THE NEEDS AND MOTIVATION OF THE HEALTHCARE STAFF WHO PARTICIPATED IN IDF'S HUMANITARIAN AID MISSIONS. A CASE STUDY

Racheli MEZAN
Faculty of Economics and Busines Administration
"Alexandru Ioan Cuza" University, Iași
Yaud, Israel
rachelimezan@gmail.com

Lea TAMIR TETROASHVILI
Faculty of Economics and Busines Administration
"Alexandru Ioan Cuza" University, Iași
Rishon Lezion, Israel
lea.tamir1971@gmail.com

Daniela-Tatiana AGHEORGHIESEI
Faculty of Economics and Busines Administration
"Alexandru Ioan Cuza" University, Iași
dtc@uaic.ro

Abstract: *Our paper presents some results of an extended qualitative study, aiming to explore the opinions of healthcare providers (aid workers) who participated in different humanitarian add missions, regarding their individual needs and motivations and the association of these motivations to the leadership style applied by the delegation'coordinators. In order to attain the objective of the research, semi-structured interviews were conducted with 15 people - executives, nurses and other medical staff who took part in humanitarian aid missions under the auspices of the IDF (Israeli Defense Forces). The research results highlight that among the basic needs of the healthcare providers during humanitarian aid missions, of mainly importance were the emotional needs for support and staying in touch with the own family. "Expression of leadership" comprises three characteristics/subcategories: eye level leadership, charismatic leadership and role model.*
Keywords: *healthcare providers 'needs and motivations, nurses, humanitarian aid missions of IDF (Israeli Defense Forces), leadership style*

INTRODUCTION

In the current hectic, uncertain Coronavirus era we re-appreciate healthcare providers for their strenuous efforts. It seems that the risk that accompanies duty brings about the heroic aspect of the job (Dohrenwend, 2020). This 'rationale' is valid in care provision within a humanitarian context. Humanitarian aid is logistic and material assistance to people in need. It is short-term help conveying the collective value of solidarity among people (EUHAP, 2017). Humanitarian aid is usually provided in response to intensified needs resulting from natural disasters or man-made conflicts. Saving lives is the key goal as well as relieving distress and sustaining human worth. Aid recipients are usually homeless and refugees (EUHAP, 2017).

Among the basic needs of disaster's survivors is Medical support (WHO, 2017). Disasters may potentially result in causalities, injuries, illnesses and homelessness. Catastrophe might also harm access to healthcare facilities or directly harm these facilities. Hence, medical assistance should be provided to people affected (Powers, 2010). Care providers are aid workers dispersed internationally to undertake humanitarian aid work. Disaster nursing, for example, is provided in numerous environments and settings, where conditions are such with which disaster nurses should be familiar. Essential nursing capabilities required for the appropriate management of disaster victims include critical thinking, adaptability, teamwork, and leadership (Powers, 2010).

In a disaster response, leaders supervise its effectiveness; they coordinate staff as well as goods and resources. They may reallocate nurses, supplies and equipment to fill gaps in the response effort, or reinforce areas being overwhelmed. These changes are often made as nurse leaders interact with other services and refine response efforts (Powers, 2010). The individual nurses who solve problems related to a multitude of issues throughout a disaster response also demonstrate nursing leadership skills. Without strong leadership, the effectiveness of a disaster response is severely limited. Nurses possess the necessary coordination and delegation skills, which when coupled with their care management experience, position them to capably serve in healthcare leadership roles during disasters (Powers, 2010).

Military is an organization highly experienced with rapid mobilization and deployment of large quantities of personnel, equipment and supplies. Military medical care is usually for acute trauma but also provide care for refugee populations whose medical needs stem more from infectious diseases, chronic conditions, starvation and/or dehydration (Agazio, 2010). Literature in the humanitarian field explores knowledge and capabilities regarding readiness to cope with a disaster. Moreover, a review specified that most reports focused on responses, preparations or several phases, but only a few specifically addressed the reconstruction phase (Kunz & Reiner, 2012). Although several studies explored care providers' readiness and education needs (Basnet, Songwathana & Sae-Sia, 2016; Noguchi et al., 2016) research did not regard teams' needs in terms of motivation and leadership styles.

