, positive relationship in the late years, but no relationship in the middle-aged women of Finland. For males, Ahola et al., (2008) found a positive relationship between age and burnout in the middle age and no relationship in the other two groups. According to Schaufeli and Enzmann (1998), it seems burnout decreases and increases with age. This may reflect different phases in one's career stage and family life with pressure initially at an early career, some form of stability emerging, and then pressure returning when aging. It may also reflect the different life crises people face as they reach different stages of life.

Ahola et al., (2008) found a positive correlation between burnout and age primarily on population studies in Finland. This was also supported by Djordjevic (2010), who emphasised the risk of early career burnout. In younger employees, burnout was higher than those over 40 years. This finding has been linked to work experience, with career risk in early years playing a role in burnout. The story was different in Sweden where a high level of burnout

was reported among aging workers than middle-aged but among young workers (Lindblom, Linton, Fedeli, & Bryngelsson, 2006). This points to a non-linear relationship associated differently with young, middle-aged, and aging employees. The findings should, however, be treated with caution as there is a possibility that those well affected by burnout will quit leaving those moderately affected, resulting in the form of restriction of range on the samples of study.

3.5.3 Burnout and Length of Service

There are some indications that length of service is related somehow to burnout. Schaufeli and Enzmann (1998) reported that during one's work career burnout tends to increase or decrease with length of service. Finnish burnout studies tend to support this proposition (Ahola et al., 2008). It seems when one joins an organisation, early career stress and burnout is initially evident, with some stabilisation in mid-career and some increased burnout as one serves beyond this. It may be that burnout takes time to develop and the so-called late onset of burnout may reflect the prolonged effects of stress throughout one's service in an organisation (Schaufeli & Enzmann, 1998).

The relationship between burnout and length of service also seems to be influenced by the trends in the employment practices (Schaufeli & Greenglass, 2001). Of interest would be retrenchments, downsizing, and massive job losses, which negate the idea of long-term commitment to employees on the part of employers and a breakdown of the psychological contract. Stanetic and Tesanovic (2013) found that for family doctors, those over 46 years of age and with the length of service of 21 plus had statistically higher levels of emotional exhaustion than younger participants with shorter length of service. They then concluded that age and length of service have an impact on stress and burnout. This could even be a result of new work methods which make it difficult for older doctors to embrace and the challenges of coping with the changes in the work environment, which includes the methods, and values. So, the conclusion is that burnout is related to length of service.

3.5.4 Burnout and Marital Status

Few studies have empirically examined the relationship between marital status and burnout. Results tend to point to the fact that single adults, especially men, seem to be more prone to burnout than their married counterparts (Schaufeli & Enzmann, 1998). This may be due to support mechanisms, as married people may easily gain support from their spouse in case of challenges at work.

3.5.5 Burnout and Educational Level

Level of education has been found to play a role in predicting burnout. Employees with higher educational qualifications reported higher levels of burnout than those with lower levels of education (Schaufeli & Enzmann, 1998). This situation may be because of higher levels of commitment, responsibilities and even workload (Shirom, 2003). It should, however, be noted that there could be confounding variables with a level of education linked to level in the organisational hierarchy, as well as positions of influence in the organisation. On the other hand, where unemployment may be very high, this may be due to unmet expectations.

3.5.6 Burnout, Nature of Employment and Job Level

Few empirical studies have focused on nature of employment status as a variable predicting burnout, while in the aid sector, most studies looked at expatriates, few of them examined nationals. Burnout could be easily linked to nature of employment, given that for expatriates, they are away from their home countries and feel vulnerable. On the other hand, nationals may feel that their conditions of service may be different from expatriates (Eriksson et al., 2003; Ager et al., 2012). Ager et al., (2012) found that exposure to chronic stress was associated with increased anxiety symptoms, with most stress coming from the performance of duties outside professional training on the part of local employees, as well as inequality between expatriates and national staff. These findings support Musa and Hamid's (2008) findings that local Sudanese were more likely to suffer significant burnout and PTSD than expatriates. It may be due to most staff well-being initiatives and training focusing on expatriates than nationals.

Differences in burnout and job levels have been reported in some isolated studies. It has been found that senior level roles experience more burnout than lower level roles (Schaufeli & Enzmann, 1998). This may be due to an increased commitment that led to one's rise to those senior roles.

3.5.7 Burnout and Contract Status

Nature of contract is an area that has been linked to stress in aid workers (Cardozo & Salama, 2002). The unpredictable nature of a humanitarian worker's contract tends to result in increased stress due to lack of job security (Taylor et al., 2012; Roth, 2014). Given that most humanitarian disasters are associated with time programming and limited budgets, there is likely to be the unpredictability of tenure and therefore stress (Humanitarian Outcomes, 2015;

Stoddard & Harmer, 2010). It may seem that those with short-term contracts feel more insecure and therefore stressed than those with long-term contracts.

3.5.8 Burnout and Occupation

Regarding the relationship between burnout and occupation, it should be noted that there have been suggestions from research that human service roles like nursing, teaching, counselling, police, and psychiatric roles experience more burnout than other occupations which have limited human interaction (Schaufeli & Enzmann, 1998). Schaufeli and Enzmann (1998) have noted that the most frequently studied occupational groups on burnout are teachers, nurses, and social workers, amounting to 17%, 17%, and 7%, respectively. This finding is not surprising as the concept of burnout was initially developed with research in human services (Maslach & Jackson, 1986). The finding may be more a reflection of history than reality.

It may, therefore, appear that these professions experience more burnout than others, but burnout seems to be equally spread across occupations. According to Schaufeli and Enzmann (1998), sources of stress vary with occupations, but the high vulnerability of particular professions is influenced by the demands made on the individuals. New studies using the MBI-General Survey instrument found high levels of burnout in call centre workers (Schaufeli et al., 2008). Comparative studies between professions are lacking. It should be noted that the measures of burnout focus on different issues. The MBI-Human Services survey focus on human service profession and burnout from relations with the 'helped' or clients as compared to the MBI-General Survey, whose emphasis is on burnout from the job itself, not human relations at play in the job.

According to Schaufeli and Greenglass (2001), individuals in all occupations are vulnerable to burnout, although the three components of burnout were not maintained across all occupational groups. They found that depersonalisation and emotional exhaustion tended to collapse into one factor in groups other than human service providers, a claim supported even by Leiter (1993). This situation is what prompted the development of the MBI-General Survey to focus on other occupations. The new measure shifted the focus of burnout crisis from relationship with people to relationship with work (Schaufeli & Greenglass, 2001). In this measure, there is a limited reference to people, but the job, with emotional exhaustion referring to emotional fatigue without referring to people, and cynicism replacing depersonalisation and focusing on an indifferent attitude towards one's work (Schaufeli & Greenglass, 2001).

The next sub-section considers different research findings on the link between biographical characteristics and burnout.

3.5.9 Research Issues on Biographical Characteristics and Burnout

While few types of research explicitly examined other socio-demographic characteristics and their relationship with burnout, there has been inconclusive evidence, owing to different settings, methodologies, and samples. Ahola et al., (2008) found that the level of education, type of employment, working hours and marital status did not have a significant effect on the association between gender and burnout. The findings may be due to the large sample size as well as the diversity of the sample as it was more heterogeneous than homogenous. Alparstan and Doganer (2009) reported similar findings in Turkey, in a study of burnout among midwives. They found that age, marital status, number of children, work area and work schedules did not affect midwives' burnout. It is interesting to note that, they found that midwives who did not willingly choose the profession but chose it for economic reasons had higher mean score levels of emotional exhaustion and depersonalisation and a lower score of personal accomplishment.

There seems to be a relationship between gender and burnout with females experiencing more burnout than men; mixed when this is compared with age, with young and aging women experiencing more burnout than middle-aged ones. Burnout also tends to be linked to occupation from many research findings. However, the findings reflect more on subjects of research and design. Most of these studies targeted human services professions like nursing, teaching, and counselling (female dominated occupations) across many settings. Also, the cross-sectional design allows for confounding of variables of age, occupation and sex and gender roles. Longitudinal designs would do well to separate cohort effects and actual contribution of other factors.

The next section seeks to present the proposed relationship between the key variables of spiritual intelligence, emotional intelligence, coping ability and relevant biographical characteristics and burnout into a conceptual model to understand burnout in aid workers.

3.6 CONCEPTUAL MODEL FOR THE RELATIONSHIP OF SI, EI, CA, BIOGRAPHICAL CHARACTERISTICS, AND BURNOUT

Figure 3.1 below represents the conceptual framework of the research. It is an attempt to outline the relationship between the predictor variables of SI, EI, CA and Social Demographic variables on one end and burnout and its dimensions on the other. This portrays the relationship as it is hypothesized in humanitarian aid workers based on bringing together different literature on the relationship.

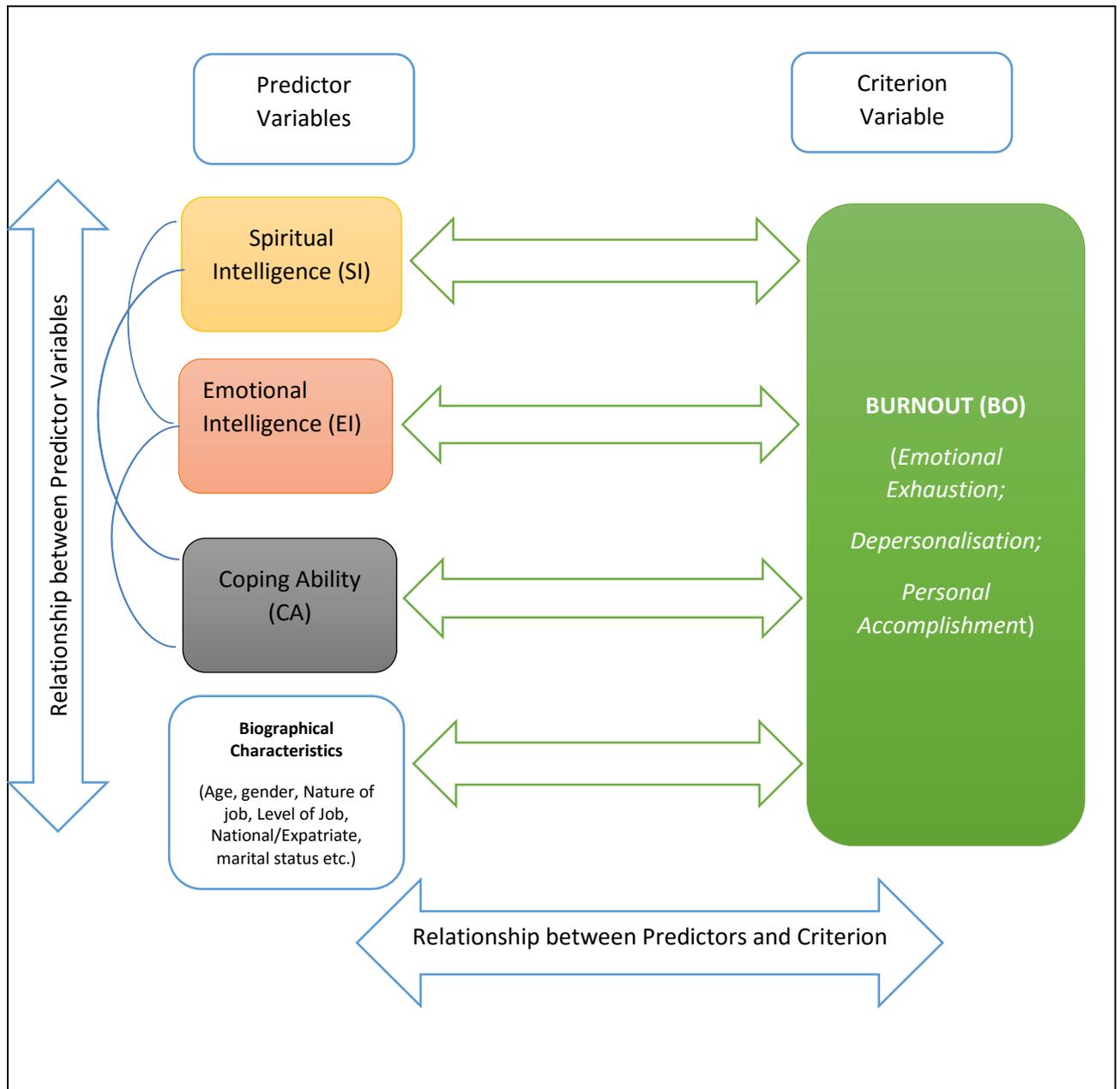


Figure 3.1: Conceptual Framework of the relationship between Variables

The conceptual framework of burnout in aid workers seeks to show how social competences impact on burnout in aid workers. SI, EI, CA and biographical characteristics are represented as predictors of burnout, with the latter as a dependent variable. The framework seeks to show that SI, EI, CA and biographical characteristics can impact on burnout as individual variables or as combined variables.

3.7 CHAPTER SUMMARY

This chapter discussed the constructs of spiritual intelligence (SI), emotional intelligence (EI) and coping ability (CA) and how these related to burnout in humanitarian aid workers (HAW). The chapter sought to answer the research questions three to six pertaining to the theoretical conceptualisations of SI EI and CA, the there relationship between these factors and burnout in aid workers, the theoretical model of the relationship, as well as determining the critical biographical characteristics in burnout. The review explored the conceptualisation of these variables in literature, the various models, and measurement methods. Most of the measures of these variables are self-reports, and they point to subjective experiences of individual experiences of respondents. Though research is limited in focus to professions other than aid work, there seems to be a negative correlation between SI and burnout, EI and burnout, and CA and burnout. The finding is mainly because these variables tend to buffer the effects of burnout. The review also pointed to a relationship between SI and EI, SI and CA, and EI and CA, though it is not fully explored in available literature. For burnout and biographical characteristics, mixed results were reported depending on context, measurement tool used and the design. The next chapter focuses on the empirical study and the process of establishing the relationship between SI, EI, CA, and burnout.

CHAPTER 4: EMPIRICAL STUDY

The study aims to scientifically and practically contribute to the way we understand burnout among humanitarian aid workers in general and in Zimbabwe in particular. It examines the relationship between SI, EI and CA and burnout in humanitarian aid workers. This chapter seeks to describe the empirical research process used to answer the research questions and test the research hypotheses on burnout in humanitarian aid workers. It focuses on the population of interest, the sample size, measurement instruments, data collection techniques used as well as the ethical issues considered by the researcher during the research process. The purpose of the empirical study was to find the strength and structure of the relationship between SI, EI, and CA with burnout among aid workers.

4.1 RESEARCH QUESTIONS

Literature suggests that burnout is related to specific variables described in terms of spiritual intelligence, emotional intelligence, and coping ability. The question is whether this is true for humanitarian aid workers. If so, how can this relationship be described in humanitarian aid workers in Zimbabwe? In addition, which of these variables contribute more to burnout, and to what extent in this sector? The research must answer questions about the strength and nature of the relationship between the variables identified.

The following are specific research questions and sub-questions about the empirical study.

Research Question 1: What is the nature of the relationship between the constructs of spiritual intelligence (SI), emotional intelligence (EI), coping ability (CA) and burnout in a sample of humanitarian aid workers drawn from Zimbabwe? Specifically, does a significant relationship exist between the attributes of SI, EI, CA and the burnout dimension of emotional exhaustion (EE), depersonalisation (DP), and personal accomplishment (PA) in aid workers?

Research Question 2: What is the contribution of spiritual intelligence (SI), emotional intelligence (EI) and coping ability (CA) to burnout (BO) in a sample of humanitarian aid workers? Specifically do the constructs of SI, EI and CA positively and significantly predict the burnout dimensions of emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA) in aid workers?

Research Question 3: Do significant differences exist in burnout between the different groups of biographical characteristics (gender, age, marital status, educational level, nature of the job, contract status, job level, employment status, tenure, and tenure in NGO) in humanitarian aid workers?

Research Question 4: What are the recommendations for theory, practice, and future research that emerge from this research project?

The empirical study to answer the above questions had the following steps:

Step 1: Description of the population and determination of the sample.

Step 2: Choosing and justifying the choice of the measurement instruments.

Step 3: Administration of the measurement instruments.

Step 4 Scoring of the measurement instruments.

Step 5: Formulation of research hypotheses.

Step 6: Statistical processing of the data.

Step 7: Reporting and interpretation of the results.

Step 8: Integration of the research findings

Step 9: Formulation of research conclusions, limitations, and recommendations.

This chapter addresses empirical research steps 1 to 6 with chapters five and six covering steps 7 to 9.

4.2 RESEARCH POPULATION AND SAMPLE

This section outlines the scope of the population of interest, its characteristics and the sample derived from the population.

4.2.1 Research Population

The population of interest is the Zimbabwean humanitarian aid workers. These are aid workers working in Non-Governmental Organisations (NGOs) dealing with relief, development, or advocacy activities in Zimbabwe. They work for organisations classified as Private and Voluntary Organisations under Zimbabwe's legislation. NGOs are mainly funded from outside the country, or from within by well-wishers or government institutions. Included therefore in the population, are organisations classified as NGOs according to the Government

of Zimbabwe, which are registered as such. Most, if not all, are members of the NANGO, an umbrella body of NGOs in Zimbabwe. These can be local or international. The study population, therefore, excludes employees from multi-lateral institutions like United Nations organisations. This exclusion is because such UN organisations have structured ways of dealing with employee stress and burnout (Ager et al., 2012). Such organisations like UNICEF, UNHCR, UNOCHA, UNDP, WFP, and governmental organisations like ECHO, DFID, USAID, AUSAID, CIDA, SIDA, and the Japanese Aid were excluded from the population of interest.

4.2.2 Research Sample

A sample of 350 humanitarian aid workers was selected using non-probability sampling methods from the eligible NGOs in Zimbabwe. Non-probability methods were also used in choosing the organisations and the participants in those organisations. Convenience sampling was adopted for practicality purposes given the nature of the humanitarian aid workers population in the country. A targeted sample of 350 was high enough for meaningful analysis as it was way above the recommended 200.

4.2.3. Sampling Method

There are probability and non-probability sampling methods for selecting a portion of the population for research purposes. In probability sampling, every element of the population of interest has an equal chance of being selected in the sample (Whitley, 2002). This may be through simplified random sampling, stratified random sampling, and cluster sampling. In all these methods, random assignment of participants enhances the validity of findings. The downside of such methods is that, it may not be practical due to the costs associated with the process or other reasons.

Non-probability sampling methods, on the other hand, do not guarantee all elements of the population an equal chance of being selected to be part of the sample. Selection is based on some non-objective criteria of what is essential, practical, or convenient to the researcher in most of the cases (Field, 2009). Such methods include convenience sampling, snowballing and personal judgement sampling. The main advantage of such methods is that they are cheap and convenient in terms of both cost and money. The significant disadvantage is that the findings may have limited generalisability.

In this study, a non-probability method of convenience sampling was used for both aid organisation and respondent selection. In convenience sampling, all employees currently working for NGOs in Zimbabwe as aid workers, be it from a relief or development side, and were taken aboard as potential candidates. This included both local and international staff. These may be occupying low to high levels in the NGOs, from both INGO and local NGOs. They were based in offices or out in the field. The convenience method was chosen to guarantee convenience and participants availability.

From over 2,000 registered NGOs in the country, both local NGOs and INGO, the researcher narrowed the list to a convenience sample of 30 NGOs which included the largest NGOs in the country, being made up of 10 local and 20 INGOs. The choice of the 30 was driven by the convenience as well as need to consider meaningful organisations with structures and systems and which were largely recognized for their efforts by authorities (NANGO, 2006). The researcher once chaired a network of around 50 human resources heads of the NGOs operating in the country covering international and local NGOs. To be selected, the NGOs were supposed to have been in existence for at least five (5) years and had to have more than ten (10) employees, a Zimbabwean country office as well as involvement in meaningful relief or development work. The criteria were chosen to enable representation and generalisation of results. Most advocacy-type NGOs were dropped given the fact that they could not meet the minimum employee numbers set. As such, it is these 30 organisations that were approached for research. The researcher obtained permission in writing, or otherwise in 20 of these organisations and was invited by some of these NGOs to some of their workshops. In this group, the most prominent five NGOs in the country were included. The other seven (7) asked the researcher to approach their staff on his own, “if they are interested.” The remaining three (3) were dropped due to access and protocol issues. They took longer to respond, and all the three dropped were mid-size international NGOs, employing less than 20 people locally.

Of these organisations, the majority are involved in relief, development, and some advocacy, which is specific to certain rights, especially those of children, women, and the disabled, but excluding political rights. Most of the largest NGOs in the country had their employees participating. Some specific organisations requested a copy of results, and if possible, those results isolated to their respective organisations.

Probability sampling methods have the likelihood of being complicated in the humanitarian sector given sensitivities associated with lists of such employees. Such issues include reasons of security or confidentiality, given the many security protocols in most NGOs, owing to the dangers posed to aid workers in various settings. For some NGOs, the researcher had to wait for months to get permission from their international head offices to participate. The researcher relied on his prior experience in the sector and his networks in the NGO Human Resources Network. The Network assisted the researcher in getting permissions and support from most NGOs. A convenience sample in choosing both the organisations and the participants made it easier for the researcher to gain access to the NGOs and employees as well as the resultant high response rate.

The section above summarises the sampling method and procedure as well as the characteristics of the ultimate sample of aid workers drawn from the population. These biographical characteristics of the sample will be revisited in inferential statistics to answer hypotheses testing questions.

The next section describes the instruments used to answer the research question.

4.3. INSTRUMENTATION

To answer the research questions and test the research hypotheses, it is essential to establish how each of the variables of SI, EI, and CA is related to burnout. As such, these variables must be operationally defined, and measured before they are related to burnout. This section deals with the operational definitions of the variables and the instruments used to measure burnout, spiritual intelligence, emotional intelligence, and coping ability. The description of the measurement instruments, psychometric properties, and justification for the choice of instrument is discussed in turn.

4.3.1 Burnout

4.3.1.1 Operationalisation of Burnout

Burnout has been defined in this study as a kind of job strain that emanates from accumulated work-related stress and consisting of three dimensions of emotional exhaustion, depersonalisation, and feelings of reduced personal accomplishment occurring in people who work with other people (Maslach & Jackson, 1986). Such a conceptualisation stems directly from Maslach and Jackson's theoretical conceptualisation as a psychological syndrome of

emotional exhaustion, depersonalisation and reduced personal accomplishment that occur among individuals who work with other people in some capacity. Given the theoretical base of the operational definition, it is therefore pertinent to use Maslach's Burnout Inventory, which stems from the same theoretical conceptualisation to measure burnout among aid workers.

4.3.1.2 Burnout Measurement-Maslach Burnout Inventory-HSS

The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) was used to assess burnout. The tool was developed by Maslach and Jackson (1986) to measure the psychological syndrome of emotional exhaustion (EA), depersonalisation (DP) and personal accomplishment (PA) that occurs among people who work with other people in some capacity (Maslach & Jackson, 1986).

4.3.1.3 Development of the MBI-HSS

The MBI-HSS was initially constructed by Maslach from 47 items administered to 605 people from several health services occupations (Maslach & Leiter, 1997). Through factor analysis, the items were reduced from 47 to 25. These were further reduced to 22 when administered to a new sample of 420 people. The outcome was three factors with Cronbach Alphas of .90 (Emotional Exhaustion), .79 (Depersonalisation) and .80 (Personal Accomplishment) and all at $p=.001$ (Maslach, Jackson, & Leiter, 1996). The three factors have been confirmed by several researchers (Jackson et al., 1986; Maslach et al., 1996).

4.3.1.4 Dimensions of the MBI-HSS

The questionnaire is based on three sub-scales emotional exhaustion, depersonalisation, and personal accomplishment. The scale has 22 items on a six-point scale with '0' for never and '6' for every day.

Emotional exhaustion is the key sub-scale of burnout. It refers to a situation where the emotional resources of human services employees are depleted, and they feel incapable of psychologically engaging in their work. The nine (9) items assess the feelings of being emotionally overextended and exhausted by one's work (Maslach & Jackson, 1986). Emotional exhaustion has been identified as the core of burnout by many researchers (Maslach & Jackson, 1986; Schaufeli & Enzmann, 1998; Maslach & Leiter, 2016). Below is a table with the Cronbach Alpha for emotional exhaustion for this study. The dimension has nine items: 1,

2, 3, 6, 8, 13, 14, 16, and 20. Table 4.1 below portrays the Cronbach Alpha for Emotional Exhaustion.

Table 4.1

Cronbach’s Alpha for Emotional Exhaustion

Cronbach’s Alpha	Cronbach’s Alpha Based on Standardised Items	No of Items
.818	.820	9

Depersonalisation is one of the two dimensions, which indicate burnout with emotional exhaustion. It refers to the negative, cynical acts and feelings about one’s clients, and core to this dimension is the cynical and dehumanising perception that clients deserve their trouble (Maslach & Jackson, 1986). The depersonalisation scale measures a callous response towards recipients of the human service (Maslach et al., 1997). The subscale has five (5) items: 5,10,11, 15, and 22. Its Cronbach’s Alpha in this study is represented Table 4.2 below.

Table 4.2

Cronbach’s Alpha for Depersonalisation

Cronbach’s Alpha	Cronbach’s Alpha Based on Standardised Items	No of Items
.709	.714	5

Personal accomplishment is the opposite of the other two sub-scales above. If it is reduced, it is the tendency to assess oneself negatively regarding one’s work. It is somehow linked to efficacy if taken positively. Personal accomplishment measures feelings of competence and achievement in one’s work with recipients (Maslach et al., 1996). It has eight items (4, 7, 9, 12, 17, 18, 19 and 21). This subscale should be reversed in scoring or treated in such a way that low PA scores indicate high burnout, with the reverse also being true. Its Cronbach’s Alpha for this study is represented in Table 4.3 below.

Table 4.3

Cronbach's Alpha for Personal Accomplishment

Cronbach's Alpha	Cronbach's Alpha Based on Standardised Items	No of Items
.766	.769	8

When considering an overall burnout score, one should find high EE and DP as the significant indicators of high burnout coupled with low PA scores. The Cronbach's Alpha for total burnout for this study is given below, when PA is reverse scored.

Table 4.4 presents the Cronbach's Alpha of the MBI-HSS overall score.

Table 4.4

Cronbach's Alpha for Burnout

Cronbach's Alpha	Cronbach's Alpha Based on Standardised Items	No of Items
.866	.870	22

4.3.1.5 Scoring, Reliability and Validity

Maslach and Jackson (1986) advised against using the overall score of MBI but using subscales to estimate burnout in line with the cut-off points. The Cronbach's Alpha for emotional exhaustion was .81, for depersonalisation, .71 and personal accomplishment it was .71. When the researcher attempted to combine the scales for an overall burnout score, a Cronbach's Alpha level of .87 was obtained. This was from subtracting overall PA scores from the total of EA and DP overall scores. The researcher decided to follow Maslach and Jackson's (1986) advice of avoiding the use of a composite score, but scores on the three individual dimensions of burnout. In the scale, burnout cut-off scores are indicated in Table 4.5 below:

Table 4.5*MBI-HSS Cut-off Points*

	Emotional Exhaustion	Depersonalisation	Personal Accomplishment
High	27+	13+	39+
Moderate	17-26	7-12	32-38
Low	0-16	0-6	0-31

The table above shows the norms for the cut-off scores for burnout. Cut-off scores have been a debatable issue in burnout research (Schaufeli & Enzmann, 1998). Maslach and Jackson (1986) recommended that for research purposes using the MBI-HSS, researchers usually report on the average score rather than the total. This average is determined by dividing the total score for each subscale with the number of items responded to in the sub-scale. It is the approach adopted by this researcher for scoring the individual dimensions of burnout.

This multi-dimensional model, however, has implications for research and intervention as practitioners would want to deal with a composite score. From Maslach's advice, differential responses may reflect the differential impact of situational factors, and intervention should target the specific component of burnout that needs to be addressed (Maslach et al., 1997). It seems that this approach allows for focused response in dealing with burnout. The main limitation of the MBI is on cut-off points for clinical diagnosis, as well as not having a total burnout score.

4.3.1.6 Administration of the MBI-HSS

The MBI-HSS is administered to individuals or in groups. The instructions are simple and straightforward. While there is no time limit to complete the questionnaire, an average person will take about five to seven minutes for the 22 questions.

This license to use the instrument was bought from Mind and Garden, who are the holders of the licence. Permission was granted to copy only 350 questionnaires, and to use only for 12 months. The commercial aspect of the MBI has been cited as one of disadvantage of the MBI as it limits academic freedom in exploring and validating the tool for research purposes because of costs associated with the instrument. Despite this concern, the instrument is still the most widely used burnout tool.

4.3.1.7 Justification for its use

This instrument was chosen because of its extensive use in helping professions in a variety of settings, and for its validity and reliability, which are widely quoted in different environments with Cronbach Alphas above .70 (Schaufeli & Enzmann, 1998). Schepman and Zarate (2008) reported that an average Cronbach Alpha around .83 was found consistently in different contexts. This supports the idea that the MBI-HSS is an internally consistent scale. Reliability coefficients of .90, .79 and .71 were reported for subscales of emotional exhaustion, depersonalisation and personal accomplishment, respectively (Maslach et al., 1997). Test-retest reliability coefficients confirm the stability of the MBI-HSS scales over time. Leiter et al., (1996) found test-retest reliability coefficients ranging from .50 to .82 for time spans of three to 12 months. Research evidence also confirmed the multi-dimensional nature of burnout (Jackson, et al., 1986). Such strong psychometric properties were important in the decision to use the MBI-HSS as a tool to measure burnout in this study. No modification was done as English is one of the official languages in Zimbabwe, and NGOs employ people with at least five 'O' Level subjects including, English language.

4.3.2 Spiritual Intelligence

4.3.2.1 Operationalisation of Spiritual Intelligence

Spiritual intelligence is operationally defined in this study as the ability to pursue personal life meaning and transcendent goals with humane values, wisdom, compassion, and commitment, while solving existential problems at the same time, maintaining inner and outer peace, regardless of the circumstances. This definition is all-encompassing and covers key aspects of spiritual intelligence from various theories and models of SI.

4.3.2.2 Measurement of Spiritual Intelligence-SISRI-24

The King and DeCicco's (2009) SISRI-24 was used to measure spiritual intelligence (SI). It is a self-report measure of spiritual intelligence developed by King and DeCicco (2009).

4.3.2.3 Development of the SISRI-24

The scale was developed and modified from data obtained from a large number of university students in Canada. The original 84 items for the scale were derived from prevailing spiritual intelligence theory. These were reduced through factor analysis to 42 and ultimately to 24 following consecutive studies.

4.3.2.4 Dimensions of the SISRI-24

The scale consists of four subscales, viz.: critical existential thinking (CET) with seven items (1, 3, 5, 9, 13, 17 and 21), personal meaning production (PMP) with five items (7, 11, 15, 19 and 23), transcendental awareness (TA) with seven items (2, 6, 10, 14, 18, 20 & 22 with six being reverse scored before summation) and finally, conscious state expansion (CSE) with five items (4, 8, 12, 16 and 24). The scale responses use a 5-point Likert scale from 0 (“not at all true of me”) to 4 (“completely true of me”). Item 6 was reverse scored before summing up the total scores. Higher scores represent higher levels of SI. Table 4.6 presents the Cronbach’s Alpha scores for SISRI-24.

Table 4.6

Cronbach’s Alpha for SI

Cronbach’s Alpha	Cronbach’s Alpha Based on Standardised Items	No of Items
.866	.877	24

The subscales had Cronbach’s Alphas of between .68 and .79 as follows: critical existential thinking-.68; personal meaning production-.76; transcendental awareness - .70, and conscious states awareness - .79. The Cronbach’s Alpha of .87 for the scale is quite high, and very comparable to what King and DeCicco (2009), found.

4.3.2.5 Scoring, Validity and Reliability

The higher the score on SISRI-24, the higher one’s spiritual intelligence level, and the lower the score, the lower the spiritual intelligence level. According to King and DeCicco (2009), the correlation of the SISRI-24 with established psychometric scales have supported convergent, divergent, and criterion-related validity. The test-retest scores above $r = .78$ ($p \leq .001$) was obtained for the scale. Cronbach’s Alphas ranging from .89 to .96 were also obtained (King & DeCicco 2009). Such strong psychometric properties make SISRI-24 a good instrument for use to measure Spiritual Intelligence in this study.

4.3.2.6 Administration

The SISRI-24 is administered to individuals or in groups and takes an average of six minutes or so though there is no time limit to complete the inventory. The instructions are simple for an average person to follow. The tool is available for academic purposes for free.

4.3.2.7 Justification for SISRI-24

This measure was chosen as it is in line with the conceptualisation of SI pursued in this study. The SISRI was also used because of it has a total Spiritual Intelligence score based on adding separate scores on the four subscales of CET, PMP, TA, and CSE. It was also chosen for its good psychometric properties of reliability and validity. King and DeCicco (2009) reported internal reliability of the SISRI-24 was at .92 as estimated by the Cronbach's Alphas, the split-half reliability was .91, with the test-retest reliability at .89 after a period of 4-months. For individual subscales of the SISRI-24, the Cronbach Alpha values were ranging from .78 to .91 (King & DeCicco, 2009). This shows that the SISRI-24 has good reliability. In terms of construct validity, the SISRI-24 and other existing measures of spirituality, the scores from the scale were significantly correlated with scores on the Meta-personal Self-Construal Scale (MSCS; $r = .67, p < .01$) and the Mysticism Scale-Research Form D ($r = .63, p < .01$), (King & DeCicco, 2009). On the subscales of the SISRI-24, PMP has been reported to be highly correlated with the Presence of Meaning subscale of the Meaning of Life Questionnaire (MLQ; $r = .65, p < .01$), but not with the Search for Meaning subscale ($r = .05, p > .05$) and CET was significantly correlated with the Search for Meaning subscale of the MLQ ($r = .39, p < .001$) thereby indicating discriminant validity ((King & DeCicco, 2009).

Given that it was developed in a western setting and on adults, it may lend itself applicable in the Zimbabwean context. That the scale is based on sound theory and has been used widely across cultures is also an advantage. In this study, the scale had a Cronbach Alpha of .86, which is in line with Cronbach Alphas obtained by King & DeCicco (2009) ranging from .89 to .96.

4.3.3 Emotional Intelligence

4.3.3.1 Operationalisation of Emotional Intelligence

EI is defined in this study as the ability to accurately perceive one's and others' emotions, express, regulate and control them in a manner that does not negatively affect self and or others. It also includes the use of emotions in thinking, feeling, and behaving as well as making

right judgements on issues. The definition in principle supports the previous conceptualisation of EI as the individual’s ability to process emotional information and use it to navigate the social environment (Salovey & Mayer, 1990).

4.3.3.2 Measurement of Emotional Intelligence

The Schutte’s Emotional Intelligence Test (SEIT) was chosen for measuring EI. It is also known as the Assessing Emotions Scale (AES). This 33-item self-report measure of emotional intelligence was developed by Schutte et al., (1998) based on the trait model of emotional intelligence. The scale is based on Mayer and Salovey’s (1997) original model of emotional intelligence. The instrument is scored on a five-point Likert-type scale ranging from 1-Strongly Agree, to 5-Strongly Disagree and 3 being neutral. Schutte et al., (2001) recommended using the 33-item total score for intelligence with scores ranging from 33 to 165, where higher scores indicate higher levels of emotional intelligence. In this study, the scale had a Cronbach’s Alpha of .93, which is very high (See Table 4.7 below).

Table 4.7

Cronbach’s Alpha for EI

Cronbach’s Alpha	Cronbach’s Alpha Based on Standardised Items	No of Items
.932	.937	33

4.3.3.3 Development of the SEIT

When Schutte et al., (1998) tested their original pool of items, Schutte et al., (1998) used a mixed sample of people from the US including students. The self-report measure was based on the sub-categories identified initially by Salovey and Mayer (1990). The scale was welcomed as an improvement on old measures of EI, and as distinct from the big five personality measures (Ciarrochi, Chan, & Caputi, 2000). It also had acceptable discriminant and criterion validity, when compared to other available scales.

4.3.3.4 Dimensions of the SEIT

Further research by Petrides and Furnham (2001) and also by Ciarrochi et al., (2000) resulted in a breakdown of the 33-items into four sub-scales. These sub-scales include perceptions of emotions (10 items; 5, 9, 15, 18, 19, 22, 25, 29, 32, and 33); management of own emotions (nine items: 2, 3, 10, 12, 14, 21, 23, 28 and 31); managing of other people’s emotions (eight

items: 1, 4, 11, 13, 16, 24, 26 and 30) and utilising emotions (six items: 6, 7, 8, 17, 20 and 27). On the scale, 5, 28 and 31 were reverse scored before summation. There has been support for these four factors of emotional intelligence in research (Ciarrochi et al., 2000; Saklofske, Austin, & Minski, 2003).

4.3.3.5 Scoring, Reliability and Validity

The higher the score on the SEIT, the higher one's emotional intelligence level, and the lower the score, the lower the emotional intelligence level. The psychometric properties for this test are widely reported with internal consistency of the full scale being above .70 as measured by Cronbach's Alpha (Ciarrochi et al., 2000). It was found to have high criterion and discriminant validity, as well as high test-retest reliability (Saklofske, Austin, & Minski, 2003). Reliability analysis of this instrument resulted in Cronbach's Alphas ranging from .78 to .90 in various settings (Schutte et al., 2001). In this study, the scale had a Cronbach Alpha of .93, which is very high, which is even higher than the ranges found by Schutte et al., (2001).

4.3.3.6 Administration of the test

The SEIT can be administered to individuals or groups. It comes with simple instructions to choose one of the five options, on the extent to which one agrees with the statements given. There is no time limit to complete the questionnaire, but an average person can take about 10 minutes for the 33 questions.

4.3.3.7 Justification of the SEIT

The scale was chosen because of its highly rated reliability and validity. The test is brief, easy to administer, and free for research purposes (See Appendix B for permissions). The measure has been widely accepted as a reliable and valid measure of emotional intelligence in research with Cronbach Alphas above .70 consistently obtained in research (Ciarrochi, et al., 2000; Schutte, et al., 1998). The test also was found to have medium to high correlations with the Big Five personality factors, making it trait related. The measure was also chosen to measure Emotional Intelligence because it resonated well with the trait-based approach to EI taken by the researcher. Although it has been criticised for being a self-report measure and for being liable to faking, this criticism applies all self-assessment measures as they have such shortcomings. The test has also been criticised of being more inclined towards personality traits than ability, as it is based on one's subjective assessment of their own EI, which cannot

be verified independently (Bracket & Mayer, 2003). Such trait orientation is aligned to the model of trait emotional intelligence chosen for this study.

4.3.4 Coping Ability

4.3.4.1 Operationalisation of Coping Ability

Coping has been defined for this study as referring to the individual's perception of his or her ability to use adaptive and constructive coping strategies to reduce stressful or threatening situations. It is the perception of stress levels associated with a specific tasks, events, or activities that determines how one is affected and how one eventually copes. Such perception has self-efficacy connotations as reflected in both Bandura's and Lazarus' theories of self-efficacy and coping, respectively.

4.3.4.2 Measurement of Coping Ability

The Coping Self-Efficacy Scale (CSES) was used to measure coping ability. It is a 26-item self-report measure of perceived self-efficacy for coping with challenges and threats. Chesney, Folkman, Taylor, and Bandura developed the scale. It is based on stress and coping theory and the Ways of Coping Questionnaire.

4.3.4.3. Development of the CSES

The measure was initially developed from data from patients with HIV/AIDS, whose condition was viewed as nearly terminal, but was later used with many different populations, including students, caregivers and people exposed to various life stressors.

4.3.4.4 Dimensions of the CSES

The measure has three subscales namely use of problem-focused coping (i.e. problem-focused with 12 Items: 2, 3, 5, 6, 7, 8, 9, 13, 14, 20, 25, & 26); stop unpleasant emotions and thought (i.e. emotion-focused with nine items: 1, 10, 11, 12, 15, 19, 21, 22, & 23) and get social support from friends and family (i.e. social support with five Items: 4, 16, 17, 18, & 24). The researcher renamed the three factors problem-focused, emotion-focused, and social support, respectively, in line with the prevailing coping theory. According to Chesney et al., (2006), the problem-focused dimension consists of items that measure an individual's self-efficacy concerning overcoming problems, by analysing the problem and using cognitive strategies to reduce the severity of the problem. Emotion-focused dimension measures one's self-efficacy concerning

altering one’s emotional response to a stressful event rather than addressing the problem itself. On the other hand, social support consists of items that measure the perception of one’s ability to seek help from significant others in coping with problems. It should be noted that problem-focused and emotional-focused dimensions rely on the existing theoretical domains of coping. The scale had Cronbach Alpha level of .94 in this sample as seen in Table 4.8 below.

Table 4.8

Cronbach’s Alpha for CA

Cronbach’s Alpha	Cronbach’s Alpha Based on Standardised Items	No of Items
.942	.944	26

4.3.4.5 Scoring, Reliability and Validity

Regarding scoring, the higher the score on CSES, the higher the coping ability and the lower the score, the lower the coping ability. Chesney et al.’s (2006) found Cronbach’s Alphas ranging from .80 to .91. In this study, the scale had Cronbach Alpha level of .94 for this sample. Individual sub-scales’ Cronbach Alphas ranged from .76 to .90. This Alpha level is comparable to Chesney et al.’s (2006) findings of Cronbach’s Alphas ranging from .80 to .91.

4.3.4.6 Administration of the test

The CSES is administered to individuals or groups. It has 26 questions, and the participants choose one of the 11 options to answer the questions. There is no time limit to complete the questionnaire, but an average person can take about six or so minutes for the 26 questions.

4.3.4.7 Justification of the CSES

The CSE scale was chosen because it has sound theoretical foundations and links well with Lazarus’ (1991) concept of secondary appraisal of stress. It is also in line with significant features of stress and coping theory, with its emphasis on regulation of stress and management of cognitive aspects underlying stress. It is one of the few scales available to measure coping ability. Other available scales measure coping styles or coping strategies. The fact that it has been validated in samples under facing extreme life stressors makes it applicable to the aid worker burnout situation. The scale has robust scientific attributes of reliability and validity

and has been widely used and validated in cross-cultural environments. Chesney et al., (2006) asserted that Exploratory (EFA) and confirmatory factor analyses (CFA) supported the three factors of the CSE scale with Problem-focused coping (Cronbach's Alpha=.91), Emotion-focused (Cronbach's Alpha =.91), and Social Support (Cronbach's Alpha =.80). They also reported strong internal consistency and test-retest reliability for all three factors. The CSE scales were also said to predict reduced psychological distress and increased psychological well-being over time.