METHOD

This research was a prospective, qualitative study using semi-structured interviews, which were conducted with executives, nurses and other medical staff who took part in humanitarian missions under the auspices of the IDF.

Research Tool

The semi-structured questionnaire was specifically built for this study and referred to personal and demographic measures, experience on missions, perceived leadership and individual needs and motivation. The aim of the interview was to acquire an in-depth understanding of people’s experiences and the meaning they ascribed to them. Questions were open though their structure remained similar and formal. Interviews were based on an honest relationship between researcher and participant/interviewee.

In order to validate the interview (the research tool) an evaluation of experts was conducted. Thus, the semi-structured interview guide was sent to three experts on the

subject/ field of study. Experts examined the extent to which the questions relate to the issue.

Research participants

A total of 15 people - executives, nurses and other medical staff who have taken part in humanitarian missions under the auspices of the Israeli Defense Forces participated in this study. They were health providers from different professions, serving in various roles and holding different ranks at the time of humanitarian missions.

Ethics Procedure. The Informed consent

Interviewees were informed about the whole process and consented prior to being interviewed. Each interview lasted between 60 and 90 minutes. Interviews were recorded and transcribed.

Data Analysis

Content analysis identifies and describes patterns and themes from the perspective of participants. During analysis, data was organized categorically and chronologically. Through this process, the data was divided into categories, questions were asked and pieces of information were compared. Some pieces of information became meaningful units. Categorical data analysis was carried out under expert guidance.

Interview excerpts are presented in italic font to highlight the statements of healthcare providers about their needs and motivations in participating in humanitarian aid missions.

MAIN RESULTS

Needs of Healthcare Providers in Humanitarian Aid Missions

Basic Needs

The common perception among participants was that in the context of disaster area one suffices with little. Basic needs do not constitute a high priority when one is called to save people in need. Indeed, some saw these needs as null and void. In other words, patient's needs are prioritized over the caregiver's needs. This is a spontaneous, natural providers' response and not a policy being enforced. Only one participant opposed this view and saw these needs as important.

“I think my personal needs are not a priority”

“My needs as a person, they are the type of things I put aside completely in these situations.

“I am completely focused on the mission… and adrenalin and motivation to get organized as quickly as possible and to begin treatment, and all this is the truth, we don’t think about other things”.

To note, the work conditions in these areas are tough. The work is hard, around the clock and highly demanding. Small teams provide care to many people in need. In these extreme conditions provider's needs are put aside.

"In my opinion, physical needs are somewhat insignificant within the very great action we undertake, and that’s okay, it’s okay to put yourself aside for the benefit of something important”.

“I put my needs aside. …first others and then me. I put myself aside for the mission I went on”.

"You lose yourself in this mission and therefore, there is no place there now to be spoiled and to whine – oy, why can’t I have a shower now, oh, I don’t have time now, I want to rest"

Several participants referred to emotional needs. They described them as most important regarding the ability to cope with complex situations, including the issue of family support as crucial to optimal functioning.

"The emotional part was highly significant, both the sights you see of the destruction, infrastructures that were damaged, of the poor people, also the longing for family, I can tell you that these emotional needs were only partially met. I remember there were evenings when we sat together as a group and shared a bit but it helped a great deal"

"What allowed me to function best is that I have a wonderful family that allowed me to go and leave behind young children and to be truly dedicated to the mission".

In summary, Basic needs involve physiological needs such as food, showers, a place to sleep, rest hours and emotional needs regarding which participants emphasized the need for support. They even referred to the importance of keeping in touch with the family and family support while away on a mission.

"Creating a Team"

'Creating a team' emerged as a need as expressed in participants' interviews. A picture is drawn from participants' words that creating a team guarantees that people who have come together from different places will be capable of working together well.