4.3.5 Biographical Characteristics and Measurement

4.3.5.1 Biographical Characteristics

Biographical information on age, gender, marital status, employment status, contract status, nature of work, tenure, tenure in NGOs, educational level, and job level were also assessed. These biographical factors were found to be linked to experiences of stress, burnout, or psychological maladjustments in literature. It is essential to establish how these are portrayed in as far as burnout in aid workers is concerned.

4.3.5.2 Biographical Characteristics Questionnaire

A short questionnaire was used to capture the socio-demographic variables indicated above (See Appendix C). It had ten questions with options for respondents to choose from. On average, it took less than five minutes to complete. This instrument was critical for analysis linked to biographical information, as some of these factors have been raised on stress and burnout of aid workers (Pigni, 2014).

The above instruments were therefore used to establish the SI, EI, CA and Burnout scores and the strength of their relationships. The next section establishes the data collection method and procedure.

4.4. DATA COLLECTION METHOD AND PROCEDURE

This section deals with the data collection method and the procedure used in the study. It satisfies Step 3 about the administration of the measurement instruments described above.

4.4.1 Cross-Sectional Survey Method

The study used the cross-sectional survey method to collect primary data from participants. One option was a longitudinal design which was going to require measurement of the variables

of interest at different times during the study and following up the respondents. This option would give rich data on the survey on the development of burnout. However, there were going to be challenges of respondents dropping out and increased costs. As such, the researcher opted for a cross-sectional survey design. In this design, the variables are measured on the respondents just at one point in time. There is no need for follow-ups of respondents at another time (Whitely, 2002). This approach has many other advantages besides those associated with costs. It does not suffer from the disadvantages of the longitudinal design.

The survey research method is widely used in social science research for collecting cross-sectional research data (Field, 2009). It is popular with descriptive and explorative studies where the interest is in describing the nature of variables and their relationships. This method was chosen for this study because of its utility, practicality, and popularity in burnout research. Most of the research done with aid workers were survey studies using online or paper and pencil administration (Lopes Cardozo et al., 2005; Musa & Hamid, 2008; Eriksson et al., 2013). Internet surveys are increasingly becoming popular with the increase in connectivity and internet use. SurveyMonkey is one of the methods utilised. Such methods prove to be cost-effective and involve simplicity on the part of the completion of the survey for participants. Online surveys sometimes tend to be convenient, private, and easy to administer. The researcher can merely gather data from all the respondents with relative ease as compared to the paper-and-pencil method. On the other hand, online administration poses a challenge in areas where connectivity is still a big issue regarding reliability and cost.

In the current research, using the online method would have limited participation only to those who could access the survey instruments online. As such, to accommodate a wide range of respondents, a paper-and-pencil approach was used for the administration of the instruments. This option was important so as to assure privacy and confidentiality of responses as it was felt that online procedures would mean asking for individual email addresses or phone numbers to which to send links. In discussions with the various Human Resources representatives of the targeted organisations, it was decided that the paper-and-pencil approach would give the best sense of anonymity and therefore the highest response rate.

4.4.2 Data Collection Procedure

The researcher asked for permission from humanitarian aid organisations to research their organisations through Country Directors and Human Resources Practitioners. He had the

advantage of having worked in one of the largest INGOs and having chaired a network of NGO human resources practitioners during the period. The request was made to the 30 NGOs through standard letters/emails detailing the purpose of the research and how the study would be conducted. Once permission was given, the researcher distributed the questionnaires through internal mailing systems and human resources and/or administration departments. In many occasions, the researcher was invited to distribute the questionnaires during various workshops or meetings taking place in Harare for such employees. This option was convenient as most of the organisations targeted held head offices in Harare, and their field workers frequently come to Harare for the meetings. Bulawayo, Gweru, Mutare, and Masvingo saw questionnaires distributed through either the researcher or the internal point persons of such organisations. Taken together, these are the five major cities in Zimbabwe. In other small or remote areas, completed questionnaires were returned through internal mailing systems. Email reminders and phone calls to human resources practitioners or administrators enhanced the response rate.

Most of the questionnaires were distributed from January to May 2017, with a few distributed towards the end of 2016. This period was chosen because most of these organisations had limited activities like workshops during the festive season. Three hundred and fifty (350) questionnaires were distributed, owing to the licence limit obtained by one of the test distributors.

There was also 12 months for the use of the MBI-HSS questionnaire. By June 2017, the time of the expiry of the test licence, the researcher had received back 305 completed questionnaires giving a return rate of 87%, which is quite high.

4.5 HYPOTHESES

From the research questions above, the empirical study tests the hypotheses depicted in Table 4.9 below:

Table 4.9

Research Hypotheses

Research Question	Hypotheses	Tools
Research Aim 1: To explore the nature of the relationship between the constructs of spiritual intelligence (SI), emotional intelligence (EI), coping ability (CA) and burnout in a sample of humanitarian aid workers drawn from Zimbabwe		
1. What is the nature of the relationship between the constructs of SI, EI, CA, and BO in a sample of humanitarian aid workers drawn from Zimbabwe? Specifically, does a significant relationship exist between the attributes of SI, EI, CA and the burnout dimension of emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA) in aid workers?	<p><i>H₀:1 There is no significant relationship between SI, EI, CA and BO.</i></p> <p><i>H₁:1 There is a significant relationship between SI, EI, CA and BO.</i></p> <p><i>H₀::1a There is no significant relationship between SI and burnout (EE, DP, & PA)</i></p> <p><i>H₁:1a A significant negative correlation exists between SI and burnout (EE, DP & PA)</i></p> <p><i>H₀::1b There is no significant relationship between EI and burnout (EE, DP & PA)</i></p> <p><i>H₁:1b A significant negative correlation exists between EI and burnout (EE, DP & PA)</i></p> <p><i>H₀:1c There is no significant relationship between CA and burnout (EE, DP & PA)</i></p> <p><i>H₁:1c A significant negative correlation exists between CA and burnout (EE, DP & PA)</i></p>	Correlation
Research Aim 2: To establish the contribution of spiritual intelligence (SI), emotional intelligence (EI), and coping ability (CA) to burnout (BO) in a sample of humanitarian aid workers		
2. What is the contribution of spiritual intelligence SI, EI, and CA to BO in a sample of humanitarian aid workers? Specifically, do the constructs of SI, EI and CA significantly predict the EE, DP, and PA in aid workers?	<p><i>H₀:2. $\beta_1 = \beta_2 = \beta_3 = 0$ (SI, EI, and CA do not significantly contribute to BO in aid workers, that is, no variables amongst these belong to the regression model for EE, DP, or PA, respectively).</i></p> <p><i>H₁:2. $\beta_1 \neq \beta_2 \neq \beta_3 \neq 0$ (At least one variable from SI, EI and CA significantly contributes to BO in aid workers and therefore belongs in the regression model for EE, DP, or PA, respectively).</i></p>	Multiple Regression Analysis
Research Aim 3: To explore if significant differences exist in BO between the different groups of biographical characteristics (gender, age, marital status, educational level, nature of the job, contract status, job level, employment type, tenure, and tenure in NGO) in humanitarian aid workers.		
3. Do significant differences exist in BO between the different groups of biographical characteristics (gender, age, marital status, educational level, nature of the job, contract status, job level, & LOS) in humanitarian aid workers?	<p><i>H₀:3 There are no significant differences between different groups of biographical characteristics on BO among humanitarian aid workers</i></p> <p><i>H₁:3 There are significant differences between different groups of biographical characteristics on BO among humanitarian aid workers</i></p>	Test of differences (Independent T-test & One-way ANOVA)

4.6 DATA PROCESSING

To answer the research questions and test the research hypotheses, a quantitative research approach was used. The study primarily used the correlational method with no manipulation of study variables. The quantitative approach emphasises the generation of objective numerical data that can be transformed into statistics. It quantifies attitudes, opinions, and behaviours or any other defined research variables from a sample and convert it into results generalisable to a more extensive population by way of statistical methods (Whitley, 2002).

Quantitative research is characterised by the use of deductive reasoning, hypothesis testing as well as statistical analysis and predictive focus. In other words, the nature of the relationship is predicted before one seeks data to confirm or disconfirm it. In most cases, the quantitative approach allows for replication of research in a different setting but with the same procedure. Again, statistical methods would be used to test the significance of findings in the relationships among these variables in aid workers. One challenge that quantitative approach has is that it misses on exploring the underlying factors influencing phenomena which qualitative approaches can sometimes address. It may limit the real-world application of the findings in some cases. The quantitative statistical methods of correlation and multiple regression analysis were used in the research to test the hypotheses. These will be discussed in turn.

4.6.1 Correlation

The study used the correlational approach to test the hypotheses and explore the strength of the relationship between SI, EI, CA, and burnout among aid workers. This procedure is a non-experimental approach with the primary aim of describing the relationship between the variables in question. The method does not seek to manipulate one or more variables as for what happens in an experimental design, but to assess the association of variables as it naturally exists. As such, there is no inference regarding causality but just relationships (Whitley, 2002). The correlation was chosen because the variables in question are difficult to manipulate. The primary goal is to establish whether there is a relationship between SI, EI, CA, and burnout.

The researcher only measured the variables and correlated them for establishing the nature of the relationship. It was the most appropriate and practical approach to study the kind of the relationship between the variables of interest. The Pearson correlation coefficient was used to assess the strength of the relationship between variables and the multiple regression analysis

was used to determine the structure of the relationship. The correlation coefficient can be calculated and tested for statistical significance to establish whether the variables are interrelated and, also, how strong the links are under certain assumptions. These are used in line with the nature and complexities of relationships among variables.

4.6.2 Multiple Regression Analysis (MRA)

Multiple regression analysis was used to explore the structure of the relationship among SI, EI, and CA with burnout. It was used to investigate the extent of combined variance in the variables used to measure SI, EI, and CA, which can explain the variation in burnout, and what is the best way to connect them to predict burnout. It is a prediction model, where the researcher sought to ascertain whether one would be able to predict the level of burnout from measurements of SI, EI, and CA, as implied in the research question. Moreover, if so, which of the variable set makes a significant contribution to the level of burnout? How important is each independent variable? Multiple regression is used in the study because there is more than one independent variable that is, SI, EI, and CA. Multiple linear regression analysis was used to identify the strength of the effect that the independent variables of SI, EI and CA had on the dependent variable of BO. It was also used to attempt to predict the effects of changes in the SI, EI and CA on BO. In other words, MRA helps the researcher to understand the margin of change on burnout when there are changes in SI, EI and CA, that is, how much burnout is expected to increase or decrease for every point increase or decrease in SI, EI and CA.

The Multiple Linear Regression Analysis (MLRA) was chosen to answer Research Question Two. There were more than two predictor variables and one outcome variable. SI, EI, and CA were the predictor variables and burnout as an outcome variable. The research question was broken down into components again in line with Maslach and Jackson's (1986) conceptualisation of burnout into three dimensions, that is, EE, DP and PA.

4.6.2.1 Testing Assumptions of Multiple Linear Regression

Preliminary analyses were performed to test the critical assumptions of linearity, normality, homoscedasticity, and absence of multicollinearity for the predictive relationships between the variables and each of the dimensions of burnout. The assumptions will be discussed briefly below.

The most important assumption for the use of MLRA is linearity. Linearity was assessed in all the cases by examining the $q-q$ plots, and the data in all cases showed little variation from the normal. The data appeared to be linear.

Homoscedasticity was tested for the variables using scatter plots. Scatterplots for the outcome variables should indicate a rectangular shape not triangular one to indicate that the assumption was met (Field, 2009).

On the other hand, multicollinearity was also assessed in all cases for the predictor variables by examining the Value Inflation Factors (VIF) and Tolerance values. Multi-collinearity refers to the high correlation between predictor variables. The data for all the cases were also checked to confirm that the residuals of the regression line are approximately normally distributed. Histograms with a superimposed normal curve and normal $p-p$ plots were used to confirm this.

After satisfying the critical assumptions of MLRA in all the cases, the enter method of multiple regression was used for the predictive model between the predictive variables of SI, EI and CA and the outcome variable of burnout broken into its dimensions in line with the Maslach conceptualisation of burnout.

4.6.2.2 The Enter Method of Multiple Regression Analysis

The Enter method of Multiple Regression Analysis was used for hypothesis testing. The method is also known as Simultaneous method because all predictor variables are entered simultaneously and not in any order. Another name used for this method is forced method (Field, 2009). This method was chosen because there is no existing theory guiding the relationship between burnout and the predictor variables CA, SI and EI. Unlike the hierarchical regression method where predictors are selected on the basis of past or existing theory and also where the researcher decides on the order, in the enter method is not influenced by random variation in the data. Studenmund and Cassidy (1987) regard the enter method as the most appropriate method for theory testing given its freedom from random variations which affect model retesting.

4.6.3 Tests of Differences

To explore the relationship between biographical characteristics and burnout in aid workers, tests of individual differences were used. These included the independent *t*-test and the one-way analysis of variance (ANOVA). The following section describe in detail these tests and their assumptions.

4.6.3.1 Independent *t*-test

The independence *t*-test is a test statistic that is used to test different groups of people for significant differences. It is used to compare the means between two unrelated groups on the same continuous, dependent variable. Field (2009) outlined the following assumptions as key in the decision to use the Independent *t*-test.

- The dependent variable should be measured on a continuous scale (i.e., it is measured at the interval or ratio level).
- The independent variable should consist of two categorical, independent groups, for example independent variables that meet this criterion include gender (2 groups: male or female) and employment status (2 groups: expatriate or national).
- There should be independence of observations, that is, there should be no relationship between the observations in each group or between the groups themselves. In other words, must be different participants in each group with no one participant being in more than one group at the same time.
- There should be no significant outliers.
- The dependent variable should be approximately normally distributed for each group of the independent variable. This assumption is about the sampling distribution of the differences between the scores, which should be normal not actually the scores themselves
- There needs to be homogeneity of variances. The variances in the populations under consideration are also expected to be roughly equal with scores coming from different people, that is, scores being independent This assumption can be tested using Levene's test for homogeneity of variances. Normally if Levene's Test for Equality of Variances is statistically significant, then the group variances are unequal in the population making the researcher prone to making at Type 1 error. To correct this violation, an adjustment to the

degrees of freedom using the statistical methods like the Welch-Satterthwaite method is done.

These assumptions will be revisited in Chapter 5 as part of the hypotheses testing.

4.6.3.2 One Way Analysis of Variance

The one-way analysis of variance (ANOVA) is test statistic that is used to establish whether there are any statistically significant differences between the means of three or more independent groups (Field, 2009). The test compares the means between the groups to establish whether any of those means are statistically significantly different from each other (Whitley, 2002). The key assumptions for ANOVA are as follows:

- Independent observations
- Normality - the dependent variable must follow a normal distribution in each group. According to Whitley (2002) normality is really only needed for small sample sizes, say $n < 20$ per group.
- Homogeneity- the variances within all sub-groups must be equal. The Levene's test is used to check on homogeneity. Normally this test becomes important if the sample sizes are very unequal (Field, 2009).

In the one-way ANOVA, the researcher can determine which of the specific groups differed from each other, by use of *post hoc* tests like the use Tukey's honestly significant difference (HSD). According to Field (2009), the null hypothesis for one-way ANOVA is that there is no significant difference among the groups with the alternative hypothesis assuming that there is at least one significant difference among the groups

The one -way ANOVA test will be revisited in Chapter 5 under hypothesis testing. This section has outlined the statistical data processing process as well as the various statistical methods and their assumptions.

4.7 ETHICAL CONSIDERATIONS

In line with the requirements of ethical research, the researcher complied with the requirements of this study. The compliance with social and professional obligations to

participants and their organisations was guaranteed through seeking approval from target organisations and getting signed informed consent forms from the actual participants.

The researcher also garnered voluntary participation from respondents, and this was guaranteed through cover notes on instruments. Moreover, privacy and confidentiality of respondents' inputs were guaranteed explicitly in the study. Included in the questionnaires were the informed consent forms, which were to be signed by all respondents if they agreed to be part of the survey. Assurance of confidentiality, anonymity and academic use of data only was made together with the right to withdraw at any given time of the study. Also emphasised was the fact that participation or non-participation would not affect work relations or contract tenure as some of the questionnaires were distributed through the human resources offices. The informed consent forms were to be returned to the researcher separately from the questionnaires, for purposes of confidentiality and anonymity, as well as to enhance the comfort of the respondents. The researcher assured the organisations and the respondents that their names, personal details, or the names of their organisations were not going to be featured in the report. Contact details of UNISA, as well as the researcher, were given to deal with any issues or clarifications (See Appendix A for the informed consent form).

The effective debriefing was reinforced in both written instructions and consent forms to ensure avoidance of potential harm to participants. The researcher also applied for and received clearance from the Ethics Committee of the Psychology Department at Unisa for the safeguard of research participants. Any risk or benefit of participation, while minimal, was described and explained in the informed consent form. In this study, it was felt that there is minimum risk participation on the part of the respondents. The researcher also undertook to conduct the actual research professionally and ethically through acknowledgement of sources as well as objective interpretation of findings.

4.8 CHAPTER SUMMARY

This chapter outlined the processes and procedures undertaken by the researcher in the study of burnout in aid workers in Zimbabwe to answer the research questions. The sample of interest and instruments were described in detail together with the data collection methods. Specific methods used for data collection and ethical considerations for the protection of aid workers before, during, and after the research were outlined. The following chapter will focus on the actual results obtained in the study. It will discuss in detail the data analysis which was done in three distinct stages of data clean-up, descriptive statistics, and inferential statistics.

CHAPTER 5: RESULTS

The overall purpose of the study was to investigate the extent to which spiritual intelligence (SI), emotional intelligence (EI) and coping ability (CA) contribute to burnout among humanitarian aid workers in Zimbabwe. This chapter provides detailed findings of the study. These include descriptive and inferential statistics from the results. Descriptive statistics are meant to provide summaries of respondents' information from age, gender, marital status, levels, educational qualifications, and job type, as well as tenure, among other factors. The chapter will also provide inferential statistics to answer every research question, as well as issues of the significance of findings.

5.1 DATA COLLECTION, RESPONSE RATES, AND DATA CLEANING

5.1.1 Data Collection and Response Rates

The data collection was done using the paper-and-pencil method with questionnaires being distributed to organisations and/or participants directly through respective human resources or administration departments. Most of the questionnaires were distributed from January to May 2017, with a few distributed towards the end of 2016. This period was chosen because most of these organisations had limited activities like workshops during the festive season. Three hundred-and-fifty (350) questionnaires were distributed owing to the license limit obtained from one of the test distributors. By June 2017, the time of the expiry of the test licence, the researcher had received back 305 completed questionnaires. The overall response rate was 87 percent.

5.1.2 Data Cleaning

Of the 305 questionnaires received, 21 of them were not fully completed. Ten (10) of these were dropped from the analysis as some of the questions were skipped. This meant that 3% was dropped from the returned lot. The remaining 11 were taken on board as the missing information was only on the socio-demographic variables, but they had everything completed on the critical instruments themselves. As such, after data clean-up, the final usable questionnaires were 296. This response rate is above 200, which usually is the minimum for surveys of such nature. Those removed were not replaced due to licensing expiry issues on one of the instruments. With the final usable questionnaires of 296, that is an ultimate response rate of 84 percent.

5.2 BIOGRAPHICAL DESCRIPTIVE STATISTICS

The descriptive statistics of the sociodemographic variables are presented below in the following tables.

Table 5.1

Gender and Age

Variable	Groups	Frequency	Percentage (%)
Gender	Male	167	56.8
	Female	127	43.2
	Total	294	100
Age	< 30 years	72	24.3
	31-39 years	100	33.8
	40-49 years	95	32.1
	50+ years	28	9.5
	Total	295	100

Table 5.1 above shows that 57% were males and 43% females. Regarding age distribution, the majority were up between 31 and 49 years old although 10% were 50 years or older and 24% were younger than 30 years.

Table 5.2 below shows that 58% of the sample are married, while 29% are single, 8% are widowed, and 4% are divorced.

Table 5.2

Marital Status

Variable	Groups	Frequency	Percentage (%)
Marital Status	Single	86	29.1
	Married	172	58.1
	Widowed	24	8.1
	Divorced	11	3.7
	Total	293	100

Regarding educational qualifications, 71% have a university degree or a postgraduate degree like a Master's or a Ph.D. degree while only 11% have high school certificates. See the Table 5.3 below.

Table 5.3*Educational Qualifications*

Variable	Groups	Frequency	Percentage (%)
Educational Qualifications	High School/Vocational Certificate	33	11.3
	Diploma/Higher Diploma	53	18.1
	University Degree	108	36.9
	Postgraduate Degree (Masters/ Ph.D.)	98	33.5
	Total	292	100.0

Concerning the length of service in their current organisations, 49% have served for more than six (6) years while 51% have served below six (6) years, with only 15% having served for a period below a year. Regarding overall tenure in NGOs, 40% have served in NGOs for less than six (6) years and 60% for more than six (6) years. This is presented in Table 5.4 below.

Table 5.4*Length of Service*

Variable	Groups	Frequency	Percentage (%)
Length of Service	<1 year	45	15.2
	1-5 years	105	35.5
	6-10 years	65	22
	>10 Years	79	26.7
	Total	294	100
Total Service in NGO	<1 year	32	10.8
	1-5 years	87	29.4
	6-10 years	64	21.6
	>10 Years	111	37.5
	Total	294	100

The distribution of the sample regarding level and nature of work is shown in the Table 5.5 below. The administrative support or clerical formed the majority at 30% with the rest of the categories having 23% each. The other category included mainly specialists. Of the respondents, only 15% worked in the field with 42% each for the office and both field and office category. Eighty-four percent (84%) were locals, and only 16% were expatriates.

Table 5.5*Nature of Employment*

Variable	Groups	Frequency	Percentage (%)
Level of Employment	Administrative Support/Clerical	88	29.7
	Manager/Coordinator	69	23.3
	Senior Management/Head of Function/Director	68	23
	Other	67	22.6
	Total	292	100
Nature of Work	Office	123	41.6
	Field	47	15.9
	Both Office/Field	125	42.2
	Total	295	100
Employment Status	National	249	84.1
	Expatriate	47	15.9
	Total	296	100

Table 5.6 below indicates that the majority of the respondents were in fixed-term contracts ranging from less than one year to more than five years. Only 5% were permanent while 45% were on short-term contracts below one year. Only 12% had fixed-term contracts above four years.

Table 5.6*Contract of Employment*

Variable	Groups	Frequency	Percentage (%)
Type of Employment Contract	Fixed-term (<1 year)	132	44.6
	Fixed-term (1-3 years)	89	30.1
	Fixed-term (4-5 years)	19	6.4
	Fixed-term (>5 years)	16	5.4
	Permanent	39	13.2
	Total	295	100

NB: Where the tables above show N which is below 296, this is because of the 11 respondents who left blank some biographical information but completed the full questionnaires.

5.3 DESCRIPTIVE STATISTICS OF THE MEASURING INSTRUMENTS

The following section outlines the descriptive statistics for all key variables and their sub-dimensions. It portrays the Cronbach's Alphas, number of items per scale, minimum, maximum, mean, and standard deviation. The mean score on the variable portrays the average score for the aid workers in the sample.

5.3.1 Overall Summary of Research Variables

Table 5.7 below is an outline of the findings regarding the critical variables of spiritual intelligence, emotional intelligence, coping ability and burnout sub-dimensions of emotional exhaustion, depersonalisation, and personal accomplishment.

Table 5.7

Summary Statistics for Main Instruments

Variable	Cronbach's Alpha	Minimum	Maximum	Mean	Std. Deviation
1.Spiritual Intelligence	.87	37.00	89.00	64.33	11.21
2.Emotional Intelligence	.93	88.00	163.00	125.15	16.45
3.Coping Ability	.94	103.00	255.00	179.06	33.75
4.Burnout					
(i) Emotional Exhaustion	.82	.00	40.00	19.02	9.73
(ii) Depersonalisation	.71	.00	21.00	6.98	5.46
(iii) Personal Accomplishment	.77	15.00	48.00	34.60	8.31
N = 296					

The mean score for spiritual intelligence (SI) for aid workers in the sample was 64.33, emotional intelligence (EI) was 163, and coping ability (CA) was 179.06. All the scores for the three variables are relatively high portraying very high SI, EI and CA in this sample. For burnout (BO), the researcher followed Maslach and Jackson's (1986) advice on using the sub-scale scores instead of a composite burnout score. As such, the mean score for emotional exhaustion (EE) was 19.02, for depersonalisation (DP) was 6.98 and for personal accomplishment (PA) was 34.60. The burnout scores for the sample of aid workers fall in the moderate range, according to the cut-off points recommended by Maslach and Jackson's (1986). Table 5.8 shows the cross tabulation of the number of aid workers in the sample who fell into the different categories.

Table 5.8*Burnout Scores for the Sample*

	Emotional Exhaustion	Depersonalisation	Personal Accomplishment
Low	129 (43.6%)	155 (52.4%)	102 (34.5%)
Moderate	97 (32.8%)	86 (29.1%)	85 (28.7%)
High	70 (23.6%)	55 (18.6%)	109 (36.8%)
Total	296 (100%)	296 (100%)	296 (100%)

From Table 5.8, about 44% of the sample reported low emotional exhaustion, while only 33% and 24% reported moderate and high emotional exhaustion. In terms of depersonalisation, 52% of the sample reported low levels whereas 29% and 19% reported moderate and high level, respectively. On personal accomplishment, 35% reported low levels compared to 37% and 29% who reported high and moderate levels, respectively. The table generally shows moderate levels of burnout in the sample.

5.3.2 Summary of Spiritual Intelligence

Table 5.9 below portrays the spiritual intelligence (SI) scores for the sample. It also indicates means and standard deviations for the spiritual intelligence (SI) dimensions of CET, PMP, TA, and CSE.

Table 5.9*Summary Statistics for Spiritual Intelligence*

Factor	Cronbach's Alpha	Minimum	Maximum	Mean	Std. Deviation
<i>Spiritual Intelligence</i>	.87	37.00	89.00	64.3345	11.20803
Critical Existential Thinking	.68	2.00	28.00	16.8750	4.60227
Personal Meaning Production	.76	6.00	20.00	15.0777	2.87078
Transcendental Awareness	.70	5.00	28.00	19.3615	4.04229
Conscious States Expansion	.79	.00	20.00	12.9628	3.73104
N= 296					

5.3.3 Summary for Emotional Intelligence

Table 5.10 below portrays the emotional intelligence (EI) scores for the sample. Descriptive statistics for EI dimensions of perception of emotions, managing own emotions, managing others' emotions, and utilising emotions are also given in the Table 5.10.

Table 5.10

Summary Statistics for Emotional Intelligence

Factor	Cronbach's Alpha	Minimum	Maximum	Mean	Std. Deviation
<i>Emotional Intelligence</i>	.96	88.00	163.00	125.15	16.45
Perception of Emotions	.74	17.00	50.00	35.73	5.60
Managing Own Emotions	.83	12.00	45.00	35.46	5.65
Managing Others' Emotions	.82	9.00	40.00	30.79	5.18
Utilising of Emotions	.80	6.00	30.00	22.58	4.11
N = 296					

5.3.4 Summary for Coping Ability

In Table 5.11 below, the coping ability (CA) descriptive statistics are presented for the sample of aid workers. Statistics on individual CA dimensions of problem-focused, emotion-focused and social Support are also given.

Table 5.11

Summary Statistics for Coping Ability

Factor	Cronbach's Alpha	Minimum	Maximum	Mean	Std. Deviation
<i>Coping Ability</i>	.94	103.00	255.00	179.06	33.75
Problem-Focused Coping	.90	31.00	120.00	84.13	16.33
Emotion-Focused Coping	.88	18.00	90.00	62.28	13.34
Social Support	.76	10.00	50.00	32.49	7.98
N= 296					

5.4 FINDINGS ON THE RESEARCH QUESTIONS AND HYPOTHESES

To determine if there is a relationship between each of the three variables of spiritual intelligence (SI), emotional intelligence (EI), and coping ability (CA) and burnout (BO), Pearson correlations were calculated for each of these variables with each of the three dimensions of burnout. It was found that there is a significant relationship between SI and burnout, EI and burnout and CA and burnout. Regarding specific relationships, SI, EI, and CA

were each found to be negatively correlated with emotional exhaustion (EE) and depersonalisation (DP), but positively correlated with personal accomplishment.

5.4.1 Research Question One

What is the nature of the relationship between the constructs of spiritual intelligence (SI), emotional intelligence (EI), coping ability (CA) and burnout in a sample of humanitarian aid workers drawn from Zimbabwe?

To answer this question, the Pearson product moment correlation was used. All the assumptions of the Pearson correlation were met. These include linearity and homoscedasticity. The research question was broken down into components in line with Maslach and Jackson’s (1986) conceptualisation of burnout into emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA). As such, the sub-question deduced from the research question with each focusing on the relationship between each attribute of SI, EI or CA with each dimension of burnout, that is EE, DP, and PA. This section, therefore, investigates the question whether there is a significant relationship between the attributes of SI, EI, CA and the burnout dimensions of emotional exhaustion (EE), depersonalisation (DP) and personal accomplishment (PA) in aid workers.

The answer to the question is depicted in the correlation matrix in Table 5.12:

Table 5.12

Correlation Matrix of SI, EI, and CA with EE, DP, and PA

	Emotional Exhaustion	Depersonalisation	Personal Accomplishment
Spiritual Intelligence	-.239** .000	-.139** .017	.319** .000
Emotional Intelligence	-.283** .000	-.260** .000	.439** .000
Coping Ability	-.308** .000	-.239** .000	.379** .000

**Correlation is significant at the 0.01 level (2-tailed)

Cohen (1988) provides some general guidelines for assigning the strength of the magnitude of association between variables. The rules are depicted in Table 5.13 below:

Table 5.13*General Guidelines on the strength of the correlations*

Coefficient Value	Strength of the Association
0.1 < r < .3	Small correlation
0.3 < r < .5	Medium/moderate correlation
r > .5	Large/strong correlation

5.4.1.1 Spiritual Intelligence (SI) and EI, DP, and PA

There was a moderate and significant positive correlation between SI and PA, $r = .319$ ($p \leq .005$), with SI explaining 10% of the variation in PA. Though the relationships between SI and EE as well as SI and DP were negative and significant, they were small correlations accounting for only 6% and 2% variation in EE and DP, respectively.

The results merely indicate that an increase in SI is associated with a decrease in EE and DP, respectively and vice-versa. Results also indicate that an increase in SI scores is associated with an increase in PA among this sample of aid workers.

5.4.1.2 Emotional Intelligence (EI) and EE, DP, and PA

Table 5.12 also shows that there was a significantly positive and moderate correlation between EI and PA, $r = .439$, ($p \leq .005$), with EI explaining 19% of the variation in PA. Just like in the case of SI above, the relationship between EI and EE as well as EI and DP was small, negative but significant, explaining only 8% and 7% variation in EE and DP, respectively.

This is a statistically significant negative correlation result, indicating that an increase in EI scores is associated with a decrease in EE and DP scores, respectively. Note that this is a small effect relationship as it is below .30. For the relationship between EI and PA, a significant and positive correlation indicates that an increase in the EI scores is associated with an increase in PA score in aid workers. Such a relationship is of moderate effect but significant.

5.4.1.3 Coping Ability (CA) and EE, DP, and PA

Lastly, a significant and positive moderate correlation was also found between CA and PA, $r = .379$ ($p \leq .005$), with CA explaining 14% of the variation in PA. In the same vein, a significant negative correlation was found between CA and EE, $r = -.308$, with CA explaining

9% of the variation in EE. For CA and DP, a small but significant negative correlation was found, $r = -.239$, with CA explaining 6% of the variation in DP.

The results, therefore, show that CA is significantly related to emotional exhaustion (EE) in aid workers. They indicate that an increase in CA scores is associated with a decrease in EE scores, and a decrease in DP scores in the sample of aid workers, respectively. Lastly, the relationship between CA and PA is statistically significant, indicating that an increase in CA scores is associated with an increase in PA scores in aid workers.

From Table 5.12, on the correlation matrix, the largest correlation between each of the variables of SI, EI and CA and the specific Burnout dimensions is between EI and PA at $r = .439$, $p \leq .005$, which explains around 19% or so of PA. For the burnout dimension of EE, the largest correlation is between CA and EE, at $r = -.308$ explaining 9% of the variation in EE. Finally, for DP, SI, EI and CA, the largest correlation is between CA and DP, at $r = -.239$. $p \leq .005$ explaining around 6% of variation in DP.

In terms of the relationship between independent variables, the following correlation matrix portrays the relationship between SI, EI and CA.

Table 5.14

Correlation Matrix of SI, EI, and CA

	Spiritual Intelligence	Emotional Intelligence	Coping Ability
Spiritual Intelligence	1	.295** .000	.416** .000
Emotional Intelligence	.295** .000	1	.404** .000
Coping Ability	.416** .000	.404** .000	1

**Correlation is significant at the 0.01 level (2-tailed)

Table 5.14 shows that all the independent variables are significantly correlated to each other. According to Cohen's (1988) criteria, these are small to moderate correlations.

5.4.1.4 Conclusion

It can, therefore, be concluded that SI, EI, and CA are significantly and negatively related to EE and DP in aid workers. Although it is significant, the relationship between SI and EE and

DP, EI, and EE and DP and CA and DP are significant but of small effect given that the r is below .30. However, the relationship between CA and EE is significant but of moderate effect given that it is above .30. It can, therefore, be concluded that SI, EI, and CA are significantly and positively related to PA in this sample of aid workers.

5.4.1.5 Decision on Research Question One

With regards to the question “what is the nature of the relationship between the constructs of Spiritual Intelligence (SI), Emotional Intelligence (EI), Coping Ability (CA) and Burnout in a sample of humanitarian aid workers drawn from Zimbabwe?” it can be concluded that SI, EI, and CA are negatively and significantly related to burnout dimensions of EE and DP, and positively and significantly related to PA in this sample of aid workers. Note that the effect of the relationship is significant but small on all the other pairs except SI, EI and CA with PA as well as CA and EE. So, the null hypotheses for Research Question One are therefore rejected, and the alternative hypothesis accepted.

5.4.2 Research Question Two

What is the contribution of Spiritual Intelligence (SI), Emotional Intelligence (EI) and Coping Ability (CA) to Burnout (BO) in a sample of humanitarian aid workers?

The Multiple Linear Regression Analysis (MLRA) was used to answer this question after satisfying critical assumptions of linearity, normality, homoscedasticity, and absence of multicollinearity for the predictive relationships between the variables and burnout. There were more than two predictor variables and one outcome variable. SI, EI, and CA were the predictor variables and burnout as an outcome variable. The research question was broken down into components again in line with Maslach and Jackson’s (1986) conceptualisation of burnout into three dimensions, that is, EE, DP and PA.

Three sub-questions were drawn from Research Question Two with each focusing on the predictive model for each dimension of burnout. The next sub-section attempted to answer the first sub-question of the Research Question.

5.4.2.1 SI, EI, CA, and Emotional Exhaustion

This sub-section seeks to answer the following sub-questions.

Do the constructs of SI, EI and CA positively and significantly predict the Burnout dimension of Emotional Exhaustion (EE) in aid workers?

It was hypothesised in the null hypothesis that the model of SI, EI, and CA has no predictive power on the burnout dimension of EE and that these predictor variables of SI, EI, and CA had similar predictive power on EE. The alternative hypothesis suggested that the model had significant predictive power on EE and at least one of the Independent variable fits in the model.

Table 5.15 below is a model summary table used to determine how well the regression model fits the data.

Table 5.15

Regression Model Summary of SI, EI, CA and Emotional Exhaustion (EE)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.346 ^a	.120	.114	9.16309

a. Predictors: (Constant), Coping Ability, Emotional Intelligence, Spiritual Intelligence

An R of .346 was obtained which indicates a low level of prediction. The Adjusted R^2 value of .114 indicates that the proportion of variation in the EE explained by the independent variables is only 11% of the aid workers in the sample. This model is significant but has a small effect since it is below r of .30

An $F(3, 292) = 19.937$ $p \leq .001$ was obtained for EE, showing that the independent variables of CA and EI to be statistically significant in predicting the dependent variable of the burnout dimension of EE. The regression model is a good fit for the data but has a small effect (See Table 5.16 below).

Table 5.16

ANOVA Table for Emotional Exhaustion (EE)^a

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	3347.902	3	1673.951	19.937	.000 ^b
Residual	24600.933	292	83.962		
Total	27948.834	295			

a. Dependent Variable: Emotional Exhaustion

b. Predictors: (Constant), Coping Ability, Emotional Intelligence, Spiritual Intelligence

The general form of the equation to predict the Burnout dimension of EE from CA, SI and EI is predicted $EE = 43.845 - (0.058 \times CA) - (0.068 \times EI) - (0.091 \times SI)$ as shown in Table 5.17 below.

Table 5.17

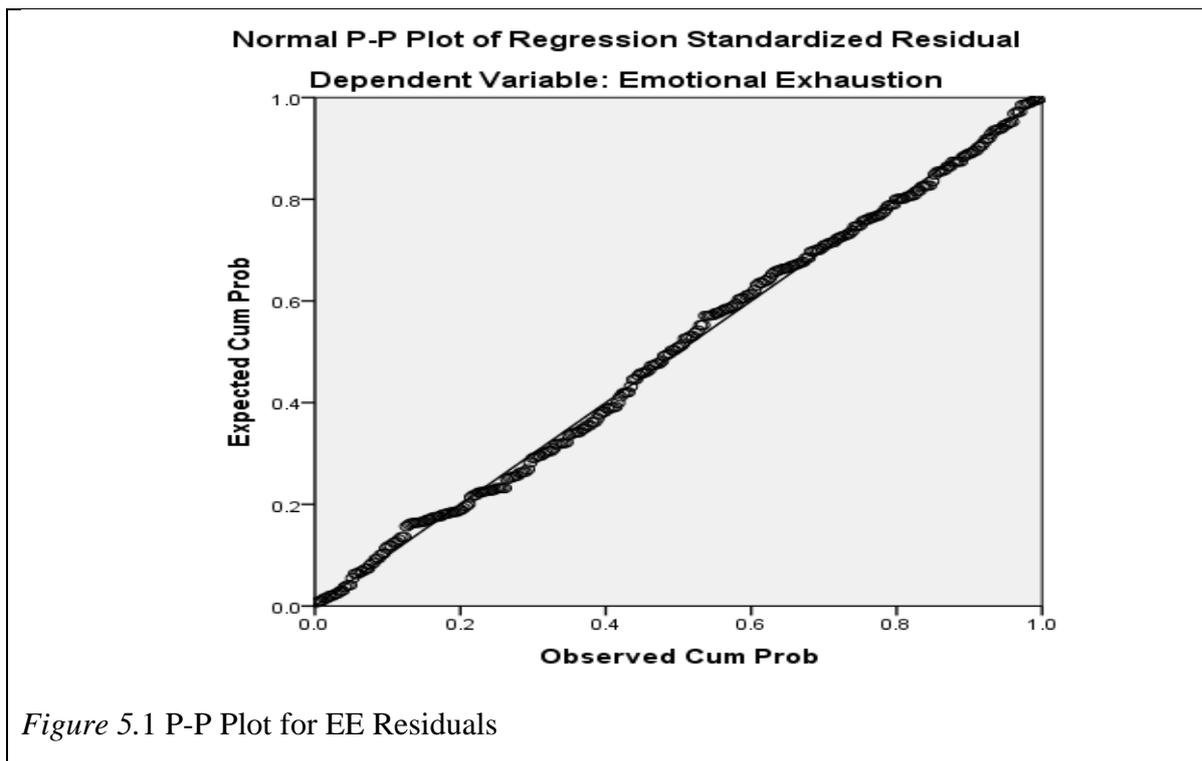
Coefficients for Emotional Exhaustion (EE)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
(Constant)	43.839	4.223		10.381	.000	35.528	52.150		
1 SI	-.091	.050	-.111	-1.822	.069	-.190	.007	.808	1.238
EI	-.068	.032	-.129	-2.120	.035	-.132	-.005	.817	1.224
CA	-.058	.018	-.206	-3.235	.001	-.094	-.023	.740	1.351

The 11% of variance for emotional exhaustion (EE) is explained by coping ability, ($\beta = -.21$; $p \leq .005$), emotional intelligence, ($\beta = -.13$; $p \leq .004$) and spiritual intelligence, ($\beta = -.11$; $p \leq .069$). The most significant contributors are CA and EI. The contribution of spiritual intelligence ($\beta = -.11$; $p \leq .069$) is insignificant. It can, therefore, be said that, in the model, Coping Ability is the biggest contributor towards the explanation of the variance in emotional exhaustion of aid workers.

Table 5.17 above also shows that multi-collinearity in interpreting the results is not a problem. This is due to the fact that tolerance values are above 0.1 and variance inflation factor (VIF) values are <10 for all variables. The Durbin-Watson $d = 1.756$ falls between the critical values of $1.5 < d < 2.5$, thereby indicating that there are no linear autocorrelations in the multiple regression data.

The residuals were also checked with the normal PP plot to judge whether the assumption of normality was met on EE. The plot below (Figure 5.1) shows that most of the points follow the normality line with no strong deviations to indicate that the residuals for EE scores are normally distributed.



5.4.2.2 Conclusion

A multiple regression analysis was run to predict the burnout dimension of emotional exhaustion (EE) from coping ability (CA), emotional intelligence (EI) and spiritual intelligence. These variables statistically significantly predicted EE. Results indicated that only coping ability (CA) and emotional intelligence (EI) were found to be significant predictors of EE in the model $F(3, 292) = 19.937$ $p \leq .0005$, $R^2 = .120$. Spiritual intelligence (SI) was not significant in predicting EE. Only coping ability (CA) and emotional intelligence (EI) added statistically significantly to the prediction, $p \leq .05$.

5.4.2.3 SI, EI, CA, and Depersonalisation

This sub-section seeks to answer the following sub-questions.