"You get a team that has generally never worked together…it is a team generally collected from a number of hospitals and it is truly important here to understand this and create a team".

"Team work is in fact not working alone, but for every problem to find the relevant people and discuss each case individually, which helps cope with things, and in the end allows one to find better solutions".

The issues of consolidation and unity are also part of this category, which also includes the factors called 'responsible adult' and 'common recreation and leisure activities among teams'.

Nurses' Motivations in Humanitarian Aid Missions

"The calling"

Analyzing the transcripts, we found among nurses' motivations a unique passion in humanitarian context which is the "desire to be great". This could take the form of motivation to go on humanitarian aid missions or factors promoting motivation to go on humanitarian aid missions.

Motivation to Go on Humanitarian Aid Missions

This category expresses people's motivation to help, the sense of mission, the desire to influence, to contribute, to provide medical assistance, to represent the country and more. People want to make a meaningful contribution. I can sum it up and say that these people have a desire to be great.

"The motivation to go on a humanitarian aid mission is linked I think to two things mainly. The first is to explore something I had never done, to be in a place where I hadn't been, where I had no experience. And to have an effect on somewhere other than my home environment".

"As a nurse… caring for people, you choose it out of desire firstly to save lives, to help, to ease people's suffering, and therefore of course, in these missions it the supreme aim and therefore I very much wanted to participate in it".

Factors that Enhance Motivation to go on Humanitarian Aid Missions

There are two key factors promoting motivation: firstly, positive reinforcement from managers, colleagues and patients, and the second, professional contribution.

The first actor is expressed in the next quotation:

"I didn't want to miss the morning roll-calls, even if it was after a night shift and I was tired, the head of the mission summarize the achievements of the day and reinforce people, especially those people working behind the scene who are less seen such as laboratory and x-ray technicians, even as one who had performed a nurse in management role, from these role-calls I got a sense of great satisfaction and motivation to continue working and saving lives. The roll calls are very, very powerful".

The second factor is described in the next words:

"In spite of the awfully tragic situation, there is a type of euphoria. Professional euphoria. In other words, people study a profession for many years and arrive somewhere that really challenges them professionally, at the highest level to which they can be exposed. And therefore, at some stage it is euphoria that is professional euphoria. It is not something God forbid, that is unworthy in my eyes or something that borders cynicism. Okay? It is professional euphoria when you help people to function".

In conclusion, two factors are perceived as enhancing motivation, both are connected to what one gets, the first encouragement and appreciations from managers, colleagues and patients, and the second, the care one provides, the sense of giving and accompanying sense of satisfaction raise one's motivation to a 'professionally euphoric' level and a sense of one's 'glass being full'.

Leadership Styles of Head Nurses in Humanitarian Aid Missions

"Expression of leadership" comprises three characteristics/subcategories: eye level leadership, charismatic leadership and role model.

Eye Level Leadership

The expression 'eye level leadership' was used by more than half of the participants while others expressed similar ideas. Practically, participants referred to the fact that although it was a military outline, leadership was not expressed by status, authority or hierarchy as one intuitively thinks.

"So, there were ranks on shoulders, but we were so together and so close that in fact, you did not have to tell them what to do and leadership was truly eye level, not because of authority or control. It was very noticeable and very positive".

In summary, 'eye level leadership' was strongly shown in humanitarian aid missions despite dissonance associated with military staff.

Charismatic Leadership

The issue of charisma echoed in the interviews as significant among some of the participants. Several participants recognized it as a force within them in which they make use in their managerial role.

"I as a manager, as an officer for so many years, have accumulated a lot of experience in command and management, some of it is qualities that I recognize in myself, that I truly have charisma and the ability to attract people and manage and provide confidence" .

Thus, charismatic leadership is of great significance in a humanitarian context, it constitutes a unifying factor for the teams. A leader of this kind sees individuals among all

people and draws them along. The analysis reveals that charisma means drawing people to follow, leading them to a goal.