Do the constructs of SI, EI and CA positively and significantly predict the Burnout dimension of Depersonalisation (DP) in aid workers?

It was hypothesised in the null hypothesis that the model of SI, EI, and CA has no predictive power on the burnout dimension of DP. It was also hypothesised in the null hypothesis that

the predictor variables of SI, EI, and CA had similar predictive power on the burnout dimension of DP in aid workers. The alternative hypothesis suggested that the model had significant predictive power and that at least one of the independent variables fits in the model.

The multiple-linear regression method was used to answer this sub-question, after satisfying its fundamental assumptions. Table 5.18 below is a model summary table which was used to determine how well the regression model fits the data.

Table 5.18

Regression Model Summary of SI, EI, CA and Depersonalisation (DP)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.292 ^a	.086	.079	5.23468

a. Predictors: (Constant), Coping Ability, Emotional Intelligence

An R of .292 was obtained which indicates a low level of prediction. The Adjusted R^2 value of .079 indicates that the proportion of variation in the DP explained by the independent variables is only 8% of the aid workers in the sample. This model is significant but has a small effect since it is below r of .30

An $F(3, 292) = 13.706$ $p \leq .005$ was obtained for DP showing that the independent variables of CA and EI statistically significantly predict the dependent variable of the burnout dimension of DP. The regression model is a good fit for the data but has a small effect. (See Table 5.19 below).

Table 5.19

ANOVA Table for Depersonalisation (DP)^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	751.119	2	375.559	13.706	.000 ^b
	Residual	8028.759	293	27.402		
	Total	8779.878	295			

a. Dependent Variable: Depersonalisation

b. Predictors: (Constant), Emotional Intelligence, Coping Ability, Spiritual Intelligence

The general form of the equation to predict the burnout dimension of DP from CA, SI and EI are predicted DP = 18.076 – (0.046 x EI) – (0.026 x CA) – (0.011 x SI) as shown in Table 5.20 below.

Table 5.20

Coefficients for Depersonalisation (DP)_a

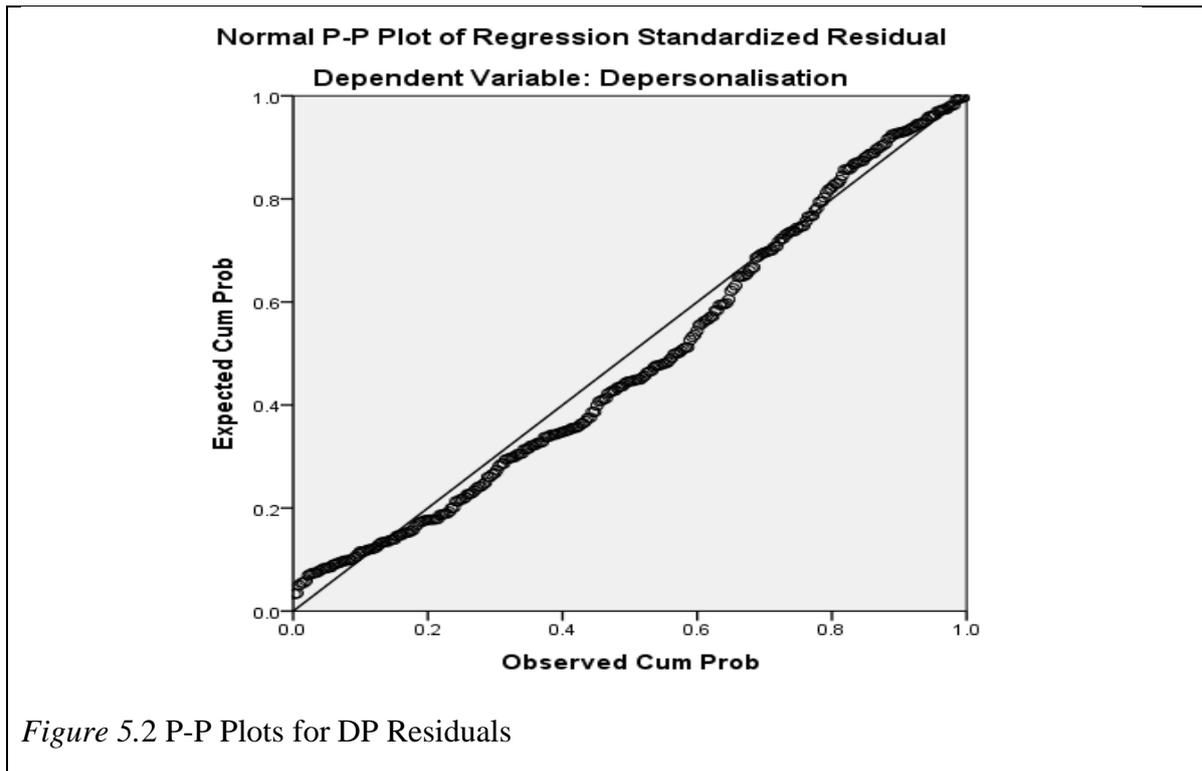
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	18.076	2.423		7.459	.000		
1 SI	-.011	.029	-.023	-.373	.709	.808	1.238
EI	-.046	.019	-.153	-2.461	.014	.817	1.224
CA	-.026	.010	-.167	-2.560	.011	.740	1.351

a. Dependent Variable: Depersonalisation

Emotional Intelligence explains the 8% percentage of variance for depersonalisation (DP) ($\beta = -.153$; $p \leq .014$) and coping ability ($\beta = -.167$; $p \leq .011$) which are the two significant contributors. Spiritual intelligence's ($\beta = -.023$; $p \leq .709$) contribution is insignificant. It can, therefore, be said that, in the model, emotional intelligence is the biggest contributor towards the explanation of the variance in depersonalisation of aid workers in this sample.

Table 5.20 above also shows that multicollinearity is not a problem. Tolerance values are above 0.1 and variance inflation factor (VIF) values are <10 for all variables. The Durbin-Watson $d = 1.581$ falls between the critical values of $1.5 < d < 2.5$ thereby indicating that there are no linear autocorrelations in the multiple regression data.

The residuals were also checked with the normal PP plot to judge whether the assumption of normality was met. The plot below shows that most of the points follow the normality line with no strong deviations to indicate that the residuals for DP scores are normally distributed as reflected in Figure 5.2 below.



5.4.2.4 Conclusion

A multiple regression analysis was run to predict the burnout dimension of depersonalisation (DP) from coping ability (CA), emotional intelligence (EI) and spiritual intelligence. These variables statistically significantly predicted DP. The results indicated that only emotional intelligence (EI) and coping ability (CA) were found to be significant predictors of DP in this model $F(3, 292) = 13.706, p \leq .005, R^2 = 0.86$. Spiritual intelligence (SI) was not significant in predicting DP. Only emotional intelligence (EI) and coping ability (CA) added statistically significantly to the prediction, $p \leq .05$.

5.4.2.5 SI, EI, CA, and Personal Accomplishment

This section seeks to answer the following sub-questions.

Do the constructs of SI, EI and CA positively and significantly predict the burnout dimension of Personal Accomplishment (PA) in aid workers?

It was hypothesised in the null hypothesis that the model of SI, EI, and CA has no predictive power on the burnout dimension of PA. It was also hypothesised in the null hypothesis that the predictor variables of SI, EI, and CA had similar predictive power on the burnout

dimension of PA in aid workers. The alternative hypothesis suggested that the model had significant predictive power and that at least one of the independent variable fits in the model.

After satisfying the critical assumptions of the MLRA, it was used to answer the question and test the hypothesis. Table 5.21 below is a model summary table, which was used to determine how well the regression model fits the data.

Table 5.21
Regression Model Summary of SI, EI, CA and (PA)^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.493 ^a	.243	.236	7.263

- a. Predictors: (Constant), Emotional Intelligence, Coping Ability, Spiritual Intelligence
- b. Dependent Variable: Personal Accomplishment

An R of .493 was obtained, which indicates a moderate level of prediction. The Adjusted R^2 value of .236 indicates that the proportion of variation in the DP explained by the independent variables is only 24% of the aid workers in the sample. This model is significant but has a small effect since it is below r of .30

An $F(3, 292) = 31.326$ $p < .0005$ was obtained for PA, showing that the independent variables of EI, CA and SI statistically significantly predict the dependent variable of the burnout dimension of PA. The regression model is a good fit for the data but has a small effect (see Table 5.21 below).

Table 5.22
ANOVA Table for Personal Accomplishment (PA)^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4957.605	3	1652.535	31.326	.000 ^b
	Residual	15403.746	292	52.753		
	Total	20361.351	295			

- a. Dependent Variable: Personal Accomplishment
- b. Predictors: (Constant), Emotional Intelligence, Coping Ability, Spiritual Intelligence

The general form of the equation to predict the burnout dimension of PA from EI, CA, and SI is predicted PA = 0.917 + (0.157 x EI) + (0.042 x CA) + (0.101 x SI) as shown in Table 5.23 below.

Table 5.23

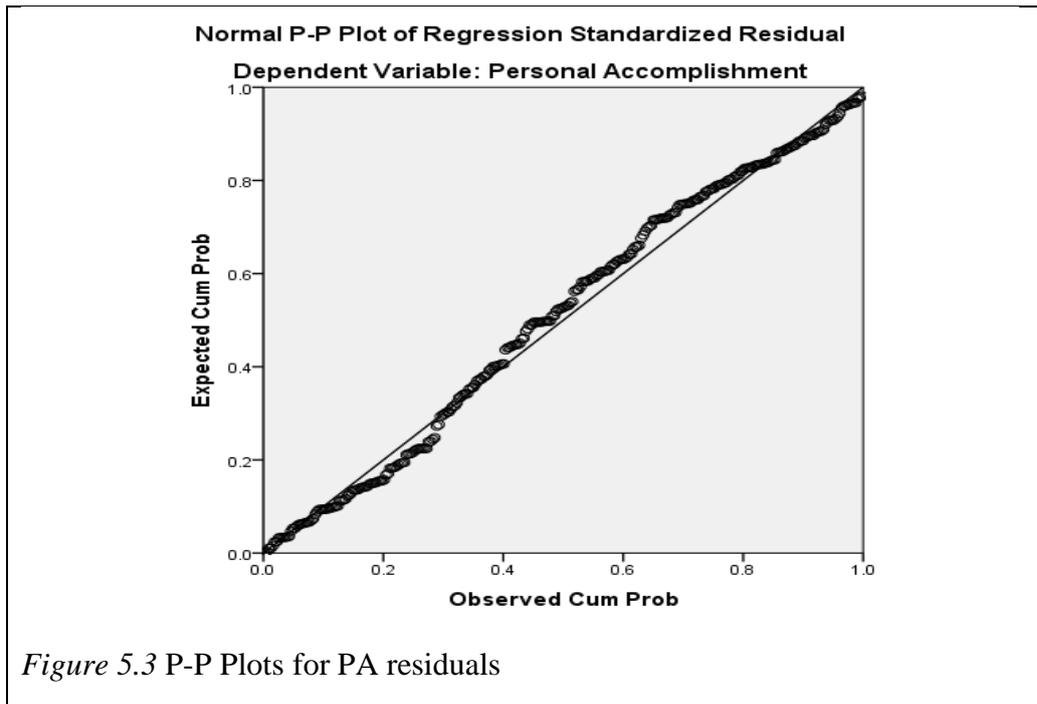
Coefficients for Personal Accomplishment (PA)^a

Model	Unstandardised Coefficients		Standardised Coefficients	t	Sig.	Correlations			Collinearity Statistics	
	B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1 (Constant)	.917	3.550		.258	.796					
Emotional Intelligence	.157	.030	.312	5.318	.000	.439	.297	.271	.753	1.327
Coping Ability	.042	.015	.170	2.814	.005	.372	.162	.143	.709	1.410
Spiritual Intelligence	.101	.042	.136	2.369	.018	.319	.137	.121	.789	1.268

a. Dependent Variable: Personal Accomplishment

All the three predictors of coping ability ($\beta = .31$; $p \leq .0005$), emotional intelligence ($\beta = .17$; $p \leq .005$) and spiritual intelligence ($\beta = .14$; $p \leq .018$) are significant predictors of personal accomplishment in this model. They explain 24% of the variance in this burnout dimension. CA is the biggest contributor to the variance in PA, and SI the least contributor among these independent variables.

Table 5.23 above also shows that multi-collinearity in interpreting the results is not a problem. The Durbin-Watson $d = 1.868$ is within an acceptable range. The residuals were also checked with the normal PP plot which indicated that the assumption of normality was met as can be seen in Figure 5.3 below.



5.4.2.6 Conclusion

From the multiple regression analysis run to predict the burnout dimension of PA from CA, EI, and SI, an $F(3, 292) = 31.326$ $p \leq .0005$, $R^2 = .243$ was obtained in the model. These variables statistically significantly predicted PA. Results indicated that all the independent variables of CA, EI and SI were found to be significant predictors of PA in the model. They all added statistically significantly to the prediction.

5.4.2.7 Decision on Research Question Two

To answer the Research Question “what is the contribution of Spiritual Intelligence (SI), Emotional Intelligence (EI) and Coping Ability (CA) to Burnout (BO) in a sample of humanitarian aid workers?”, the above statistical analyses have shown that CA and EI are significant predictors of EE and DP in aid workers while SI is not a significant predictor of EE and DP. However, all the three variables of CA, EI, and SI are significant predictors of PA aid workers. The order of contribution in the explanation of variance in the models of burnout dimensions is $CA > EI > SI$ for EE and DP and $EI > CA > SI$ on PA. In all cases, the models account for a small effect on burnout dimensions of EE, DP, and PA among aid workers.

5.4.3 Research Question Three

The third research question which sought to establish the contribution of biographical variables on burnout, is given below:

Do significant differences exist in burnout between the different groups of biographical characteristics (gender, age, marital status, educational level, nature of the job, contract status, job level, and so forth) in humanitarian aid workers?

This research question sought to establish the significance of mean differences across subgroups in the sample of aid workers. It was hypothesised that age, gender, marital status, length of service, educational level, nature of job and nature of contract differentially contribute to burnout in aid workers. In other words, it was hypothesised that the different groups did not have significantly different means on EE, DP, and PA, the three critical dimensions of burnout indicated by Maslach and Jackson (1986). This hypothesis was tested for the individual variables with the use of t-test for independent samples and ANOVA statistics. The assumptions of the t-test and ANOVA were met in all cases before applying the test statistics.

For t-test, for independent samples, the assumptions were normality, homogeneity of variance and at least data measured on an interval scale.

5.4.3.1 Gender and Burnout

Table 5.24 below indicates that for gender and burnout, no statistically significant differences were found between males and females on all the three burnout dimensions of EE, DP, and PA. The average score for males on emotional exhaustion was 19.80 (SD of 9.91) when females were on 18.03 (SD of 9.25), on depersonalisation, the average score were 7.42 (SD of 5.51) and 6.37 (SD of 5.26) for males and females, respectively. In terms of person al accomplishment, males had an average score of 34.65 (SD of 8.30) and females had an average score of 34.39 (SD of 8.33). The differences between males and females on the burnout dimensions were not statistically significant.

Table 5.24*Gender and Burnout*

Statistics	EE	DP	PA
<i>t</i>-value -<i>t</i> (2, 292)	1.556	1.649	.265
<i>p</i>-values	.121	.100	.791
Mean- Males	19.80	7.42	34.65
Mean- Females	18.03	6.37	34.39

5.4.3.2 Age and Burnout

On age and burnout, no significant statistical differences were found among different age groups on all the three burnout dimensions of EE, DP, and PA. Table 5.25 below shows the statistical findings using the one-way analysis of variance (ANOVA). There were four age ranges, viz. <30, 31-39, 41- 49 and 50+. For the age groups, emotional exhaustion average scores range from 17.68 to 20.64. The ranges for average depersonalisation and personal accomplishment range from 5.96 to 7.25 and 33.22 to 35.70, respectively.

Table 5.25*Age and Burnout*

	EE	DP	PA
<i>F</i>-value <i>F</i> (3, 291)	1.366	.459	1.256
<i>p</i>-values	.253	.711	.290
<i>Mean</i>- (<30 years)	18.25	7.25	33.22
<i>Mean</i>- 31-39 years	20.64	7.23	35.70
<i>Mean</i>- 40-49 years	18.45	6.88	34.59
<i>Mean</i>- 50+ years	17.68	5.96	34.71

5.4.3.3 Marital Status and Burnout

There were no statistically significant differences on the two Burnout dimensions of EE and DP for married, single, widowed, and divorced aid workers in this sample. However, a statistically significant difference was obtained on the dimension of Personal Accomplishment. Using ANOVA, F-values are indicated in Table 5.26 below.

Table 5.26*Marital Status and Burnout*

	EE	DP	PA
<i>F-value F (3, 292)</i>	.584	1.593	3.656
<i>p-values</i>	.626	.191	.013
<i>Mean-Single</i>	18.27	7.22	33.37
<i>Mean- Married</i>	19.05	6.56	35.86
<i>Mean- Widowed</i>	18.71	6.96	31.33
<i>Mean- Divorced</i>	22.27	10.09	31.91

The results show that at least one of the mean scores of PA is significantly different. Since a statistically significant *F* was found on PA did not indicate where the differences exist, it is essential to run a post-hoc test to avoid Type 1 errors. The Tukey's honestly significant difference (HSD) *post-hoc* test was used to test this. A mean difference of 4.53 was found ($p = .057$) between married and widowed aid workers. The difference is only marginal and not therefore very significant.

5.4.3.4 Educational Level and Burnout

As with marital status, there were no statistically significant differences on the two burnout dimensions of EE and DP for various educational levels, that is higher school certificate, Diploma/Higher Diploma, University Degree and Masters/Ph.D. However, a statistically significant difference was obtained on the dimension of Personal Accomplishment. Table 5.27 below shows the statistical findings using ANOVA.

Table 5.27*Educational Level and Burnout*

	EE	DP	PA
<i>F-value F (3, 292)</i>	.077	.828	4.839
<i>p-values</i>	.972	.479	.003
<i>Mean- High School/Vocational Certificate</i>	18.33	6.58	33.79
<i>Mean- Diploma/Higher Diploma</i>	19.26	7.81	31.02
<i>Mean- University Degree</i>	19.11	7.26	35.66
<i>Mean- Postgrad Degree (Masters/PhD)</i>	19.22	6.48	35.78

The results indicate that the one or more group has significantly different mean scores on PA. A Tukey's post-hoc test was done to avoid making a Type 1 error. The results of the mean differences are indicated in Table 5.28 below.

Table 5.28

Tukey's Post-hoc Test Mean Differences

Categories	Mean Difference (EE)	Mean Difference (DP)	Mean Difference (PA)
Diploma/Higher Diploma & University Degree	Not Significant	Not Significant	-4.69 ($p = .004$)
Diploma/Higher Diploma and Postgraduate Degree	Not Significant	Not Significant	-4.75 ($p = .004$)

These are indeed significant differences between those with Diplomas/Higher Diplomas and those with university degrees on personal accomplishment, with the former having an average PA score of 35.66 and the later having an average score of 35.66. The same can also be said for respondents with Diplomas/Higher Diplomas and those with postgraduate qualifications with a statistically significant PA mean difference of 4.75. However, there were no significant degrees between other group combinations or on the EE and DP dimensions of burnout.

5.4.3.5 Type of Contract and Burnout

There was a statistically significant difference on the type of contracts of the aid workers in the sample on all the three burnout dimensions. The findings obtained using One-way ANOVA are indicated in Table 5.29 below.

Table 5.29

Type of Contract and Burnout

	EE	DP	PA
<i>F-values F (4, 294)</i>	5.107	3.221	3.829
<i>p-values</i>	.001	.013	.005
<i>Mean- Fixed Term (<1 year)</i>	17.46	6.38	35.47
<i>Mean- Fixed Term (1-3 years)</i>	22.80	8.41	31.86
<i>Mean- Fixed Term (4-5 years)</i>	17.00	5.47	34.79
<i>Mean- Fixed Term (>5 years)</i>	18.81	8.69	36.94
<i>Mean- Permanent</i>	16.95	5.82	36.67

The results indicate that at least one of the means is significantly different from the others. The Tukey's post-hoc test was done to avoid making a Type 1 error (See Table 5.30 below). The ranges for average scores are 17.00 to 22.80 on EE, 5.47 to 8.69 on DP, and 34.58 to 36.94 on PA.

Table 5.30

Tukey's Post-hoc Test Mean Differences

Categories	Mean Difference (EE)	Mean Difference (DP)	Mean Difference (PA)
Fixed-term (< 1year) & Fixed-term (1-3 years)	-5.34 ($p = .001$)	-2.04 ($p = .048$)	3.66 ($p = .012$)
Fixed-term (1-3 years) & Fixed-term >5 years	Not Significant	Not Significant	-5.07 ($p = .020$)
Fixed-term (1-3 years) & Permanent	Not Significant	Not Significant	-4.80 ($p = .001$)

These mean differences are statistically significant. Mean scores on EE and DP for those with less than one-year fixed term contracts are significantly lower from the mean scores of those with fixed term contracts of one to three years but PA mean scores are significantly higher than those to the one to three-year fixed term category. Mean PA Scores for fixed term contracts with one to three-year contracts is significantly lower than the mean PA scores for those with more than five-year contracts and those with permanent contracts.

5.4.3.6 Nature of Work and Burnout

On Nature of Work and Burnout, no statistically significant differences were found between the categories on EE, DP, and PA. The results from a One-Way ANOVA test depicted in Table 5.31 below indicate that means for different subgroups of aid workers working in the field, office or both office and field are not significantly different on EE, DP, and PA.

Table 5.31

Nature of Work and Burnout

	EE	DP	PA
<i>F-value F (2, 291)</i>	2.228	.389	.762
<i>p-values</i>	.085	.761	.516
<i>Mean- Office</i>	20.67	7.37	33.84
<i>Mean- Field</i>	17.60	6.64	34.43
<i>Mean- Both Office and Field</i>	17.98	6.81	35.27

5.4.3.7 Employment Status and Burnout

As with gender, age and tenure in NGO, there were no significant differences between the expatriates and locals in the sample across all the three burnout dimensions. Using the independent t-test, the various *t*-values of EE, DP and PA are indicated in Table 5.32 below.

Table 5.32

Employment Status and Burnout

	EE	DP	PA
<i>t</i>-value <i>t</i> (2, 294)	.374	.688	-.516
<i>p</i>-values	.709	.494	.608
<i>Mean- Expatriates</i>	19.12	7.07	34.49
<i>Mean- Locals</i>	18.49	6.51	35.17

5.4.3.8 Length of Service and Burnout

There were statistically significant differences on the two burnout dimensions of EE and DP across the length of service. However, no significant difference was obtained on the dimension of PA. Using ANOVA, the results are portrayed in Table 5.33 below.

Table 5.33

Length of Service and Burnout

	EE	DP	PA
<i>F</i>-value <i>F</i> (3, 293)	4.404	2.818	1.816
<i>p</i>-values	.005	.039	.144
<i>Mean- <1 year</i>	15.67	5.11	36.49
<i>Mean- 1-5 years</i>	21.24	7.81	33.50
<i>Mean- 6-10 years</i>	19.50	7.32	33.95
<i>Mean- >10 years</i>	17.52	6.61	34.59

The results in Table 5.32 above show that at least one of the means is statistically different from others for EE and DP. Using the Tukey's HSD post-hoc test, Table 5.34 that follows indicates the mean differences in the various categories of length of services. The four categories were < 1 year, 1-5 years, 6-10 and >10 years.

Table 5.34*Tukey's Post-hoc Test Mean Differences*

Categories	Mean Difference (EE)	Mean Difference (DP)	Mean Difference (PA)
<1year & 1- 5 years	-5.57 ($p = .007$)	2.70 ($p = .028$)	Not Significant
1-5 years and >10 years	3.72 ($p = .047$)	Not Significant	Not Significant

Significant mean differences were only found on EE and DP for the <1 and 1 to 5-year categories as well as between the 1 to 5-year and the >10 years categories. Mean average EE and DP scores for those with a length of service period of less than one year was significantly lower than that of those with 1 to 5 years of service. The 1-5 year- category of service also had significantly higher EE average scores than those with more than 10 years of service. All other mean differences were not statistically significant.

5.4.3.9 Level of Job and Burnout

There were no statistically significant differences on the two burnout dimensions of EE and DP for various job levels of aid workers. However, a statistically significant difference was obtained on the dimension of PA as can be seen in Table 5.35 below.

Table 5.35*Job Level and Burnout*

	EE	DP	PA
<i>F-value F (3, 291)</i>	.782	.134	4.633
<i>p-values</i>	.505	.940	.004
<i>Mean- Admin Support/Clerical</i>	19.91	6.92	31.90
<i>Mean- Manager/Coordinator</i>	20.30	7.12	36.20
<i>Mean- Senior Manager/Director</i>	18.87	7.21	35.00
<i>Mean- Other</i>	17.76	6.66	34.54

The results indicate that at least one means on the PA dimension is significantly different from others. The Tukey's post-hoc test indicated mean differences depicted in Table 5.36 below.

Table 5.36*Tukey's Post-hoc Test Mean Differences*

Categories	Mean Diff. (EE)	Mean Diff. (DP)	Mean Diff. (PA)
Admin Support/ Clerical & Manager/Coordinator	Not Significant	Not Significant	-4.3 ($p = .007$)
Admin Support/ Clerical & Senior Manager/Director	Not Significant	Not Significant	-3.10 ($p = .018$)
Admin Support/ Clerical & Other	Not Significant	Not Significant	-2.64 ($p = .089$)

The results indicate very significant mean differences on PA for Administrative/Clerical and Manager/Coordinator groups and Administrative Clerical and Senior Manager/Director group. The average PA scores of the Administrative Support or Clerical are significantly lower than the average PA scores of the other three groups. For the Administrative Support/Clerical and the 'Other' group, only marginal mean differences that are not significant were obtained on PA scores. For the rest of the burnout dimensions, no significant differences were obtained.

5.4.3.10 Tenure in NGO and Burnout

As with gender and age, there were no significant differences in the different categories of tenure in NGO across all the three burnout dimensions using the one-way ANOVA. See Table 5.37 below.

Table 5.37*Tenure in NGO and Burnout*

	EE	DP	PA
<i>F-value F (3, 293)</i>	.426	.552	.945
<i>p-values</i>	.735	.647	.419
<i>Mean- <1 year</i>	17.66	6.41	34.16
<i>Mean- 1-5 years</i>	19.64	7.60	33.67
<i>Mean- 6-10 years</i>	18.44	6.72	35.94
<i>Mean- >10 years</i>	19.28	7.00	34.56

5.4.4. Summary of findings on Different subgroups across Burnout dimensions

Table 5.38 below shows the summary of findings on mean differences across different burnout dimensions.

Table 5.38*Summary of differences across sub-groups*

Sub-Group	Significant Mean Differences across Sub-Groups		
	EA	DP	PA
1. Gender	No	No	No
2. Age	No	No	No
3. Marital Status	No	No	No
4. Educational Level	No	No	Yes
5. Type of Contract	Yes	Yes	Yes
6. Nature of Work	No	No	No
7. Employment Status	No	No	No
8. Length of Service	Yes	Yes	No
9. Level of Job	No	No	Yes
10. Tenure in NGO	No	No	No

It can be seen from the above table that significant differences across the burnout dimensions were found only in the type of contract. Similar findings were also reflected on the length of service on all dimensions except for PA. Significant differences were also noted in PA by marital status, educational level, and level of the job.

5.4.5. Decision on Research Question Three

Results indicated that gender, age, nature of work, employment status and tenure in NGO were associated with no significant differences in the burnout means as measured along the Burnout dimensions of EE, DP, and PA. On the other hand, significant differences in means were found in some but not all burnout dimensions. This finding was true for the level of position and level of education, which had significant differences on means for PA but not on EE and DP. Type of contract was associated with significant differences across all the three burnout dimensions.

In summary, for the biographical characteristics, the hypothesis was confirmed for some but not all characteristics. It was also noted that significant differences were found in some but not all burnout dimensions of EE, DP, and PA. These are mixed results, and we conclude that there are significant differences in the means of some biographical variables but not others on burnout dimensions of EE, DP, and PA.

5.5 SUMMARY OF FINDINGS

Table 5.39 is a summary of findings in line with research aims, questions, and hypotheses.

Table 5.39

Summary of Findings in Line with Hypothesis

Research Question	Hypotheses	Decision
Research Aim 1: To explore the nature of the relationship between the constructs of SE, EI, CA, and BO, in a sample of humanitarian aid workers drawn from Zimbabwe		
1. What is the nature of the relationship between the constructs of SI, EI, CA, and BO in a sample of humanitarian aid workers drawn from Zimbabwe? Specifically, does a significant relationship exist between the attributes of SI, EI, CA and the Burnout dimension of EE, DP, and PA in aid workers?	H ₀ :1 There is no significant relationship between SI, EI, CA and BO	Reject H ₀ (1)
	H ₁ :1 There is a significant relationship between SI, EI, CA and BO.	
	H ₀ :1a There is no significant relationship between SI and BO (EE, DP, & PA)	Reject H ₀ (1a)
	H ₁ :1a A significant negative relationship exists between SI and BO (EE, DP & PA)	
	H ₀ :1b There is no significant relationship between EI and BO (EE, DP & PA)	Reject H ₀ (1b)
	H ₁ :1b A significant negative relationship exists between EI and BO (EE, DP & PA)	
H ₀ :1c There is no significant relationship between CA and BO (EE, DP & PA)	Reject H ₀ (1c)	
H ₁ :1c A significant negative relationship exists between CA and BO (EE, DP & PA)		
Research Aim 2: To establish the contribution of SI, EI, and CA to BO in a sample of humanitarian aid workers.		
2. What is the contribution of SI, EI, and CA to BO in a sample of humanitarian aid workers? Specifically, do the constructs of SI, EI and CA significantly predict the EE, DP, and PA in aid workers?	H ₀ :2. $\beta_1 = \beta_2 = \beta_3 = 0$ (SI, EI, and CA do not significantly contribute to BO in aid workers, that is, no variables amongst these belong to the regression model for EE, DP, or PA, respectively). H ₁ :2. $\beta_1 \neq \beta_2 \neq \beta_3 \neq 0$ (At least one variable from SI, EI and CA significantly contributes to BO in aid workers and therefore belongs in the regression model for EE, DP, or PA, respectively).	Reject H ₀ (2)
Research Aim 3: To explore if significant differences exist in BO between the different groups of biographical characteristics (gender, age, marital status, educational level, nature of the job, contract status, job level, employment type, tenure, and tenure in NGO) in humanitarian aid workers.		
3. Do significant differences exist in BO between the different groups of biographical characteristics (gender, age, marital status, educational level, nature of the job, contract status, job level, etc.) in humanitarian aid workers?	H ₀ :3 There are no significant differences between different groups of biographical characteristics on Burnout among humanitarian aid workers. H ₁ :3 There are significant differences between different groups of biographical characteristics on Burnout among humanitarian aid workers.	Accept H ₁ (3)* Reject H ₀ (3)**

*Gender, Age, Marital Status, Nature of Work, Employment status, tenure in NGO

**Educational level, Type of contract, level of job, length of service

The table shows that the hypotheses associated with research questions One and Two were confirmed, but the last one had mixed results, with some biographical groups showing significant differences in means on EE, DP, and PA.

5.6 CHAPTER SUMMARY

The results chapter detailed the vital statistics on the findings of the study in line with the research questions and hypotheses. The key findings were reported from the analysis of the data obtained from the survey of aid workers in Zimbabwe. It was found that burnout is moderate in this sample. CA, SI, and EI are very high in the sample of aid workers. Significant bivariate correlations were found between each of the predictor variables and the each of the dimensions of the BO outcome variable. SI, EI, and CA were found to be related to EE, DP, and PA. The model $CA > SI > EI$ was not confirmed in the study for EE, DP, and PA. In fact, $CA > EI > SI$ was established for EE and DP, and $EI > CA > PA$ was established for PA. Few of the biographical characteristics resulted in significant means differences in EE, DP and PA mean scores in the study. The next chapter focuses on the practical and theoretical implications of the findings as well as their significance. Limitations of the current research and specific recommendations for further research will be explored. Practical recommendations will focus on specific interventions to support the wellbeing of humanitarian aid workers to reduce burnout.

CHAPTER 6: CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

The study examined the role of SI, EI and CA in burnout among aid workers. Interest was shown in the relationship between these three social competences of SI, EI, and CA together with sociodemographic variables given on burnout in aid workers in Zimbabwe. The chapter will summarise the key findings reported from the analysis of the data obtained from the survey. It will also discuss the practical and theoretical implications of the findings as well as their significance, limitations of the current research and specific recommendations for future research.

The results chapter detailed the vital statistics pertaining to the findings of the study in line with the research questions and hypotheses. The key findings were reported from the analysis of the data obtained from the survey of aid workers in Zimbabwe. It was found that burnout is moderate in this sample. CA, SI, and EI are very high in the sample of aid workers. Significant bivariate correlations were found between each of the predictor variables and the each of the dimensions of the burnout outcome variable. SI, EI, and CA were found to be related to EE, DP, and PA. The hypothesised regression models for burnout dimensions indicated that coping ability and emotional intelligence contributed to the variation of emotional exhaustion and depersonalisation, but spiritual intelligence did not significantly contribute to these two. However, all the three variables significantly contributed to the dimension of personal accomplishment. Few of the biographical characteristics resulted in significant mean differences in EE, DP and PA mean scores in the study. This chapter will focus on the practical and theoretical implications of the findings as well as their significance. Limitations of the current research and specific recommendations for further research will be explored. Practical recommendations will focus on specific interventions to support the wellbeing of humanitarian aid workers to reduce burnout.

6.1 SUMMARY OF LITERATURE REVIEW

The study at hand is mainly based on humanism and positive psychology and used Maslach and Leiter's (1997) person-within context theory to explain burnout in aid workers. Key findings of burnout in aid work established the following:

- Burnout involves work strain characterised by emotional exhaustion, depersonalization and reduced personal accomplishment (Maslach & Jackson, 1986; Maslach & Leiter, 1997; Schaufeli & Enzmann, 1998; Maslach et al., 2001).

- Burnout is part of the various mental adjustment problems encountered by aid workers in their work (Ehrenreich & Elliot, 2004; Musa & Hamid, 2008; Eriksson et al., 2013; Lopes Cardozo et al., 2012)
- The nature of humanitarian work itself is associated with the pressures and challenges that may result in chronic stress and eventually burnout (Eriksson et al., 2009; Ager et al., 2012; Eriksson et al., 2013).
- The humanitarian context is an essential factor that plays a vital role in the development of burnout and other psychological adjustment problems among humanitarian aid workers (Ager et al., 2002; Eriksson et al., 2013).
- The humanitarian aid organisations have a part to play in aid workers burnout in as far as budgets, culture, human resources policies, and practices are concerned (Ehrenreich & Elliot, 2004; Ager et al., 2012; Pigni, 2015).
- Motivations of humanitarian aid workers to join aid work plays a role in the onset and development of burnout in aid workers (Eriksson, 2003; Ehrenreich & Elliot, 2004; Pigni, 2014).
- Spirituality, spiritual intelligence, and religion have been associated with reduced stress and burnout in general (Pargament, 1997; Eriksson et al., 2013).
- Humanitarian values have been associated with spirituality and transcendence hence the relationship with spiritual intelligence (King & DeCicco, 2009; Doolittle et al., 2013; Kaur et al., 2015)
- Spiritual intelligence and spirituality are associated with reduced stress and reduced burnout (King & DeCicco, 2009; Doolittle, 2007; Kaur et al., 2015).
- Emotional intelligence has been associated with reduced burnout among various helping professions including teachers, nurses, and the clergy (Petrides & Furnham, 2003; Mikolajzak et al., 2007; Moon & Hur, 2011).
- Coping ability has been found to be associated with reduced stress, reduced burnout, proper psychological adjustment and reduced emotional problems in general (Vaezi & Fallah, 2011; Gorgens - Ekermans & Brand, 2012; Doolittle et al., 2013).
- SI and EI have been linked with reduced burnout (Mohammdyfar et al., 2009; Iqbal & Abbasi, 2013; Miller-Clarkson, 2013; Tarbasa et al., 2014; Kaur et al., 2015).
- There are mixed findings on demographic characteristics and their relationship with burnout.

6.2 SUMMARY OF RESULTS

This section attempts to summarise the key findings of the empirical study.

- Burnout was moderate in the sample with the burnout dimensions of EE and DP closer to low and PA closer to high indicating average level of burnout in the group.
- The sample's SI, EI, and CA scores are very high indicating a high level of SI, EI and CA in the sample.
- SI, EI, and CA are all negatively related to EE and DP but positively related to PA dimensions of burnout, where an increase in scores of SI, EI, and CA is associated with an increase in PA scores but a decrease in EE and DP scores.
- CA has a significant and stronger negative relationship with EE followed by EI and then SI, meaning that CA explains variance in EE more than does EI and SI.
- EI has a significant and stronger negative relationship with DP than CA and SI, respectively, meaning that EI explains variance in DP more than CA and SI respectively.
- EI has a stronger and significant positive relationship with PA than does CA and SI indicating that it explains variance in PA more than CA and SI, respectively.
- SI, EI and CA, all have stronger and significant individual relationships with the PA dimension of burnout than EE and DP respectively, meaning that they each explain the variance in PA more than they do on EE and DP, respectively.
- CA and EI significantly predict the burnout dimension of EE with CA, having more predictive power than EI in the regression model.
- EI and CA significantly predict the burnout dimensions of DP with EI having more predictive power than CA in the regression model.
- For EE and DP, SI has no significant predictive power in the regression models.
- EI, CA and SI significantly predict the burnout dimension of PA with their predictive power, reflecting higher on EI followed by CA then lastly SI.
- Gender, age, employment status and tenure in NGO result in no significant relationships with EE, DP, or PA.
- Contract type results in significant differences in EE, DP, and PA.
- Length of service resulted in significant differences in EE and DP but not PA.
- Educational level, job level, and marital status result in significant differences in PA, but not in EE and DP.
- Nature of work is associated with significant differences in EE, but not in DP or PA

6.3 DISCUSSION OF RESULTS

The results indicated that burnout was moderate in the sample. This result may be a reflection of the individual characteristics of the respondents or their environment in line with the person-within context theory (Maslach & Leiter, 1997). One critical aspect of the sample is the high level of education in the sample, with many respondents having graduate and postgraduate degrees. Education may assist people to cope with stress, and therefore they would experience low levels of burnout. Moreover, the fact that the respondents' level of EI, SI, and CA was very high points to well-developed coping mechanisms to effectively deal with chronic stress and burnout. It may also be that their constant exposure to the environment has been associated with the development of resilience making them more capable of coping with their environment.

That SI, EI and CA are all negatively related to EE and DP but positively related to PA dimensions of burnout may as well reflect the conceptualisation of burnout. Since PA was reverse scored, it means that it became the opposite of reduced personal accomplishment. As such, it may also well be a confirmation that SI, EI, and CA are all negatively associated with burnout considering the reversal of PA. Such findings are well in line with previous findings on the relationship between EI and burnout. These include findings on EI and BO, (Mohammamdyfar et al., 2009; Vaezi & Fallah, 2011; Iqbal & Abbasi, 2013; Miller-Clarkson, 2013; Kaur et al., 2015); SI and burnout (Eriksson et al., 2009; Tarbasa et al., 2014; Kaur, et al., 2015).

The fact that CA has a significant and stronger negative relationship with EE followed by EI and then SI is a compelling finding. EE has been regarded as the main component of burnout in most cases, with some conceptualisations of burnout having EE as the only component (Schaufeli & Enzmann, 1998). Burnout is mainly associated with coping, coping skills, coping mechanisms, coping strategies, coping styles, and coping effectiveness. It is not surprising that BO should be linked negatively but significantly with CA. It ought to be noted that previous research focused on coping skills and coping strategies and burnout rather than on perceived coping ability. However, the findings of this study are still in line with other studies on coping and burnout. For example, coping strategy has been found to play an essential part in predicting burnout levels (Lazarus & Folkman, 1984). Anshel (2000) in fact found out that coping strategy may be necessary in increasing or decreasing burnout. In line with the findings

in this study, problem-focused coping, a factor in coping ability, was found out to be negatively correlated with burnout dimensions of EE, DP, and PA (Leiter, 1993).

The increased importance of EI is shown when we consider that EI has a significant and stronger negative relationship with DP than CA and SI respectively. Given that DP has connotations of interacting with people and explicitly treating people as objects or in a dehumanising manner because of burnout, it is not surprising to reach such findings. This is because EI incorporates critical components of social interaction and managing emotions. In the model used, the key components included the perception of emotions, understanding of emotions, and managing and utilising emotions. It seems that in depersonalization what suffers is the emotional intelligence aspect. As such, EI is expected to be significantly and negatively associated with DP more than SI or CA. This finding is related to Lavasani et al.'s (2017) findings on burnout in nurses where EI had more predictive value on burnout than SI.

That EI has a stronger and a more statistically significant positive relationship with PA than does CA and SI is quite telling. PA has been defined as feelings of personal accomplishment and self-efficacy which is linked to feelings of self-actualisation and self-confidence. It seems that in the independent variables, EI has more links with personal self-efficacy than SI and CA. This finding is because, in the conceptualisation of EI, two sub-factors relate to the individuals which is not the case with the concepts of CA and SI. In EI, we have self-awareness and self-management as two of the components according to one conceptualisation of EI. These tie in very well with the component of self-efficacy. Iqbal and Abbasi (2013) had related findings in their study of EI and job burnout among university professors. Thus, the finding that EI is strongly and positively associated with personal accomplishment is not surprising. This finding is in line with earlier findings by Kaur et al., (2015) on EI and burnout.

The fact that SI, EI and CA, all have stronger and significant individual relationships with the PA dimension of burnout than EE and DP respectively may reflect the relationship between PA and these variables regarding being in the same direction. PA has also been found to be negatively related to EE and DP. PA tends to check on these burnout components by negating their effects just as EI, SI, and CA. Therefore, some conceptualisation of burnout removes PA as an inappropriate element of burnout, which only contributes negatively to other factors. Thus, it is in line to have its relationship going with SI, EI, and CA and against the EE and

DP. Such findings are line with earlier findings but with different groups of people (Iqbal & Abbasi, 2013; Kaur et al., 2013; Kaur et al., 2015).