Role Model

The subject of a role model emerged very strongly with regard to leaders in humanitarian teams. This refers to leading by example whether professionally or personally.

"Coping was mainly with teams. Bringing them to a point where they knew how to provide treatment in emergencies, they were very young, and thus, it is the personal example, using my experience".

"Setting a personal example is leadership, showing you are strong even though it is hard for you inside, and missing home, missing children, coping with difficult sights, with changing circumstances".

In conclusion, personal example has many facets: professionalism, emotional protection, leadership, teamwork and more, all these emerged from what interviewees said in this context.

DISCUSSION

This study explored the individual experiences of health care staff providing care in disaster areas. Through the use of qualitative tools, we presented the voices of those who provide care to those in need regarding their motivations and leadership styles. We found that basic needs are put aside during a delegation mission. Instead, emotional needs and the need for support become more important. Creating a team both refers to an operational and emotional need. A team is a framework where care is provided to patients and support is given to team members.

Our findings also show that motivation to go on a humanitarian mission is not a trivial drive. Care providers are "called" for the mission which is based on "the desire to be great". Among the motives we found providing help, a sense of mission, a desire to contribute and to make a difference. Furthermore, the motivation is enhanced by the encouragement and appreciations from others and increased sense of satisfaction. Finally, leadership styles that were commonly used during delegations included eye-level leadership, charismatic leadership and role model. The first was dominant though dissonant to military culture; the second was significant especially to teams' operations and the third was embodied by personal example.

Some of these findings are consistent with those of other studies for example, Bjerneld (2015) discussed "a desire to make a contribution and altruism with a touch of heroism" (Bjerneld, 2015, p. 272). The factors found to enhance motivation to go on a humanitarian aid mission were primarily reassurance and approval from managers, colleagues and patients. Other factors included care provided, a sense of contributing, increased satisfaction to a 'professionally euphoric' level and a sense of one's 'glass being full'. Albuquerque, Eriksson and Alvesson (2018) showed that motivation factors for nurses to participate in a humanitarian aid mission changes over time depending on the level of involvement in the mission. At the start, the motives were associated with discovery, experience adventure and sense of worthiness; however, in the next missions they were connected to challenge, various emotions and multiple stimuli.

Leadership is a significant force in management and operations and it is critical regarding managing teams in humanitarian context. In this research we identified the role of “Eye level”, charismatic and role model leadership styles in a humanitarian aid mission. The insights gained from our research are supported by several theoretical and empirical arguments found in the literature. In this research, Eye level leadership proposes a familiar, empathetic communication and low power distance between the leader and team members. The power of "eye contact" communication in leadership is documented in the literature - it "sends signals of inclusiveness and warmth", but it is also “a motivator for people to speak” (Goman, 2011, p. 173). It is regarded as “an interactive phenomenon” and also as the highest way “through which interaction can take place” (Denning, 2011, p. 135). Furthermore, in the context of groups, through eye contact one can recognize how members “feel about tasks or relationships” (Anderson, 2013, p. 37).

Several benefits of motivational effects of charismatic leadership style were emphasized by Choi (2006). By addressing the needs of accomplishment, attachment and power of members, the charismatic leader enhances both individual and organizational effectiveness. Role model leaders influence the leadership style or behaviors adopted by their followers by empowering them (“job specific self-efficacy and leadership self-efficacy”) (Goethals, Sorenson, & MacGregor Burns, 2004, p. 1012). Among nurses, the role model is an employee that is “worthy of imitation” because he/she is recognized as experienced and competent (Marquis & Jorgensen Huston, C., 2009, p. 380).

This research has several limitations. First, participants' characteristics were considerably diverse: they came from various professional backgrounds, had different experience levels, participated in different humanitarian aid missions and had distinctive views regarding the situation. Second, the research has been conducted after a certain period of time from the deployment of the humanitarian aid missions. Therefore, some participants' impressions might be blurred ("estompated") in time. This research contributes to the field knowledge in several aspects. First, it presents an in- depth inquiry into needs and motivations of healthcare staff – thus reflecting the "calling" of these professionals who risk themselves for others. Second, this research presents the voices of these care providers who depicted their individual experiences. Third, this research indicates a possible association between leadership styles and care providers' motivations.