Regarding the regression model, CA and EI significantly predict the burnout dimension of EE with CA having more predictive power than EI. This may be because of the fact that the most critical dimension in burnout is EE (Maslach & Leiter, 1997; Schaufeli & Enzmann, 1998). As such, coping ability may thus be linked more to emotional exhaustion because of the element of cognitive appraisal in coping ability whereas EI has more components of relationship than appraisal (Lazarus, 1991). In the same vein and as expected, EI would be responsible for a higher contribution on depersonalization than coping ability.

EI and CA significantly predict the burnout dimensions of DP with EI having more predictive power than CA in the regression model. Existing literature appears not to combine EI and CA. The findings on the contribution of EI and CA to depersonalisation may need to be explored in different settings. The findings may, however, reflect the nature of DP which is more aligned to the way one treats others. It appears that the core elements of depersonalisation are more closely related to EI than to CA (Maslach & Leiter, 1997; Maslach et al., 2001).

For EE and DP, SI has no significant predictive power in the regression models. In other words, SI was found to have the least contribution to the burnout dimensions of emotional exhaustion and depersonalisation. It could have been expected to contribute significantly, in line with research findings where God support, a form of SI, was found by Eriksson et al., (2009) to be significantly related to depersonalisation among aid workers. It should, however, be noted that God support is not identical to SI. Also, crucial in Eriksson et al., (2009) findings, is that they found a complicated relationship between God support and burnout in aid workers, as the interaction between age and God support was significant with DP.

EI, CA and SI significantly predict the burnout dimension of PA with their predictive power reflecting higher on EI followed by CA then lastly SI. This assertion is in line with most findings in literature with nurses (Kaur et al., 2013); teachers (Chan, 2006); first aid workers (Cat et al., 2014) and information technology staff (Tabarsa et al., 2009). The findings tend to reinforce the theoretical relationship between SI, CA, EI individually with PA as social competences, which individually have a negative relationship with burnout (Eriksson et al., 2013; Cat et al., 2014; Kaur et al., 2015). For example, Cat (2014) theorised that EI increases

the sense of personal accomplishment with higher EI and higher PA being associated with leadership success. This finding is also in line with Platsidou (2010)'s findings on the relationship between EI and Burnout. He found a positive association between EI and PA in a group of special needs teachers in Greece.

Gender, age, employment status and tenure in NGO result in no significant relationships with EE, DP, or PA dimensions of burnout. This assertion is in line with previous findings in various occupations. For gender, there have been mixed findings with some studies finding no strong relationship between the two variables. Some found females to have higher levels of burnout than males and others found no significant differences (Maslach & Leiter, 1997; Schaufeli & Enzmann, 1998). Others reported that women were more susceptible to burnout than men (Schaufeli & Enzmann, 1998). Maslach and Jackson (1986) found that women were higher on emotional exhaustion and lower on personal accomplishment than men. It, however, seems that gender differences found in other occupations reflect gender roles more than actual gender differences in those occupations. Therefore, for aid workers who have limited gender roles, the differences in burnout may not be as evident.

For age, the findings show that there are no significant differences in burnout by age. This supports previous findings reported by Schaufeli and Enzmann (1998). Though some previous studies yielded mixed findings with regards to the relationship between burnout and age, it may also reflect industry or contextual issues (Ahola et al., 2008). For Schaufeli and Enzmann (1998), burnout seems to decrease and increase with age.

Contract type results in significant differences in EE, DP, and PA. It seems that contract type plays a significant role in the onset of burnout in aid workers. It should be borne in mind that the nature of humanitarian work is short-term thereby attracting short contracts. It is not surprising that one of the stressful factors is the control aspect, as it relates to job security in the person-within context model of burnout (Maslach et al., 2001). Aid workers feel insecure in their roles as they hop from one fixed term assignment to another (Eriksson et al., 2009; Lopes Cardozo et al., 2005; Ehrenreich & Elliot, 2004). As such, it is expected that there be significant differences in burnout levels among aid workers with different contracts types.

Length of service resulted in significant differences in EE and DP but not PA, in this study. This is in line with Schaufeli and Enzmann's (1998) as well as Ahola et al.'s (2008) assertions

that link length of service and burnout. It may, however, be that since burnout emanates from chronic stress which comes from chronic exposure to stressful environments, we ought to expect the link for humanitarian aid workers exposed continuously to context stress.

Educational level, job level, and marital status result in significant differences in PA but not in EE and DP. PA seems linked to the level of education and level of the job. As the educational level is an essential factor in promotion, such a relationship may be a reflection of self-efficacy and self-fulfilment that comes from the level of job or promotion. It is possible that promotion comes with training in EI, or it is even considered as part of competence in selection and promotion (Roth, 2014).

Nature of work has been found to be associated with significant differences in EE, but not in DP or PA. It may be that emotional exhaustion as the first stage in the process of burnout is associated with the nature of work, that is, workload, control and so forth in the person-within context theory (Maslach & Leiter, 1997; Ehrenreich, 2001). As such, there seems to be a significant relationship between nature of work and EE. The relationship does not assume that nature of work causes emotional exhaustion but just that the two variables are significantly correlated with one another. It may be that they are associated with a third variable. That nature of work is linked to emotional exhaustion is in line with numerous findings on the emotionally straining nature of fieldwork and humanitarian aid work in general (Lopes Cardozo et al., 2005; Musa & Hamid, 2008; Eriksson et al., 2009; Ager et al., 2012).

6.4 CONCLUSIONS

The section seeks to summarise the conclusions reached regarding the research questions and research hypotheses.

6.4.1 Conclusion on Research Questions regarding Literature Review

The following are the conclusions on the research questions about the literature review.

6.4.1.1 Conclusion 1

Research Question One concerned how the aid worker burnout construct is conceptualised in literature. Specific aid worker burnout is conceptualised in much the same way as general burnout but specifically as general wearing out or alienation from the pressures of work. Such alienation often arises from long hours, little rest or continued peer, donor, beneficiary and

superior surveillance as well as excessive demands which are a norm amongst humanitarian aid workers who feel called to serve in emergencies and disasters (Tracy, 2000; Ager et al., 2002; Lopes Cardozo, et al., 2013). In humanitarian aid, burnout is a consequence of a complex interplay between individual factors and aid work characteristics. As these employees are regularly exposed to the risk of violence, terrorism, depression and anxiety, their extreme distress can result in adverse effects on psychological functioning and productivity in aid organisations (Musa & Hamid, 2008; Lopes Cardozo et al., 2012; Ager et al., 2012). In aid workers, burnout manifests in various mental health problems that could develop from stress, and acute traumatic stress stemming from the challenging operating environment (Musa & Hamid, 2008).

6.4.1.2 Conclusion 2

Research Question Two concerned the way in which burnout as a construct is conceptualised in literature. According to literature, burnout is conceptualised as a form of work strain and a result of a significant accumulation of work-related stress, which has emotional exhaustion, depersonalisation and reduced personal accomplishment as critical components (Maslach & Jackson, 1981; Halbesleben et al., 2004). It is also agreed that burnout is a syndrome resulting from chronic job-related stress. Two critical components are emotional exhaustion and depersonalisation with personal accomplishment working in different directions from the first two factors. Maslach and Jackson's (1981) conceptualisation of burnout as a three-component syndrome remains popular though increasingly divergent views continue to come up, emphasising emotional exhaustion over other factors, as well as emphasising burnout in non-helping professions (Kristensen et al., 2005).

6.4.1.3 Conclusion 3

Research Question Three concerned the way in which theoretical models in literature explain the constructs of spiritual intelligence (SI), emotional intelligence (EI), and coping ability (CA). Spiritual intelligence is operationally defined in this study as the ability to pursue personal life meaning and transcendent goals with humane values, wisdom, compassion, and commitment, while solving existential problems at the same time, maintaining inner and outer peace, regardless of the circumstances. This definition is all-encompassing and covers key aspects of spiritual intelligence from various theories and models of SI.

EI is defined in this study as the ability to accurately perceive one's and other's emotions, express, regulate and control them in a manner that does not negatively affect self and or others. It also includes the use of emotions in thinking, feeling, and behaving, as well as making right judgements on issues. The definition in principle supports the earlier conceptualisation of EI as the individual's ability to process emotional information and use it to navigate the social environment (Salovey & Mayer, 1990).

Coping has been defined for this study as referring to the individual's perception of his or her ability to use adaptive and constructive coping strategies to reduce stressful or threatening situations. It is the perception of stress levels associated with a specific task, event, or activity, which determines how one is affected and how they eventually cope. Such perception has self-efficacy connotations, as reflected in both Bandura's and Lazarus' theories of self-efficacy and coping, respectively.

6.4.1.4 Conclusion 4

Research Question Four concerned the nature of the theoretical relationships between spiritual intelligence (SI), emotional intelligence (EI), and coping ability (CA), and burnout (BO) in aid workers.

In literature, SI, EI, and CA are presented as essential variables in burnout. It should, however, be noted that it is very few instances where the three variables' relationship with burnout is explored. Where explored, it is as individual variables like SI and BO, EI and BO and CA and BO. In some cases, EI and SI are combined and linked with BO. The relationship between SI, EI and CA with burnout can be characterised as individually negatively linked with burnout. In some manner, increase in SI, EI and CA are linked with a corresponding decrease in burnout, and vice versa (Kaur et al., 2013). It should be noted that there would be moderating variables to the relationship between SI, EI, CA, and burnout. These include age, marital status, psychological ownership, and so forth (Kaur et al., 2015).

6.4.1.5 Conclusion 5

Research Question Five was about what biographical characteristics are essential in the relationship between SI, EI, CA, and burnout in aid workers. There has been a considerable debate on the biographical factors important in burnout. However, there has not been any

absolute position regarding individual differences in burnout regarding which characteristics are essential. Age, marital status, educational level, level of position, nature of the job, contract type as well as other factors have been discussed. There has been a problem of confounding variables and faulty designs resulting in inconclusive evidence across the globe.

6.4.1.6 Conclusion 6

Research Question Six was on whether a model can be proposed for the relationship between the attributes of SI, EI, CA and biographical characteristics on the one hand and burnout dimensions, on the other hand, to explain the burnout in humanitarian aid workers.

It is possible to have a model to try and predict burnout from SI, EI, and CA. Models in literature used SI and EI as well as other variables like psychological ownership. CA was not included, and where included there was a reference to stress and burnout only without SI and EI. It should also be noted that in aid worker burnout, the three independent variables have not been explicitly mentioned as a group, but sometimes as individual variables or as correlates of these variables, for example, spiritual intelligence as religiosity or spirituality and sometimes as personality factors (Pargament, 1997). In the model of the relationship between the variables, SI, EI, and CA will be independent variables and burnout will be the dependent variable. It ought to be noted that biographical variables like age, marital status, length of service, tenure and so forth will be either independent or moderating variables.

The above conclusions deal with the specific aims of the literature review. The aims are recapped below for context:

1. To explore humanitarian aid worker burnout in literature;
2. To explore the conceptualisation of the burnout construct in literature;
3. To determine the theoretical conceptualisation of constructs of spiritual intelligence (SI), emotional intelligence (EI), and coping ability (CA);
4. To explore the theoretical relationship between spiritual intelligence (SI), emotional intelligence (EI), coping ability, and burnout in aid workers;
5. To determine the biographical characteristics that are important in the burnout of aid workers; and,
6. To propose a conceptual model for the relationship between the constructs of SI, EI, CA and biographical characteristics on the one hand and the burnout dimensions on the other hand, that explains burnout in humanitarian aid workers.

6.4.2 Conclusions on the Empirical Research Questions.

The following conclusions are based on the research questions and sub-questions about the empirical study.

6.4.2.1 Conclusion 1

The first research question was about the nature of the relationship between the constructs of spiritual intelligence (SI), emotional intelligence (EI), coping ability (CA), and burnout (BO) in a sample of humanitarian aid workers drawn from Zimbabwe. It was concluded that SI, EI, and CA are negatively and significantly related to the BO dimensions of EE and DP and positively and significantly related to PA in this sample of aid workers. The effect of the relationship is significant but small on all the other pairs except SI, EI, and CA with PA as well as CA and EE.

6.4.2.2 Conclusion 2

Research question two was about the contribution of SI, EI, and CA to BO in a sample of humanitarian aid workers. It was found that only CA and EI were significant predictors of the BO dimensions of EE and DP in the regression models and, also that EI, CA and SI were significant predictors of the BO dimension of PA. It can be concluded that CA and EI are significant predictors of BO more than SI does. The predictive variables of EI, CA, and SI, however, accounted for a small effect on BO dimensions of EE, DP, and PA among aid workers.

6.4.2.3 Conclusion 3

Research Question Three focused on whether significant differences existed in burnout between the different groups of biographical characteristics (gender, age, marital status, educational level, nature of the job, contract status, job level, employment status, tenure, and tenure in NGO sector) in humanitarian aid workers. It was concluded from the findings that gender, age, nature of work, employment status, and tenure in NGO is not associated with any significant differences in the burnout levels in aid workers. Significant differences were found in the educational level, type of contract, length of service and level of position in some but not all burnout dimensions.

6.4.2.4 Conclusion 4

The Research Question Four was about the recommendations for theory, practice, and future research of this research project. It was concluded that the findings shed light on the strength, nature, and structure of the relationship between SI, EI, CA, and BO, as well as the role of the identified biographical characteristics on burnout. The findings point to the need to consider CA, EI, SI and other biographical characteristics when recruiting and selecting humanitarian aid workers for humanitarian aid assignments to reduce the impact of burnout. Gaps in literature and empirical studies need to be addressed through the choice of sample size and sampling methods, instruments, and design among other recommendations.

6.4.3 Conclusions on the Hypotheses

The following hypotheses were adopted.

1. H1:1 There is a significant relationship between SI, EI, CA and BO.
2. H1:1a There is a significant relationship between SI and BO (EE, DP, & PA).
3. H1:1b There is a significant relationship between EI and BO (EE, DP & PA).
4. H1:1c There is a significant relationship between CA and BO (EE, DP & PA).
5. H1:2. $\beta_1 \neq \beta_2 \neq \beta_3 \neq 0$ (At least one variable from SI, EI and CA significantly contributes to BO in aid workers and therefore belongs in the regression model for EE, DP, or PA, respectively).
6. H0:3 There are no significant differences between different groups of biographical characteristics on burnout among humanitarian aid workers for gender, age, marital status, nature of work, employment status, and tenure in NGO.
7. H1:3 There are significant differences between different groups of biographical characteristics on burnout among humanitarian aid workers for educational level, type of contract, level of job, and length of service.

6.5 LIMITATIONS

The research is not without limitations. Such limitations may affect the way the results can be generalised widely across different settings. These limitations on literature and empirical study are considered below with explanations of how they could have constrained the research results generalisations.

6.5.1 Limitations on Literature Review

The research limited itself to the literature on SI, EI, CA, and BO only. Considerations of other variables besides SI, EI, and CA would have given a more holistic view of the concept of burnout. Research could have benefitted from including concepts like IQ and personality which are also crucial in burnout and humanitarian work. These were beyond the scope of this study but could prove useful in understanding burnout. SI, EI, and CA are not the only factors relevant to burnout.

The research was also limited to burnout from an industrial psychological perspective and especially in the confines of the humanistic and positive psychology paradigms. A more holistic understanding of burnout can be obtained by considering other perspectives like the clinical psychology perspective or even the medical perspective. This was beyond the scope of this research, but still gives useful insights into burnout.

6.5.2 Limitations on Empirical Study

The results from this study cannot be generalised to the entire population of aid workers internationally because of apparent limitations in the empirical study where the size of the sample used of 296 as well as the convenience sampling method, limits the external validity of the study. There are specific sample characteristics that may be peculiar to the sample in this study, but which may not be the case with the overall Zimbabwean humanitarian aid workers. A random sample would have increased the external validity of the findings. For example, the current sample's criteria excluded very small NGOs operating in Zimbabwe, with less than five employees. Such exclusion could have resulted in a restriction of range. This may be because small organisations have challenges in recruitment focus and lack of policies that may even make their employees vulnerable to burnout (Ager et al., 2012).

It should also be noted that the fact that the data was collected over a period of about seven months may also have affected the results. This is because seven months is long enough for dynamics to change in the environment. Future research may consider a shorter period for data collection to prevent environmental influences impacting on the findings.

The use of a cross-sectional design may also have affected the research findings. This is because of the limitations of the design regarding data collection. There could have been other

confounding variables affecting burnout. As such, a longitudinal design could help to track the development of burnout over a period in aid workers. This may help to address some shortcomings albeit within the challenges of short-term nature of aid worker contracts and the fluid nature of most humanitarian contexts.

The results could also have been affected by the instruments chosen by the researcher to measure BO, SI, EI, and CA. These four concepts have significant conceptual issues, hence the way they are defined and measured influences the results in a significant way. This is due to the various models available to explain BO, SI, EI and CA. For example, burnout is conceptualised by Maslach and Jackson (1986) as a three-component concept whereas Kristensen et al., (2005) use a two-component model. The same applies to EI, where there are three primary models, that is, trait, ability, and mixed models. What is important is to try to use more than one measure or model to gain a full picture of burnout, SI, EI and CA. This lay beyond the scope of this study.

The use of self-reports regarding SI, EI, CA, and BO may be a significant limitation due to the subjective nature of self-assessments in research. According to Mayer et al., (2008), use of self-assessment in the assessment of intelligence reduces objectivity.

The length of the questionnaire could also have affected the response rate. Though it was high, the fact that there were some incomplete questions may point to fatigue with questionnaires. Shorter versions of the scales could be used with much success. It is unfortunate that there are general limitations regarding the more objective measure of BO, SI, EI, and CA. Moreover, the fact that the online option was not considered could have affected the response rate as well. The online administration could have delinked the research in association with Human Resources or Administration departments of the organisations used in the study. More objectivity could have been obtained.

6.6 RECOMMENDATIONS

The following section covers recommendations for future research and applications of findings given the findings and limitations noted above.

6.6.1 Recommendations for Further Research

Further research may need to confirm these results in different settings. This is because this is the first known study linking SI, EI, CA, and BO in aid work. A more significant sample size using random sampling of humanitarian aid workers can assist in obtaining results that have more external validity than those existing. It may also be important to compare results from Zimbabwe with results from other humanitarian contexts that are different from Zimbabwe. This is because the context is critical in burnout given the environmental pressures put on aid workers.

Moreover, the sample of aid workers must include a diverse range of aid workers from diversified organisations. There ought to be no restriction on aid workers or their organisations.

Future research may consider a shorter period for data collection to prevent environmental influences impacting on the findings. A longitudinal design could also be used for tracking the development of burnout over a period in aid workers with pre-and post-tests and comparisons. This may help to confirm findings and add a different dimension to the research on burnout.

In future, researchers may also use more than one instrument per construct like SI, EI, CA, and BO to compare results across instruments. Moreover, more objective tests could be used. If not available, a mixture of at least two individual instruments measuring the same contrast can be compared for increased instrument reliability. On instruments, researchers can work with shorter adapted versions of the instruments to encourage completion of questionnaires and general participation. Online administration of instruments can also be considered for more convenience to the respondents provided they have easy access to the internet.

Researchers may also consider adapting the instruments for use with aid workers to be more relevant to the humanitarian industry. This is a specific form of the industry with its different realities which may be very different from other industries.

In future research, the variables of EI, SI, and CA might also include IQ, and personality to provide a more comprehensive picture of burnout, where these constitute key variables to be considered in hiring and training staff in organisations. In other words, including cognitive

and personality components may broaden the research findings on burnout, making them holistic.

6.6.2 Recommendations for Action

It is clear from the results that aid workers are at risk for burnout. As burnout leads to other mental health problems and even physical health conditions, it is essential for organisations operating in aid work to take the challenge seriously. Such challenges include cognitive, behavioural, physical, and emotional for example depression, cardiovascular problems, mental health challenges, fatigue, alcohol abuse and other maladies.

Burnt out aid workers may fail to adequately discharge their duties to the communities in which they intervene. Effectiveness and efficiency of programmes will be compromised if burnout is not checked among aid workers. Aid workers who are burnt out cannot effectively deal with their families resulting in marital issues. Dealing with BO may result in a corresponding increase in physical, social, emotional, and spiritual well-being.

The following recommendations are essential in dealing with aid workers given the findings mentioned earlier on:

- Hire and deploy aid workers who show a high level of SI, EI, and CA. They are less prone to burnout in the humanitarian aid sector.
- Prepare, educate, and train aid workers, both local and expatriates on BO. Awareness of the causes, symptoms, and remedies of stress and burnout can go a long way in mitigating the development of stress and BO and their effects.
- Intervene in burnout proactively before, during and after deployment. This helps to check on the burnout antecedents and correlates as well as correcting the environment for factors causing burnout.
- Psychological assessments of aid work candidates on SI, EI, CA, and BO is essential in predicting who can withstand the pressure of burnout. This also enhances cognitive interventions.
- EAPs to support aid workers should not be confined to expats but even to local staff as they stay in the same environment.
- The research has implications for wellness policies in as much as they try to address burnout differentially after looking at the educational level, type of contract, level of job and length of service.

- Training in SI, EI, and CA can be useful in alleviating the impact of burnout in aid workers. This ought to be an ongoing process.

6.7 EVALUATION OF RESEARCH

The current research focused on the relationship between SI, EI, CA and BO in aid workers. Results suggest that a relationship does exist between the variables of SI, EI, and CA with BO and its dimensions of EE, DP, and PA. The utility of such findings for theory and practice is discussed below.

6.7.1 Contribution to Theory

From this study, there is a better understanding of the relationship between CA, EI, SI, and BO in aid workers. Such a relationship though moderately strong is essential in understanding the whole concept of burnout and its key antecedents, process, consequences as well as critical moderating variables. Though the study has provided inconclusive evidence on the role of biographical characteristics on burnout in general, it has shed light onto what biographical characteristics are essential to consider due to their importance of burnout among aid workers. The research also helped to give a perspective from Southern Africa on the relationship between SI, EI, CA and BO in aid workers through such findings. While some biographical factors explained differences in burnout among aid workers, others did not. Those deemed essential according to this research are the length of service, educational level, type of contract and level of the job, while age, marital status, gender, nature of work, employment status, and tenure in the NGO are deemed not to be essential. Such findings constitute crucial infrastructure for the development of workable theoretical models of burnout in aid workers.

6.7.2 Contribution to Empirical Study

The research findings have provided insights from the relationship between SI, EI and CA with BO. While the nature of humanitarian work seems to suggest the importance of humanitarian values and apparently with it, SI ahead of CA and EI, the research findings, in fact, indicate the precedence of EI and CA ahead of SI in explaining burnout in aid workers. This is a significant finding suggesting the importance of EI and CA ahead of SI in the mental adjustment of aid workers.

The researcher is not aware of any known studies that covered the aspects of SI, EI and CA with BO, especially about aid workers. Current literature has covered SI and EI without CA

on burnout, and this has not been to aid workers but other professionals. Therefore, results from this research provides insight into the world of aid workers. The findings also inform researchers and practitioners on what essential attributes are essential in burnout of aid workers.

6.7.3 Contribution to Practice

As argued in the section on the practical implications of findings and recommendations for action, the results from this study are valuable for the practice of industrial and organisational Psychology and human resources in general. Specifically, the results are essential in humanitarian work regarding critical characteristics linked to burnout among aid workers. For instance, practitioners of humanitarian aid work need to appreciate that marital status, age, and gender do not matter regarding relating to burnout among aid workers. Without research, it is possible that there was discrimination based on these factors due to concerns of mental adjustment. Results may prove valuable in encouraging inclusivity and preventing discrimination of current and potential aid workers.

That CA, SI, and EI are significantly related to burnout should also add a dimension in attributes important for NGOs and other humanitarian aid organisations as they hire employees and volunteers. The study also confirms the limited role SI plays in burnout among aid workers. Given the relationship between humanitarian values and spiritual values in general, it would have been expected that SI would play a more critical role than CA and EI. Therefore, the research adds value in clarifying specific issues in the relationship between SI, EI, CA and BO among aid workers.

6.8 CHAPTER SUMMARY

The chapter summarised the literature and results of the empirical study. A discussion of the results was also given and linked with previous literature. This was done in line with the research aims. The principal conclusions about research questions for both literature and empirical study were given, together with the limitations thereof. Recommendations to address the limitations were also given concerning future research, theory, and practical applications of the findings. Finally, the chapter emphasised the extent to which the findings from this study demonstrated support to the role of SI, EI, and CA in BO among aid workers, as well as the importance of some, but not all, biographical characteristics on individual differences in burnout, especially for aid workers. As the findings indicate, SI, EI, and CA are essential

elements in influencing BO in aid workers. The higher these three factors, the lower the BO in all cases with EI and CA having a stronger relationship with BO than SI. The research is in line with other findings from other occupations. It gives valuable insights into the nature of burnout in aid workers in Zimbabwe, an area that has not yet received focus. Recommendations for practice and future research were also given.

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APPENDICES

Appendix A: Informed Consent

Informed Consent Form for Participation in a Research Study (UNISA)

Title of Study: *The Relationship between Spiritual Intelligence (SI), Emotional Intelligence (EI), Coping Ability (CA) and Burnout among Humanitarian Aid Workers in Zimbabwe.*

Description of the research and your participation

You are invited to participate in a research study conducted by Edwin Nharirire. The purpose of this research is to establish the contribution of Spiritual Intelligence (SI), Emotional Intelligence (EI), and Coping Ability (CA) on Burnout among Humanitarian Aid Workers.

Participation in this study will require approximately 30 minutes of your time. It involves the completion of demographic details and four (4) questionnaires on Spiritual Intelligence, Emotional Intelligence, Coping Ability, and Burnout. This can be manually or on the internet.

Risks and discomforts

There are no known risks associated with this research. In the event of any discomforts, please feel free to raise any concerns or questions with the researcher. The researcher will make every effort to discuss them with you and inform you of options for resolving your concerns.

Potential benefits

Your participation in the study is intended to contribute to the understanding of burnout in the humanitarian sector and may result in recommendations to reduce the effects of burnout.

Protection of confidentiality

Your name and address are not required hence the responses you give will remain private, confidential and anonymous. The researcher will do everything possible to protect your privacy. Moreover, your identity or even the identity of your organization will not be revealed in any publication resulting from this study.

Voluntary participation

Your participation in this research study is voluntary. You may choose not to participate, and you may withdraw your consent to participate and discontinue at any time for any reason without penalty or prejudice.

Contact information

If you have any questions or concerns about this study or if any problems arise, please contact Edwin Nharirire at UNISA at +263-4-7546 66/7 or mobile +263 772 148 816. If you have any questions or concerns about your rights as a research participant, please contact the UNISA Ethics Committee on the +27 (12) 429 3925/429 2982.

Consent

As a participant, I attest that I am over 18 years of age. I have read this consent form, understood its contents and have had an opportunity to ask questions. My participation in this research is entirely voluntary. I give my consent to participate in this study.

Participant's signature _____ *Date:* _____

Researcher's signature _____ *Date:* _____

Appendix B: Permission to Use Instruments

Spiritual Intelligence: SISRI-24

The Spiritual Intelligence Self-Report Inventory (SISRI-24)

Scoring Procedures

Total Spiritual Intelligence Score:

Sum all item responses or subscale scores (after accounting for *reverse-coded item).

24 items in total; Range: 0 – 96

4 Factors/Subscales:

I. Critical Existential Thinking (CET):

Sum items 1, 3, 5, 9, 13, 17, and 21.

7 items in total; range: 0 - 28

II. Personal Meaning Production (PMP):

Sum items 7, 11, 15, 19, and 23.

5 items in total; range: 0 - 20

III. Transcendental Awareness (TA):

Sum items 2, 6*, 10, 14, 18, 20, and 22.

7 items in total; range: 0 - 28

IV. Conscious State Expansion (CSE):

Sum items 4, 8, 12, 16, and 24.

5 items in total; range: 0 - 20

*Reverse Coding: Item # 6 (response must be reversed prior to summing scores).

Higher scores represent higher levels of spiritual intelligence and/or each capacity.

Permissions for Use

Use of the SISRI is unrestricted so long as it is for academic, educational, or research purposes. Unlimited duplication of this scale is allowed with full author acknowledgement only. Alterations and/or modifications of any kind are strictly prohibited without author permission. The author would appreciate a summary of findings from any research which utilizes the SISRI. Contact details are below.

For additional information, please visit <http://www.dbking.net/spiritualintelligence/>

or e-mail David King at davidking2311@gmail.com

Emotional Intelligence: Schutte's EI Test

From: Nicola Schutte <nschutte@une.edu.au>

Date: 17 February 2015 at 12:11:46 AM CAT

To: Edwin Nharirire <edwin@epzglobal.com>

Subject: RE: Measurement of Emotional Intelligence

You are welcome to use the scale in your research. Please find attached the manuscript copy of a published chapter that contains the scale and background information.

Kind regards, Nicola Schutte

-----Original Message-----

From: Edwin Nharirire [mailto:edwin@epzglobal.com]

Sent: Tuesday, 17 February 2015 8:28 AM

To: Nicola Schutte

Subject: Measurement of Emotional Intelligence

Dear Professor Schutte

My name is Edwin Nharirire, and I am a Ph.D. student at the University of South Africa. I would like to ask for permission to use your measurement instrument for my research on Burnout among Aid workers.

I will appreciate the permission and would send you a summary of my results when I complete my studies.

Edwin Nharirire

Student No. 53039343

Coping Ability: Chesney and others' Coping Self-Efficacy Scale (CSE)

From: Chesney, Margaret [mailto:Margaret.Chesney@ucsf.edu]
Sent: Saturday, May 28, 2016 6:20 PM
To: Edwin Nharire <edwin@tslgroup.co.zw>
Cc: enharirire@gmail.com
Subject: RE: Permission to use the CSE as an Instrument for my Ph.D. Research.

Dear Mr. Nharire,

You are welcome to use the Coping Self-Efficacy (CSE) Scale in your Ph.D. research study entitled, 'The Relationship among Spiritual Intelligence, Emotional Intelligence, Coping Ability and Burnout among humanitarian aid workers.' Your work sounds very interesting. I am particularly intrigued by the concept of spiritual intelligence. I am sending you information about the CSE scale and would greatly appreciate it if you would send me information about your distinction between spiritual intelligence. I'm familiar with the distinction between emotional and social intelligence but am very interested in "spiritual intelligence." I work with many people and families who are struggling with very serious health conditions, many fatal and believe that spirituality can be so helpful in those situations.

Regarding the CSE, I developed the scale with research funds so I make it available for scholarly purposes such as yours. I strongly recommend that you use the full CSE scale and I have attached a copy. This will give you the most reliable measure and the one that other investigators are using to measure the concept of coping self-efficacy. By using the full scale, you will have the total score, which under most circumstances will give you the most statistical power. You will also have the option of looking at the subscales, which are described in that attached paper on the reliability and validity of the scale. It is possible that your study project may result in an overall change in self-efficacy as well as changes in one or more of the subscales. The entire scale has now been used in many different populations including students, patients, caregivers, and people exposed to various life stressors - all of which benefit from coping skills. I caution people from using just the subscales as the data used to develop the subscales was from patients with HIV/AIDS when the condition was viewed as nearly terminal. Therefore, I don't know about the validity of the scales in your population of aid workers. If you use the full scale, you will have access to scoring the subscales, and it might be informative.

I'm attaching general scoring instructions and if you have any problems with scoring or any other questions, just let me know. You can also use the information in the attached article to score the subscales. If you have any questions, I work closely with my colleague and co-author Tor Neilands, and he or I can answer any questions you may have. Please feel free to contact me. I've also attached the first paper my colleagues and I wrote that reported on the scale, which was an important mediator of effects of a coping intervention on important stress-related outcomes (see Chesney Psychosomatic Medicine).

The other favor I would ask is that you keep me informed of what you find. I have created a log of all the scientists using the scale and will let everyone on the log know when there are developments as well as the results found by others who are using the scale. I will add you and your project to the "log." It would be helpful if you could send me contact information for you - including a phone number and address where you could be reached, though I'll also have this email on file.

Wishing you all the best and looking forward to hearing from you,
Margaret

Margaret A. Chesney, Ph.D.
Professor of Medicine in Residence
School of Medicine
University of California, San Francisco
Tel: 415 353 7719
margaret.chesney@ucsf.edu

From: Edwin Nharire [mailto:edwin@tsigroup.co.zw]
Sent: Wednesday, May 25, 2016, 10:52 PM
To: Chesney, Margaret
Cc: enharirire@gmail.com
Subject: Permission to use the CSE as an Instrument for my Ph.D. Research.

Dear Margaret

I am a Ph.D. student at the University of South Africa. I am carrying out a study on 'The Relationship among Spiritual Intelligence, Emotional Intelligence, Coping Ability and Burnout among humanitarian aid workers.'

I wanted to use the CSE Scale as my instrument for Coping Ability. I am therefore asking for your permission to use the scale for academic purposes only.

If you are agreeable you can send me the instrument, scoring scales as well as manuals and related references on validation.

Kind Regards

Edwin Nharirire
UNISA Student
Student No. 53039343

Burnout: Maslach's Burnout Inventory (MBI)

Permission for Edwin Nharirire to reproduce 350 copies
within one year of June 10, 2016

Maslach Burnout Inventory™
Instruments and Scoring Guides
Forms: General, Human Services,
& Educators

Christina Maslach
Susan E. Jackson
Michael P. Leiter
Wilmar B. Schaufeli
Richard L. Schwab

Published by Mind Garden

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Appendix C: Instruments

Biographical Details Questionnaire

Please tick appropriate (✓) boxes that pertain to you.

1. Gender: Male Female
2. Age: <30 Years 31-39 Years 40 -49 Years 50+ years
3. Marital Status: Single Married Widowed Divorced
4. Educational Level:
 - High School/Vocational Certificate
 - Diploma/Higher Diploma
 - University Degree
 - Postgraduate Degree (Masters/PhD)
5. Length of Service in current NGO: <1 Year 1-5 Years 6 -10 Years >10 Years
6. Total service in NGO Sector: <1 Year 1-5 Years 6 -10 Years >10 Years
7. Nature of Work: Office Field Both Office/Field
8. Employment Status: National Expatriate
9. Total service in NGO Sector: <1 Year 1-5 Years 6 -10 Years >10 Years
10. Type of Employment contract:
 - Fixed-term (<1 Year)
 - Fixed-term (1-3 Years)
 - Fixed-term (4-5 Years)
 - Fixed-term (5+ Years)
 - Permanent

11. Level of employment in the organisational hierarchy:

Administrative Support/Clerical

Manager/Coordinator

Senior Management/Head of Function/Director

Other (Specify:.....)

Spiritual Intelligence (SISRI-24)

SISRI-24

The Spiritual Intelligence Self-Report Inventory © 2008 D. King

Age? (in years) _____

Sex? (circle one) M F

The following statements are designed to measure various behaviours, thought processes, and mental characteristics. Read each statement carefully and choose which one of the five possible responses best reflects you by circling the corresponding number. If you are not sure, or if a statement does not seem to apply to you, choose the answer that seems the best. Please answer honestly and make responses based on how you actually are rather than how you would like to be. The five possible responses are:

0 – Not at all true of me | 1 – Not very true of me | 2 – Somewhat true of me | 3 – Very true of me | 4 – Completely true of me

For each item, circle the one response that most accurately describes you.

1. I have often questioned or pondered the nature of reality.	0	1	2	3	4
2. I recognize aspects of myself that are deeper than my physical body.	0	1	2	3	4
3. I have spent time contemplating the purpose or reason for my existence.	0	1	2	3	4
4. I am able to enter higher states of consciousness or awareness.	0	1	2	3	4
5. I am able to deeply contemplate what happens after death.	0	1	2	3	4
6. It is <i>difficult</i> for me to sense anything other than the physical and material.	0	1	2	3	4
7. My ability to find meaning and purpose in life helps me adapt to stressful situations.	0	1	2	3	4
8. I can control when I enter higher states of consciousness or awareness.	0	1	2	3	4
9. I have developed my own theories about such things as life, death, reality, and existence.	0	1	2	3	4
10. I am aware of a deeper connection between myself and other people.	0	1	2	3	4
11. I am able to define a purpose or reason for my life.	0	1	2	3	4
12. I am able to move freely between levels of consciousness or awareness.	0	1	2	3	4
13. I frequently contemplate the meaning of events in my life.	0	1	2	3	4
14. I define myself by my deeper, non-physical self.	0	1	2	3	4
15. When I experience a failure, I am still able to find meaning in it.	0	1	2	3	4
16. I often see issues and choices more clearly while in higher states of consciousness/awareness.	0	1	2	3	4
17. I have often contemplated the relationship between human beings and the rest of the universe.	0	1	2	3	4
18. I am highly aware of the nonmaterial aspects of life.	0	1	2	3	4
19. I am able to make decisions according to my purpose in life.	0	1	2	3	4
20. I recognize qualities in people which are more meaningful than their body, personality, or emotions.	0	1	2	3	4
21. I have deeply contemplated whether or not there is some greater power or force (e.g., god, goddess, divine being, higher energy, etc.).	0	1	2	3	4
22. Recognizing the nonmaterial aspects of life helps me feel centered.	0	1	2	3	4
23. I am able to find meaning and purpose in my everyday experiences.	0	1	2	3	4
24. I have developed my own techniques for entering higher states of consciousness or awareness.	0	1	2	3	4

Emotional Intelligence: Schutte's EI Test

The Schutte Self Report Emotional Intelligence Test (SSEIT)

Instructions: Indicate the extent to which each item applies to you using the following scale:

- 1 = strongly disagree
- 2 = disagree
- 3 = neither disagree nor agree
- 4 = agree
- 5 = strongly agree

1. I know when to speak about my personal problems to others
2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them
3. I expect that I will do well on most things I try
4. Other people find it easy to confide in me
5. I find it hard to understand the non-verbal messages of other people*
6. Some of the major events of my life have led me to re-evaluate what is important and not important
7. When my mood changes, I see new possibilities
8. Emotions are one of the things that make my life worth living
9. I am aware of my emotions as I experience them
10. I expect good things to happen
11. I like to share my emotions with others
12. When I experience a positive emotion, I know how to make it last
13. I arrange events others enjoy
14. I seek out activities that make me happy
15. I am aware of the non-verbal messages I send to others
16. I present myself in a way that makes a good impression on others
17. When I am in a positive mood, solving problems is easy for me
18. By looking at their facial expressions, I recognize the emotions people are experiencing
19. I know why my emotions change
20. When I am in a positive mood, I am able to come up with new ideas
21. I have control over my emotions
22. I easily recognize my emotions as I experience them
23. I motivate myself by imagining a good outcome to tasks I take on
24. I compliment others when they have done something well
25. I am aware of the non-verbal messages other people send
26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself
27. When I feel a change in emotions, I tend to come up with new ideas
28. When I am faced with a challenge, I give up because I believe I will fail*
29. I know what other people are feeling just by looking at them
30. I help other people feel better when they are down
31. I use good moods to help myself keep trying in the face of obstacles
32. I can tell how people are feeling by listening to the tone of their voice

1

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33. It is difficult for me to understand why people feel the way they do*

Coping Ability: Chesney et al.'s Coping Self-Efficacy (CSE)

When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:



For each of the following items, write a number from 0 - 10, using the scale above.

When things aren't going well for you, how confident are you that you can:

- | | | | |
|-------|--|-------|----|
| 1. | Keep from getting down in the dumps. | _____ | 99 |
| 2. | Talk positively to yourself. | _____ | 99 |
| 3. | Sort out what can be changed, and what can not be changed. | _____ | 99 |
| 4. | Get emotional support from friends and family. | _____ | 99 |
| 5. | Find solutions to your most difficult problems. | _____ | 99 |
| <hr/> | | | |
| 6. | Break an upsetting problem down into smaller parts. | _____ | 99 |
| 7. | Leave options open when things get stressful. | _____ | 99 |
| 8. | Make a plan of action and follow it when confronted with a problem. | _____ | 99 |
| 9. | Develop new hobbies or recreations. | _____ | 99 |
| 10. | Take your mind off unpleasant thoughts. | _____ | 99 |
| <hr/> | | | |
| 11. | Look for something good in a negative situation. | _____ | 99 |
| 12. | Keep from feeling sad. | _____ | 99 |
| 13. | See things from the other person's point of view during a heated argument. | _____ | 99 |
| 14. | Try other solutions to your problems if your first solutions don't work. | _____ | 99 |
| 15. | Stop yourself from being upset by unpleasant thoughts. | _____ | 99 |

please go on to next page ➡

1

When things aren't going well for you, or when you're having problems, how confident or certain are you that you can do the following:

Burnout: Maslach's Burnout Inventory

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MBI-Human Services Survey

Christina Maslach & Susan E. Jackson

The purpose of this survey is to discover how various persons in the human services, or helping professionals view their job and the people with whom they work closely.

Because persons in a wide variety of occupations will answer this survey, it uses the term *recipients* to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

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

Example:

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

How Often 0-6	Statement:
------------------	------------

1. _____ I feel depressed at work.

If you never feel depressed at work, you would write the number "0" (zero) under the heading "How Often." If you rarely feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number "5."

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Appendix D: Copy of Emails to Organisations

12 June 2016

[REDACTED]
The Human Resources Director

[REDACTED]
Harare

Dear [REDACTED]

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN YOUR ORGANISATION

My name is Edwin Nharirire and I am a PhD Consulting Psychology student at UNISA. The research I wish to conduct for my doctoral thesis involves The Relationship between Spiritual Intelligence (SI), Emotional Intelligence (EI), Coping Ability (CA) and Burnout among Humanitarian Aid Workers in Zimbabwe. This project will be conducted under the supervision of Professor Maria Papaikonomou (UNISA, SA).

I am hereby seeking your consent to approach employees in your organization to participate in this project. I can gladly provide a copy of the summary proposal and consent forms to be used in the research process as well as the approval letter from the UNISA Research Ethics Committee. The questionnaires will take up to 20 minutes to complete.

Upon completion of the study, I undertake to provide your organization with a summary copy of findings. If you require any further information, please do not hesitate to contact me on +263 772 148816/+263772834045 or email me on enharirire@gmail.com. Thank you for your time and consideration in this matter.

Yours Sincerely,



Edwin Nharirire
UNISA