To sum up, healthcare providers are called to take part in missions in disaster areas – their compliance to go on a mission is based on intrinsic motivation. Among their motives are desire to provide assistance, to make a significant contribution, and to make a difference. The mission becomes everything and encompasses one's entity. Team leaders are engaged in prioritizing tasks and assignments, building teams and operating a field hospital. Management is eye-levelled, led by charisma, and modelling. These leadership styles enable team members' recruitment, commitment and dedication similar to that of superheroes. Furthermore, care providers are so highly focused on the mission that their own basic needs are put aside. They do not engage in self-maintenance and are driven by the engine of professional euphoria – becoming a kind of superheroes. Just as the current Coronavirus era generates nurses and doctors as heroes (Dohrenwend, 2020) so does humanitarian context generate care providers as superheroes.

References

1. Agazio, J. (2010) Army nursing practice challenges in humanitarian and wartime missions. International Journal of Nursing Practice, 16, 166–175.
2. Albuquerque, S., Eriksson, A., Alvesson, H., (2018) The rite of passage of becoming a humanitarian health worker: experiences of retention in Sweden, Global Health Action. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5769809/
3. Anderson, M. (2013). The Leadership Book: How to Deliver Outstanding Results. FT Publishing International.
4. Basnet, P. Songwathana, P. Sae-Sia, W. (2016) Disaster nursing knowledge in earthquake response and relief among Nepalese nurses working in government and non-government sector. Journal of Nursing Education and Practice, 6(11), 111-118.
5. Bjerneld, M. (2015), "Western Health Workers" (pp. 265-286). In Pat Gibbons, Hans-Joachim Heintze (Eds), The Humanitarian Challenge: 20 Years European Network on Humanitarian Action (NOHA).
6. Choi, J. (2006). A Motivational Theory of Charismatic Leadership: Envisioning, Empathy, and Empowerment. Journal of Leadership & Organizational Studies, 13, 24-43. https://doi.org/10.1177/10717919070130010501
7. Denning, S. (2011). The Leaders Giude to Storytelling. Jossey-Bass, 2nd Edition, March 2011, San Francisco, USA, ISBN 978-1-118-00878-2.
8. Dohrenwend, P. (2020). Nurses are the coronavirus heroes. Wall Street Journal, March 30, Commentary. https://www.wsj.com/articles/nurses-are-the-coronavirus-heroes-11585608987
9. Goethals, G.R., Sorenson, G.J., MacGregor Burns, J. (Eds) (2004). Encyclopedia ofLeadership, USA: SAGE Publications.p1012
10. Goman, C. K. (2011). The Silent Language of Leaders: How Body Language Can Help--or Hurt--How You Lead. Jossey-Bass, Wiley Imprint, USA.
11. Marquis, B.L., Jorgensen Huston, C. (2009), Leadership Roles and Management Functions in Nursing: Theory and Application, Philadelphia, Wolters Kluwer Health, Lippincott Williams & Wilkins
12. Noguchi N, Inoue S, Shimanoe C, Shibayama K, Shinchi K (2016) Factors Associated with Nursing Activities in Humanitarian Aid and Disaster Relief. PLoS ONE 11(3): e0151170. doi:10.1371/journal.pone.0151170
13. Powers, R. (2010) Introduction to Disasters and Disasters Nursing. International Disaster Nursing, Chapter 1, pp 1-12. https://doi.org/10.1017/CBO9780511841415.004
14. "The State of Art of Humanitarian Action" (PDF). EUHAP. Archived (PDF) from the original on 15 May 2018.
15. World Health Organization, (2017) WHO Emergency Response Framework (2nd edition), Data downloaded from Centre for Research on Epidemiology of Disasters (CRED) for the period: 2005 – 2014. Available from: http://www.cred.be/